June 2014

Inside...

Thoughts from the Editors ......................... 2
Thank You to the New Editors .................. 3
Hitting the Midyear Mark ......................... 4-5
How I met the Academy in 1963 ............. 6-7
Four Mentoring Possibilities ................. 8
The Parliament of Owls: A Life Member Virtual Conversation Place ......................... 9

Brain Sciences: Preparing for Tomorrow, Should We? ................................. 10-11
A Jack Davis Story ........................................ 12-14
In Memoriam ............................................ 15-16
Donor List .............................................. 17
Life Members Reach 100 .......................... 18
Owl Event Photos/Musicians .................... 19

Photo by Fred “Official White House Photographer” Seligman, MD
We survived the very cold and snowy winter and our initial publication. We thank all of those who sent us their thoughts about it and hope that even more of you will read the next edition. We hope that the new format pleased and will continue to please you.

We need articles from you, from ALL Life Members (active, semi-retired, retired). Articles and/or suggestions can be sent to: rlgrossmd@gmail.com; This edition includes submissions that we hope you will read and enjoy. John Schowalter, Chair of the Life Members Committee catches you up with the work of the committee; Perry Bach writes about the AACAP Mentoring Programs and invites your interest in mentoring and Teaching. Tom Anders wants you to read and to comment on his “musing” about the future of the Child Psychiatrist of Tomorrow. We were pleased to receive some history and reminiscences from the still very active Ted Schapiro, and from Larry and Marnette Stone and the ever active Jack Davis.

We welcome more from all of you from all over the Country and the World.

Dick & Carol Gross

“We need to hear from you. We want and need articles from all of you!! Send ideas, articles, likes or suggestions to: rlgrossmd@gmail.com. This newsletter is for all Life Members; those still working, those semi-retired, and those retired.”
Thank you for what you have done, what you are doing, and what you most certainly will do in our future, for the entire field of child and adolescent psychiatry.

We are very fortunate and lucky to have you two to take over this most significant undertaking at this time. It has been, and remains, a long, challenging, interesting and demanding journey through the professional undertaking and development of child and adolescent psychiatry, and we thank you!

So many great minds have so many great memories of those who undertook many great endeavors to meet the challenge of beginning a formal structure and an organized methodology to recognize, study, correct and/or facilitate the development and employment of understandable child and adolescent brain activity, the beginning of child and adolescent psychiatry.

There have been too many great contributors and powerful contributions for me to try to enunciate each of them in this brief communication; however they will always remain in my head and in my heart. My feelings and my thoughts are with all of those who have made the inroads, developed and refined the methodologies and supported the learners of one of the world’s most important understandings and knowledge bases, child and adolescent psychiatry.

Larry & Marnette Stone
Hitting the Midyear Mark

by John Schowalter

O.K., June is traditionally the midyear mark for the calendar year. But, since I’m beginning the first draft of this article in late April, and April is the mid-year mark between AACAP Annual Meetings, it’s the San Diego meeting that is on my midyear mind.

In high school and college, I ran cross-county track. My coaches stressed the importance of planning for the second half of these long races. We were taught that at the mid-point of a race, based on our situation, we needed to have in place our strategy for the finish. This was so obvious that even though I was a wise-ass back then, I took the advice to heart. In this spirit, I would like to share with you what the Life Member Group (LMG) Committee has planned for San Diego. After all, we hope many of you will be with us at the finish.

From an Owl-eye view, there are three Annual Meeting activities that will occupy center stage. I would like to very briefly preview what plans are in the works for these three and how all the Owls can join in and help.

First is our annual three-hour "Life Members Wisdom Clinical Perspectives" Doug Kramer is chair and he put it together skillfully. The first portion will be divided into two distinct hours. Both hours will highlight a pioneer speaker and a current expert on the same topic. The first duo will focus on family therapy and will feature Jack McDermott and Allan Josephson. The second duo will focus on the clinical use of the biopsychosocial model for the understanding of mental disorders, as reviewed in the early 90’s and as used today. Barry Nurcombe and Peter Lake will present these two perspectives. A time for discussion and audience questions will be available. The final hour of the symposium will shift gears slightly. Three well-respected Owl clinicians, Jack Westman, Lenore Terr, and Stu Copans will each present a clinical vignette that taught them something particularly important about treatment and/or about themselves. A pre-Owl, Margaret Carey, will respond to these in her role as an early career clinician. Audience comments and questions will conclude the session. Please come to learn and to add your wisdom.

For the second Owl initiative, I recommend that you consider taking part personally in the San Diego mentoring program for medical students and residents. Many groups within AACAP contribute to this effort. In the broadest context, Owls already contribute big time through the Life Member Fund (LMF). There is no doubt but that the explosion of Owl donations (now approaching $200,000) to be used for medical student and resident travel grants to our Annual Meeting is what has brought the LMG to the attention of the rest of the Academy’s members. It seems unbelievable to those who don’t know us. In fact, in 2010, our first year of existence, we sponsored two residents. We added medical students to the fund in 2011, and every year since we have increased the number of both groups. In 2014, we will provide 15 med student and 17 resident grants to travel to San Diego! Our legend continues.
We have now supported a total of ONE HUNDRED competitive travel grants to some of the brightest trainees in American Medicine. By allowing them to see, hear, and learn about the field that many of us were part of since near its creation, we greatly augment both our field and our legacy for the decades to come. Our face-to-face mentoring input at the meeting is in addition to our travel grant support. Perry Bach is our mentoring leader. Perry specifically told me not to play up his role in devising our mentoring mitzvahs; so I won’t. He is working with others to design how Owls can best become involved in personal mentoring in San Diego, and instructions will be forwarded when they’ve been coordinated with the other Academy mentoring programs.

Last but not least is our most narcissistic activity, the Owl Dinner. This is my favorite banquet of the year. It is expensive at $125 ($150 if you register after September 15) per head for open bar & food, but this is our third year without a price increase. Although it may sound self-serving, there is a feeling of nobility to be amidst a group of gracefully aging and unvanquished survivors. As each year I read the names of the Owls who died since our last banquet, it is clear how many memories we have, how many memories we still experience together, and that we never know how many more meetings we will have to spend together. All of this is surely part of our banquet’s mystique. Also, our contrast with the carefully selected medical student and resident leaders scattered among us at table adds even more poignancy to this wonderful feeling. On-line registration for the San Diego Meeting opens on August 4th, and you can register for the Owl Banquet at the same time. It’s easy. It’s fun. Do it!

Speaking of mitzvah plus narcissism, they are certainly concentrated in this year’s Owl Pin. As you probably know, this pin is awarded to every Owl who has in the past year donated tax-free to the LM Fund at least the amount of his/her forgiven dues ($400). [By contrast, as a Fellow of the American Academy Of Pediatrics, I must pay “senior dues” until age 80 – & no pin either]. The 2014: 61st AACAP Meeting Pin is a stunning depiction of an enameled white owl sitting on a branch over a blue wave, with the golden setting sun in the background. Unless you are too old to want to be envied, you will enjoy the glances and questions this pin will earn you in San Diego or wherever you wear it. Please support our Fund and thus our next generation (actually in about 40 years) of Owl recruits.

Thank you & enjoy the summer,

John Schwalter
How I met the Academy in 1963

by Ted Shapiro

In 1961, Barbara Fish invited me to be a research assistant in a newly funded psychopharm program to study psychotropic agents in seriously disordered children at Bellevue Hospital. I had no formal training in Child Psychiatry, but as Chief resident had worked with Barbara who was the first full time occupant of the famed Lauretta Bender’s former post as head of the Children’s Division at NYU Medical College.

There were few Child Psychiatrists then; the newly formed Academy was membership by invitation for those who had distinguished themselves as Child Analysts or as certified Child Psychiatrists by the new subspecialty Board. The cohort included fewer than 300 practitioners. There was a meagre nosology in DSM 2, and we were seriously discussing whether autism was a variant of childhood schizophrenia and whether minimal brain damage (MBD) should be cautiously called minimal brain dysfunction on route to ADHD. In that setting I took on my task as a researcher while I simultaneously attended a psychoanalytic institute as a first year candidate. I also started a practice replacing my wife as breadwinner supporting us both and a new baby girl.

Barbara and I completed a three cell comparison of chlorpromazine, Benadryl and placebo on 45 subjects in 1963, and she asked if I would like to present our results at the Academy. I was so green that I asked, “What Academy?” She explained that the Academy was the closest thing to the APA that child psychiatrists had as a forum boasting a journal to exchange ideas. The meeting was to be held in Hershey Pennsylvania, which meant I could drive and also take, Joan, my wife. This opportunity also had a flip side, my anxiety about whether we could leave our 32 month old daughter, Susan, overnight. Bowlby’s new message regarding the hazards of separation and Mahler’s separation-individuation model were all about us. Most important, I was a loving but naïve father who read the literature a bit too literally. Susan was a hearty child, verbal and much loved. Joan and I reassured each other, and we decided we could leave her overnight with her grandmother so that I could present to the Academy- whoever they were! I had no time to face up to my own performance anxiety even as I learned that most of the audience was psychoanalysts, and I was a mongrel combination of an analytic candidate and drug researcher.

The weather was crisp and clear, and the October orange and rust tinted the trees. The drive was pleasant, the hotel comfortable and the odor of chocolate seemed to be everywhere, but most important the evening get-together offered my first taste of the Academy. Everyone seemed very distinguished; there also seemed to be many grandmotherly women among the membership. I realized in that setting I could talk to many of my teachers as colleagues. We even injected probes as to whether we were doing harm by leaving our two year old. It should be no surprise that our query was met by an almost consensus rejoinder, “Have you ever thought it might be growth promoting to have you away for a brief stint”? Moreover,
time together away might be good for us. Even so, some of our extra-meeting activity was
devoted to finding a present of hand-painted Amish, miniature furniture for Susan’s doll
house, currently in the possession of her children.

Among those we met, I remember Virginia Wilking from Harlem Hospital, Ann Marie Weill
and Exie Welch analysts from NY, Hy Kaplan from Montreal, Sid Berman from D.C. It was so
long ago that there was no Ginger there to welcome us, but welcome we felt, and I realized
I had a professional family who were interested in what I had to say and with whom I could
exchange ideas. The beauty for me was the group was small enough to be able to dine and
talk with so many whom I only had known as names in print. That nucleus soon became a
group of colleagues that grew each year that I attended. Some became close friends. Tom
Anders, Jack McDermott, John Schowalter, Peter Tanguay, Joe Green, Judy Rapoport, Dick
Sarles, David Mrazek are just a sprinkling at the top of a long list.

I specially recall the next meeting I attended at Ann Arbor where Jean Piaget was the plenary
speaker, and I accompanied him on one of his famous walks. E James Anthony was fond
of telling us that the “Patron” had told him he would not amount to anything since he did
not have the opportunity to take a daily stroll around lake Geneva. Well neither did I, but I
surely learned a great deal about mentoring, generosity and generativity from both men.
In fact, I was asked to membership. Soon after this seemingly elite group became the general
membership Academy we now know, during Sid Berman’s presidency. Subsequently, I
gathered with an expanding, gratifying group of fellow child and adolescent psychiatrists,
with whom I correspond, tell stories to and remain in good fellowship. I also mentored a few,
many of who were to become the leaders of this wonderful club.

I have served in some special positions too, first as Secretary of the Academy (1981-83) we
travelled with E James, Jerry Wiener and Ginger to China at a most fortunate time when the
Cultural Revolution had passed but the Mao blue still was in and experience with Americans
was new. I was tapped for other jobs too: I headed the search for two editors and researched
our research edifice and initiated the yearly Institute Program and the Board review course.
I like the camaraderie and the learning much more than high office. This past year was one
of the few meetings that I missed because we attended a family wedding. I look forward to
making up for it next year and regaining access to what an old song calls “that old gang
of mine”.

A gift in your will takes a simple designation and costs you nothing
during your lifetime.

Join before October 31st 2014 and be honored as a
Founding Member of the 1953 Society
with special membership benefits.

It is a “tomorrow” investment, made today.

To Learn More, please visit: www.AACAP.org/1953_Society
Or call Stephen at 202-966-7300 ext. 140

____
by Perry Bach

Perhaps it’s inherent in our decisions to become child and adolescent psychiatrists, but almost all Owls like to mentor and teach. Here are four ways that it can be done through AACAP.

At the Annual Meeting-

1. **Join breakout sessions:** Two scheduled groups of 10-12 medical students and residents will meet with two mentors to discuss career and practice issues.

   For more information and to apply to be one of those mentors, e-mail Ashley Rutter, Assistant Director of Training and Education at arutter@aacap.org.

2. **Mentor Informally:** In conjunction with the Committee on Medical students and Residents and the Membership Committee, we are developing a new activity for informal mentoring. We hope to try it out in San Diego on a small scale and will contact some Owls to participate in it. If successful, we may expand it as part of future meetings.

Throughout the year-

3. **AACAP Mentorship Network:** Sign up to mentor a medical student, resident, and/or early career psychiatrist locally or virtually throughout the year.

   More information and how to sign up can be found on AACAP’s [Mentorship Matters](#) webpage.

4. **Get involved in AACAP opportunities:** Residents and early career psychiatrists are involved in regional councils and almost all AACAP components. Participate in any of them and look for opportunities to work with and mentor trainees as part of the council or component activity.

   If you have any questions or thoughts about these options or mentoring, feel free to contact Perry Bach at perrybbach@aol.com.
by Jack McDermott, MD

For most of us, AACAP is our true professional home. That’s because it is a unique organization; one that offers a spirit of congenial vitality, while at the same time always true to its goals: to promote the healthy development of children, adolescents, and their families, and to meet the professional needs of its members throughout their careers. Get that? Throughout their careers. After all, Owls have needs, too!

So the Academy is giving us another gift for our retirement years. It is a gift meant to introduce us to another outlet in the world of social networking. It’s something like our own personal “chat room”. It is a Google Group called “The Parliament of Owls”, or as the Life Member Committee lovingly refers to it, “POO”. It is meant to channel some of that wisdom gathered from our experience over the years. About 30 of us have signed up so far – some of us joining in the conversation and some just listening in. The most popular discussions so far? “What’s surprised you the most since your career began?” and “Do we need a new model in CAP in this era of rapidly changing health care?”

If you want to read the discussions so far, just sign up and sign in! You’re one of the pioneers, too.

To join, just click HERE and either sign in or sign up. It will take you to the POO website where you click on “Request to Join”. Then our Life Member Committee staff liaison, Molly O’Neill Moir, will admit you and grant you full access to the Group. Email Molly directly at mnoir@aacap.org with any questions or problems. Or, if you would like step-by-step picture instructions showing you how to join, just email Molly and she’ll send them to you!

Once you’ve joined the Group you’ll be able to read the conversation threads so far that interest you. And as a member of the Group, you’re free to start new conversation threads yourself or just watch the discussions as they develop. The next conversation thread will actually be started by your own POO hosts, Ginger Anthony and Jack McDermott, MD. Ginger Anthony will ask “Do you remember your first patient(s)? What did you learn from him or her?” And as her first responder, Jack will try to tell you some things he learned from a difficult young inpatient, the first year of his CAP fellowship. Tune and see how your fellow Owls discovered the first insights that turned them on in training.

So please, join us in these conversations. It’s your late career gift from the Academy, our primary lifetime professional home.

See you online!

Jack McDermott, MD
Brain Sciences: Preparing For Tomorrow. Should We?

by Tom Anders

In 2008, at the American Psychiatric Association’s annual meeting, Thomas Insel, M.D., director of the National Institute of Mental Health (NIMH), reported that the three tools of a 21st-century science that promise to transform the treatment of mental illness would include: 1) the study of genomic variation and its role in leading to changes in complex brain circuitry; 2) the recognition of the longitudinal and developmental nature of disorders; and, 3) the discovery of biomarkers linked to a more precise understanding of the pathophysiology of disease. Insel concluded that future treatments in the next 20-30 years will be based on biomarkers, more personalized to underlying pathophysiology, and directed to earlier epigenetic prevention/interventions (before behavioral symptoms) by focusing on “categories” of risk rather than symptoms.

Although much of the new knowledge on the rapid advances in brain research is not ready for translation to current clinical treatments, it is highly likely that over the next decades, psychiatric clinicians will have new diagnostic tools and treatments that will affect the ways in which they treat their patients. The languages of genomics, metabolomics, genetics, epigenetics, neuroscience and development, and the ways in which these processes influence neuronal circuitry, plasticity and function will become the core medical knowledge base of psychiatry. Already today, psychiatrists should be better informed about sensitive periods and the effects of both toxic stress and positive nurturance and support on brain development and behavior.

It is important to recognize that a switch in focus from mental disorders to brain disorders does not mean that psychiatrists will become neurologists. As Insel stated in 2010, “Neurology deals primarily with focal lesions……psychiatry is going to deal with circuit problems, the complex social behaviors, including the abnormal behaviors, feelings, and cognitions, that are related to abnormal development of interrelated networks or circuits in the brain.” Similarly, a switch in focus from mental disorders to brain disorders does not mean that psychiatrists will diminish their interest in psychosocial mechanisms. There is compelling evidence that early experiences, especially stressful experiences and positive nurturing experiences, interact with genetic predispositions to shape neuronal networks and circuits. Studies of epigenetics suggest that exposures, beginning in fetal life and extending through infancy and childhood are particularly relevant in shaping immature, rapidly developing neuronal connections. In addition, there is increasing evidence that psychotherapies are effective in altering brain networks. Thus, future psychiatric training will have to include an understanding of the roles of trauma, stress, socialization, nurturing and supportive relationships and the psychotherapies in relation to gene expression and neural plasticity.
Some assumptions about the future needs of psychiatric education are: 1) both general psychiatry trainees and child/adolescent psychiatry trainees will need a more current understanding of brain anatomy, pathophysiology, functional connectivity and knowledge about the tools/techniques that provide this information; 2) both adult and child/adolescent psychiatrists will need a fundamental understanding of the role genetic, genomic and epigenetic factors play in typical and atypical trajectories of maturation; 3) both will need a basic understanding of the role of development (timing, risk, resilience, specificity of trauma) as they impact circuits and domains of function/dysfunction; and, 4) the training of general psychiatry residents and child/adolescent residents should benefit from more integration given the need of both groups for an optimal understanding of development and epigenetics, even though their practices will most likely continue to be predominantly adult oriented OR child/adolescent oriented given the interests of individual practitioners.

Can the history and present status of current Triple Board (TB) programs serve as a model for considering a new training paradigm: the Genetics, Neuroscience Development (GND) Clinical Psychiatry training program? The Triple Board program integrates 2 years of pediatric residency with 18 months of general and 18 months of child psychiatry residency into 5 years of total training. The TB programs began in 1986 as a pilot project at 10 sites and were carefully monitored for 10 years. Over the past 24 years, 10-12 Triple Board programs, with 2-3 slots per year, have graduated approximately 20 psychiatrists per year. Outcome studies and ABPN pass rates have clearly demonstrated that 36 months of integrated general and child/adolescent training results in comparable knowledge, skills, professional opportunities and personal satisfaction for the graduates of TB programs as for the graduates of traditional programs.

A GND track would replace the 2 years of pediatrics with 2 years of genetics, neuroscience and development training integrated with 18 months of general psychiatry and 18 months of child/adolescent training. The 36-month integrated psychiatry sequence has been accepted by the ACGME. The two years of neuroscience, genetics and developmental training (both clinical and didactic) interspersed throughout the psychiatry training would result in a 5-year training program. The specifics of content and how the GND components would be integrated within a 4 or 5-year program require a period of serious planning by leaders in adult and child/adolescent psychiatry, psychiatric education, and experts in genetics, clinical neuroscience and development.

Does such a track make sense? Are the brain sciences really foundational building blocks for the clinical psychiatry of the future? Are we ready to integrate general and child/adolescent psychiatry training in a more relevant and meaningful way so that a developmental perspective also becomes foundational? Are we ready to train today for a practice tomorrow? Who better to muse than the Wise Old Owls?
Upon leaving the U.S. Military Office of Naval Research in 1955, I decided with my wife Helen to spend one year planning for our future. Finding the right opportunity was a slow process which required me to apply for and receive weekly unemployment checks. Our first purchase was a special treat – a pair of jelly donuts! We also took advantage of weekly invitations to dinners with our parents.

We soon zeroed in on the idea of owning and operating a treatment center for adolescent children. The search was on and we traveled to visit the few available programs we had heard about. One of these trips was to see The Grove School in Madison, CT located on the shore about 90 miles from New York City. The school was located about a mile and a half from the center of the small town of 4000 people just prior to the building and intrusion of I-95.

The owner of The Grove School was Jess Perlman, a social worker previously employed by Jewish Family Services. In 1934 he had come to Madison and purchased a 90 acre state game farm with some small buildings on it, and started a small school for troubled young children. Over the years the concept for a vital residential treatment center grew and was very exciting to see when we visited in early 1956.

Upon meeting with Jess, who was both owner and administrator of the school, I informed him that I had no referral to make and that my purpose for the visit was to learn about his operation and program and ultimately to be an owner-operator of my own program. He seemed not to be troubled by this declaration.

We spent a number of hours talking together, visiting all the buildings, meeting the children and being introduced to the faculty and staff, which consisted of his assistant, and office secretary, seven teacher-counselors, one worker, and one part-time psychiatrist as well as kitchen and cleaning staff. As our admiration for each other gathered momentum, Jess suddenly blurted out that I should take over his program so that he and his wife could retire to Greenwich Village.

Quite a shock! Adrenaline flowed! Depression set in! How could I possibly come up with the funds to make it happen? I was unemployed, had a wife and one year old son, a very small amount of savings and limited borrowing potential. Having said that, Jess proposed that I gather whatever monies I could – that amount would be enough to provide what he termed “good faith” money, and that we could work out a plan for me to repay him out of profits in a seven year period. Details, details, and the deal was completed within a month.
Helen, our son Stephen and I arrived on the Grove campus in June 1956. Our summer home was the old game keeper’s cottage. At the end of the summer session, Jess and his wife moved out of their home into the city and we relocated into what was now our home on the Grove campus.

Life at Grove was a 24/7 commitment. With a beginning population of only 16 students, we had a tight budget. All expenditures had to be carefully monitored, and most repairs, including carpentry, plumbing, electrical and even car maintenance for our one station wagon, required us to tap into the time and talents of all the staff.

Fortunately, our program began to improve. Referrals increased and our ability to select the right mix of students began to claim the attention of the psychiatric, psychological, and social worker worlds. The professionals became our primary source of referrals. Not long after, public school counselors began to become aware of alternate sources of treatment services. Independent Educational Counselors were sought out by parents for assistance in a child’s placement. Then came the latest and most gratifying source of referrals; parents of past and present students, each thrilled by their child’s progress.

Staff training and staff turnover was always a problem, so we decided to approach several of the teachers colleges in our area with a bold plan: develop a special education masters degree program on our campus. Grove School would pay the tuition, the professors would come to Grove School and we could provide some good clinical material with hands-on teaching, a unique opportunity beneficial both to Grove and to the University. It took working out details with two colleges until we felt comfortable with Southern Connecticut State University. This successful program has been in operation for the past 40 years.

Grove School was gaining national and international attention. We are now taking children from foreign countries. Our staff was better trained; our teaching staff was now large enough to have small classes, even one-on-one tutorials. Our clinical program was expanded to include three psychiatrists and our support for families increased as the idea of family therapy started to take hold.

Helen and I decided to visit other programs to broaden our experience of residential treatment, and so in the next few years we went to the Menninger Clinic in Topeka where Grove was a major resource for the Southern School which only took children up to the age of 12. We also visited with Fritz Mayer in Cleveland, Sam Ross at Green Chimneys, Jay Goldsmith at Jewish Family Services in NYC and Bruno Bettelheim at the Orthogenic School in Chicago. All the grand old men of residential treatment.

One of the grandest was Joe Noshpitz whom I came to know in the early 60’s. We became fast friends sharing good times and bad, family trips, deep discussions, and so many more memorable experiences. On his first visit to Grove in 1968 he offered to become chairman of our Advisory Board, and so he remained until his passing.
During his term as President of the Academy in 1974, Joe asked me to review the Academy’s annual budget. Having tackled the Grove School budget when we were struggling to survive, I now faced a more difficult task. After analyzing the budget, two main problems became evident. The first was to increase revenue. Of the many ways to do this, the least painful method was to develop an exhibit area at the annual Academy meetings. A Money Maker! Joe and Ginger enthusiastically embraced the idea and it became a great success not only as a boost in the Academy’s finances but as an opportunity for members to learn about different treatment centers, psychiatric facilities, books, authors and publishers and to become a helpful social and networking opportunity.

The second recommendation was for the Academy to decrease its rental expense. Solution? Purchase your own building and lease the excess space as required. The Academy would then have its own home. This idea captured the imagination of quite a few members. It was Dr. Bill Stark, living in D.C., who located a suitable site. It was Dr. Larry Stone, who with his wife Marnette, was determined to make this happen. With his long arm around you, his broad Texas smile and sparkling eyes, he presented you with a contributor’s pin which he attached to your lapel while emptying your pockets.

It is no small task writing of past memories. One immediately becomes enmeshed in the numerous details that have become the substance of our history. However, the reward comes with the knowledge that there is an audience for these stories—if not for your friend and colleagues, then for your children and grandchildren.

Jack Davis
MEMORIAL for David Ellis
by Richard L. Gross

A very good friend died on March 17, 2014. He was not just a good friend to me, but a very good friend of AACAP and he will be sorely missed. David was devoted; he was devoted to his family, his friends, his patients, and to the Academy.

Last October, David was recovering (13 months earlier) from pancreatic cancer, and, from pulmonary emboli (2 months earlier). However, he was determined to get to The Annual Meeting in Orlando.....and HE DID! David attended to all of his committee meeting responsibilities and actively participated in all of them. David socialized daily and even spent a day with his lovely wife, Adrienne, at Epcot. In addition to David’s activities on many AACAP committees, David organized a yearly Workshop at the Annual Meeting for Academy members who were the parents or grandparents of Developmentally Disabled Children, to help them... they who spent their lives always helping others. David was the inspiration for a Seminar on Retirement held in Orlando after his precipitous retirement two summers ago due to his illness with cancer; David knew, correctly, that others would benefit from his experience. He was a real trooper!

I’ve known David for over fifty years; In addition to our mutual interest in AACAP, we vacationed on the same island over these many years and our families spent much time together. David loved to do nothing more than take his little boat to the middle of a saltwater pond, with or without a grandchild, and snooze, contemplate the world and enjoy the sun, the wind, the saltwater and the ocean breezes.

David spent all of his life in Philadelphia. He attended public school, the University of Pennsylvania, Temple University Medical School, The Institute of The Pennsylvania Hospital and, ultimately, the practice of child and adolescent psychiatry. He was a President of The Philadelphia Council, and he served on the Local Arrangements Committee for the AACAP Annual Meeting in Philly; he represented The Philadelphia Council on The Regional Assembly for many years.

David is survived by members of his devoted family, including Adrienne, his wife of over 56 years, his children Manny, Beedie, and Miriam, and his grandchildren, Matthew, Sara, and Logan. He will be sorely missed by all those who knew him.

Richard L. Gross
MEMORIAL for Lois Sarles

by Virginia Anthony

Lois Sarles’s boyfriend since 7th grade, Dick was a devoted nurse, doctor, aide and friend. The Academy loved her. Most did not know her, however, since she rejected the idea of being the “spouse of...” Yet, during Dick’s Presidency of the Academy, and my daily calls with the President, I always started the calls with discussing “life” with Lois.

I know she had other things to do but she was very astute, well read, could help with crossword puzzles, bailed me out with cooking tips as she was a gourmet; in preparation for one dinner party I called her three times!

Along with Dick, Lois enjoyed travel and going to the opera; sometimes they took in The Ring twice a year, sometimes with Jack O’Brien. The Sarles’ ate well; Lois’s descriptions of meals triggered Pavlovian responses in me. She dissected recipes and cuisines and I benefitted from her keen observations. Lois and Dick have two daughters. All are very involved with each other and children/grandchildren rearing. Dick and Lois moved to North Carolina about a year ago to complete their life plan of being close to family. Lois was very special and I cherish our moments of confidence.

Virginia Anthony

If you know of a colleague who has passed away, or would like to send condolences to the loved ones of a recently deceased Life Member, please contact Membership at membership@aacap.org.
AACAP sincerely thanks the following Life Members for their generous contributions.

**Remember, donors who contribute $400 or more (the equivalent of an Owl’s excused membership dues) to the Life Members Fund between November 1st, 2013 and October 31st, 2014 will receive a limited edition 61st Anniversary Life Members Owl Pin!**

_Donations from February 27th, 2013 through June 18th, 2014_  
To ensure you receive your limited edition commemorative pin, **donate today!**

### $1,000 and Above
- **Jack C. Westman, MD**  
  *In Memory of Nancy Westman*

### $400 - $999
- **Jacqueline Etemad, MD**  
  *Regional Council of Child and Adolescent Psychiatry of Eastern Pennsylvania and Southern New Jersey In Memory of David Ellis, MD*

### $100 - $399
- **Karin Benson**  
  *In Memory of David Ellis, MD*
- **Gary H. Boxer, MD**  
  *In Memory of David Ellis, MD*
- **Paul Fine, MD**  
  *In Memory of David Ellis, MD*
- **Richard L. Gross, MD**  
  *In Memory of David Ellis, MD*
- **H. William Gross, MD**  
  *In Honor of Richard L. Gross on his 80th Birthday, from Bill and Ruth.*
- **JoAnne Hurowitz**  
  *In Memory of David Ellis, MD*
- **Joan Stern Narad, MD**
- **Someswara Navuluri, MD**
- **Ellen B. Tabor**  
  *In Memory of David Ellis, MD*
- **Margot Zimmerman**  
  *In Memory of David Ellis, MD*

### Up to $99
- **Carole Altman Carole Altman**  
  *In Memory of David Ellis, MD*
- **Edith Brooks Carole Altman**  
  *In Memory of David Ellis, MD*
- **Edith Brooks**  
  *In Memory of David Ellis, MD*
- **Gary M. Charlestein**  
  *In Memory of David Ellis, MD*
- **Perky Cohen**  
  *In Memory of David Ellis, MD*
- **Rose Cooperman**  
  *In Memory of David Ellis, MD*
- **Elaine Ellison**  
  *In Memory of David Ellis, MD*
- **Bernard Friedberg, MD**  
  *In Memory of David Ellis, MD*
- **Lydia Gesoff**  
  *In Memory of David Ellis, MD*
- **Mindelle Goldstein**  
  *In Memory of David Ellis, MD*
- **Rosalie Goldstein**  
  *In Memory of David Ellis, MD*
- **Paul N. Graffagnino, MD**  
  *In Honor of Frank G. Bucknam, MD*
- **Louise Lippert**  
  *In Memory of David Ellis, MD*
- **Elise Rose**  
  *In Memory of David Ellis, MD*
- **Barbara Sporkin**  
  *In Memory of David Ellis, MD*
- **Ellen Sussmann**  
  *In Memory of David Ellis, MD*
- **Sylvia Voynow**  
  *In Memory of David Ellis, MD*
- **Lynn Wallach**  
  *In Memory of David Ellis, MD*
- **Phyllis Weisman**  
  *In Memory of David Ellis, MD*
- **Norman Zarwin**  
  *In Memory of David Ellis, MD*

Every effort was made to list names correctly. If you find an error, please accept our apologies and contact the Development Department at development@aacap.org or 202.966.7300 ext. 130

June 2014
Life Members Reach 100!

No, not 100 years old. But, **100 lives you have impacted.**

**Impact.** In 2014, we approved **32 new grants**, 17 residents and 15 medical students. Which means that, since 2010, the Life Members Fund has made an investment in **54 residents** and **46 medical students**. That’s potentially 100 next generation child and adolescent psychiatrists. And, **future Owls!**

**More Impact.** 20 of the current 31 medical students we have awarded travel grants to have graduated. **All 20**, or **100% have matched in either psychiatry or pediatrics!**

**Donate.** This achievement is remarkable. We’re at a time of health care change when our skills have never been more important, but the deficit of available child & adolescent psychiatrists is growing. Life Members can, and are closing this gap. Let’s keep it up.

To donate, visit the [Life Members Fund webpage](#).

**NEW:** There is another way you can donate and do more to close the gap. Learn about the [1953 Society](#). It’s a tomorrow investment, **made today.**

Read more about AACAP’s 1953 Society [HERE](#).

**Stay involved.** Stay connected to all Life Members activities, programs, and photos by reading the Owl Newsletter!

**2014 Owl Pin.** Remember, if you donate $400 or more to the Life Members Fund by October 31st, 2014 will receive a limited edition 61st Anniversary OWL PIN!
CALLING ALL OWL ARTISTS!

Invitation to all Owl musicians and artists to join Sherry Barron-Seabrook and John Dunne at Open Mic night on Friday, October 24. Musical performances, spoken word, song, poetry, and stories are welcome to be shared!