



Photo by Fred Seligman, MD

Inside...

Thoughts from the Editors.....	2	Musings of a Child Forensic Psychiatrist	10
E. James Anthony, MD, FRCPsych (1916-2014) Researcher. Colleague. Leader. Mentor.....	3	I've Retired.....	12
Is Our Annual Owl Dinner Boring?.....	5	Donors to the Life Members Fund in 2014	13
The Early Years of Child Psychiatry in the Washington, DC Area and a History of the Washington Council of the Child and Adolescent Psychiatry: A Personal Recollection	7	In Memoriam	15
		Owl Event Photos	16



Thoughts from the Editors



Dick & Carol Gross

As the holiday season is closing and we are welcoming 2015, we feel tinges of sadness. Two of our long-time good friends died in 2014: David Ellis last March 17 and E. James Anthony on December 10. We will miss them both very much. We might also mention that David's widow, Adrienne, became terminally ill this fall and passed away on January 4. We hope that this New Year, 2015, will bring good health and happiness to all of us "Lifers." Think positively!!!

In this issue we have the good fortune of more articles from our membership. John Schowalter catches up on the wonderful San Diego meeting;

the very successful dinner/reception; the annual three hour Clinical Perspective chaired by Doug Kramer, and Perry Bach's "Mentoring" program. Bill Stark writes a fascinating article on The Early Years of Child Psychiatry in the Washington D.C. area, remembering many of the founders and leaders of AACAP. Lee Haller muses on his becoming a Child Forensic Psychiatrist. Lee used to write a Forensic Column in the *AACAP Newsletter*.

Carol and I fondly remember being with Gene Piazza and his wife Nina, on a wonderful trip to Australia and New Zealand. Among others, Ginger and James Anthony, Marilyn Benoit and Geoffrey Brown were also on the Australia trip after the 2001 Annual Meeting in Hawaii. Gene writes in this issue about his recent retirement.

Enjoy this latest issue of the Life Members Newsletter and have a wonderful, hopefully peaceful 2015.

Dick and Carol

"We hope the content of this newsletter will inspire you to submit your reminiscences, interesting experiences, personal feelings about someone significant to you, or thoughts about an issue you want to bring to your colleagues' attention. Submit articles to:
rlgrossmd@gmail.com."



E. James Anthony, MD, FRCPsych (1916-2014) Researcher. Colleague. Leader. Mentor.

E. James Anthony, MD, FRCPsych, AACAP President, 1981-1983, renowned child psychiatrist and dedicated member of our AACAP family, died peacefully on December 10, 2014 at the age of 98.

A true giant in our specialty, he was President of the American Academy of Child and Adolescent Psychiatry, the International Association of Child and Adolescent Psychiatry and Allied Professions, the Association for Child Analysis, and the World Association of Infant Psychiatry.

He was best known for his work on resilience invulnerability/risk in children, particularly those whose parents had serious mental illnesses. He was one of two founders of group psychotherapy. A prolific writer, he authored 320 research articles and 9 books, many of which were translated into other languages. Dr. Anthony was recruited from England in 1958 to hold the world's first endowed chair in Child Psychiatry, the Blanche F. Ittleson Professorship at Washington University in St. Louis where most of his longitudinal research was conducted. His work in St. Louis at the Edison Child Study Center included many grants from foundations and the NIMH.



E. James Anthony

Dr. Anthony was born in Calcutta, India and educated in Darjeeling, India from the age of four and a half by Jesuits before immigrating to England for medical training. He was a protégé and collaborator with S.H. Foulkes, Jean Piaget, Anna Freud, Erik Erikson, John Bowlby and Sir Aubrey Lewis who throughout his early career introduced him to international and cultural aspects of child development.

He attended medical school at Kings College during the Second World War, delivering babies during the bombings of London. His first assignment as an officer was to work at Northfield Military Center with S.H. Foulkes, dealing with "shell shocked soldiers." There they started rudimentary group psychotherapy. Later he was transferred to Hong Kong as chief medical officer for Southeast Asia and was charged with setting up day care centers for Japanese children who survived the Hiroshima bombings. When he returned from the war, he continued his psychiatric and child psychiatric training at the Maudsley Hospital and received the gold medal from the University of London. He was a Fellow of the Royal College of Psychiatry and his numerous lectureships included a standing appointment at the London School of Economics.

He was a senior lecturer at the Hampstead Clinic and received a Nuffield Fellowship to study for a year with Jean Piaget. At the same time his collaboration with S.H. Foulkes on Groups

led them to co-author “Group Psychotherapy: the Psychoanalytic Approach” considered to this day as the bible of group psychotherapy with many reprintings including one this year. As a testament to his lasting legacy and expertise, this spring, two books on the subject contain introductions by Dr. Anthony.

During his Presidency of the International Association of Child and Adolescent Psychiatry and Allied Professions he formed study groups of colleagues from around the world to learn from various cultures about child development and childhood disorders. He initiated this work, led it, and arranged for funding. This effort was the basis of several of his books.

As AACAP President, he continued his commitment on international collaboration, with both a joint meeting in Mexico, and in leading two large groups to China on the brink of its opening to the West. He collaborated with future AACAP Presidents and co-led exchanges with the USSR. As a result of this effort, for the first time ever, the USSR sent researchers to participate in the AACAP’s annual meeting.

During his Presidency, he formed a study group to mentor, nurture, and support young researchers in the beginning studies of disaster and trauma. He was responsible for the first, of what would later be known as the *Presidential Interview* at the AACAP Annual Meeting when he interviewed Joan and Erik Erikson. His appointment to the Work Group on Consumer Issues led to the development of AACAP’s *Facts for Families*, which have been translated into multiple languages. During his Presidency, a successful offer was made to purchase our (AACAP’s) current headquarters.

He had a direct impact on many lives throughout his career and maintained a private practice until the age of 90 claiming “I’ve heard it all!” He was also a training analyst. He was a member of the British, St. Louis, Chicago, and Washington DC Psychoanalytic Societies. In 1995 he moved to Washington DC to become Director of Child and Adolescent Psychiatry at the Chestnut Lodge Hospital.

He was married to Ethel Frances (Aust) until her death in 1983. They have four children, Sasha Tipper, PhD, Stephanie Rose, MD, Sonia Burnard, PhD, and Bruno Anthony, PhD, and eleven grandchildren and ten great grandchildren.

He was married for 30 years to Virginia Quinn Anthony, former executive director of AACAP, who with her son Justin Bausch, and her family and the Anthony family mourn this loss.

A memorial in the Spring of 2015 will pay tribute to him. In lieu of flowers, contributions can be made to AACAP designated to help establish an international fund in Dr. E. James Anthony’s name.

We will miss his brilliance, compassion, and generosity of spirit.



Is Our Annual Owl Dinner Boring?



by John Schowalter

Each year as I write this piece for the December *Life Member e-Newsletter*, I ponder whether or not it will bore many readers. This is because out of more than one thousand Owls, barely 10% attend the dinner. This year in San Diego we had 126 attendees, and these included the AACAP President, President-Elect, Immediate past President, and Executive Director. Since I hate to see good people cry, there were also other past Presidents who are too young to be Owls but were allowed to attend. Because of our record level of 2014 donations to the Life Member Fund, we also had a record number of medical student and resident travel grant awardees mixed in with us old timers at the banquet.

Fortunately for the banquet's attendees, but why I worry about boredom for the rest of you, I report that this year's banquet was pretty much the same old, same old. This even included the cost, which we've now kept steady for three years. I suspect alcohol consumption (included in the ticket cost) may have risen some, since for the first time I needed to actually shout "Please be Quiet!" into the microphone before giving my brief opening remarks. It then occurred to me that:

The diners didn't really need me as a leader. They had all they needed.

They were talking about when they were young with those who had known them then!!

During the few moments I pondered these thoughts, the roar of conversation did ebb, and by the time I read the names of the 12 Owls who had died since last year's dinner, the silence was complete.

Life Members sponsored two additional programs in San Diego. Doug Kramer chaired our annual three hour Clinical Perspective. He used the format first introduced by Jack McDermott to pair an Owl pioneer with a current expert to discuss various areas of clinical treatment. I was part of their large and enthusiastic audience. Our second program was a new one. Owl Perry Bach teamed up with general psychiatry resident Aaron Roberto to launch a new format, titled "Mentoring Event for Medical Students, Residents and Child Fellows." Its design was marvelously simple. A group of Owls, all of whom have shown different types of expertise, agreed to sit at different tables. Their names and talents had been made known to medical student and resident registrants. The format for trainees was to sign in, sit where they liked, ask questions, discuss the answers, move on to other tables if they wished, and to give written feedback before leaving. **Barn!** Over 130 mentees showed up. This was about twice what was expected. This open format and the wide publicity provided by Perry and Aaron were key. This program will be repeated next year in San Antonio. I hope the hotel has a large enough room.

By the way, Dr. Roberto also spoke at the Dinner to express all of the trainees' thanks for the Owls' willingness to contribute our money and talents on their behalf. In part, I quote:

"Through our amazing mentoring experiences with you, the Life Members, we will undoubtedly be prepared to pass on the torch to the future generations of child and adolescent psychiatrists. My colleagues and I are inspired, touched, and moved beyond words."

Leaving you with these heart-warming words, I wish all Owls my thanks and my best wishes for a healthy new year. My fervent hope is that every Owl will seriously consider a donation to the Life Member Fund. Thus, boring as it is, we can, as we have every year, increase the number of trainee travel grants to next year's 2015 Meeting in San Antonio.

Many, many thanks to all who help the young,

John Schoualter

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The Early Years of Child Psychiatry in the Washington, DC Area and a History of the Washington Council of the Child and Adolescent Psychiatry: A Personal Recollection



by William Stark, MD

Until the end of the Second World War, as was the pattern in the rest of the country, the psychiatric treatment of children in the Washington area was conducted primarily in free-standing community clinics.

These clinics were unaffiliated with medical schools and their departments of psychiatry. In the metropolitan area, there were the Washington Institute of Mental Hygiene; the Clinic at Catholic University; the Arlington County Mental Hygiene Clinic; the Alexandria Mental Hygiene Clinic, and Children's House.

These were staffed by psychiatrists, social workers, and clinical psychologists who were members of the American Orthopsychiatric Association that provided a forum for their scientific and clinical interests. These clinics usually were members of an umbrella organization known as the American Association of Psychiatric Clinics for Children, and it was this organization that sponsored the 10 training programs in the country offering 1- and 2-year fellowships in child psychiatry. Washington, at that time, had no such certified training program. There was no certified specialty of child psychiatry.

I had my fellowship at the Baltimore Child Guidance Clinic whose Director was Dr. H. Whitman Newell, which was the same clinic Dr. Sidney Berman had trained in earlier. Upon completing a fellowship, the intent was for the fellow to become Director of a Child Guidance Clinic. In Washington, the private practice of child psychiatry was in its infancy with Dr. Agnes Gregg and Dr. Sidney Berman as the only two individuals in private practice until 1950 when I arrived on the scene. Private practice was uncharted territory. Somewhat concerned, I met with pediatricians and psychiatrists before coming to Washington to see if the community could support a third child psychiatrist.

In 1948, the establishment of a Department of Psychiatry at Children's Hospital with Dr. Reginald Lourie as its Chairman was a significant accomplishment for the community. His leadership was a major factor in the subsequent history of child psychiatry in our community nationally and internationally. The activities of the Department rapidly expanded and soon became affiliated with the medical schools in the area.

In 1950, a program of teaching medical students child psychiatry was established at Children's Hospital with Drs. Lourie, Berman, and Stark as participants. Ultimately, this initial educational process evolved into the first certified training program in child psychiatry in the Washington, DC area.

Dr. Sigmund Lebensohn, President of the Washington Psychiatric Society, appointed Drs. Lourie and Berman as co-chairmen of a Committee of Child Psychiatry in 1952. At the

national level, child psychiatrists, who were members of the American Orthopsychiatric Association, believed this organization did not adequately meet their professional needs and interests, and in 1953, a small group of child psychiatrists established the American Academy of Child Psychiatry. However, it was essentially an elite organization with membership by invitation only.

Locally, child psychiatry in the 1950's and 1960's expanded and flourished with an increase in services to children, growth of private practices, and the subsequent establishment of fellowship programs in child psychiatry at Georgetown University and Walter Reed Medical Center and the creation of two training programs in child psychoanalysis.

In 1958, Dr. Berman requested the Washington Psychiatric Society to change the Committee on Child Psychiatry to the Section on Child Psychiatry, but this request was refused. To fulfill the professional clinical and professional interests and continue the scientific and business meetings of child psychiatrists in the area, Drs. Berman and Lourie recommended the formation of the Washington Council of Child and Adolescent Psychiatry with membership available to all child psychiatrists.

It was only in 1960 that the subspecialty Board of Child Psychiatry was established. I remember vividly being keenly disappointed in missing being grandfathered by just one year in spite of having been in practice for ten years. Thus I, along with Dr. Al Solnit and Dr. Richard Cohen (good company), were among the first group to take the first examination of the Boards of Child Psychiatry.

In 1961, the American Academy of Child Psychiatry encouraged the formation of regional chapters under the leadership of local Academy members with membership still only by invitation. With colleagues from the Baltimore area, the Washington-Baltimore Regional Chapter of the American Academy of Child Psychiatry was incorporated on February 5, 1962, with Drs. Berman, Lourie, and Stark as Trustees.

The other charter members from Washington, DC were Drs. Edward Kessler, Joseph Noshpitz, and Robert Sullivan. The Baltimore charter members were Drs. Leo Kanner, Leon Eisenberg, and Frank Rafferty. There were two classes of memberships: those who were members of the American Academy and those who were child psychiatrists and physicians who made outstanding contributions to child psychiatry.

However, this latter group, called Associate Members, could not vote or hold office, and membership to this regional chapter was by application.

Our initial meeting was held on May 18, 1962, and the first officers elected were Dr. William Stark, Chairman; Dr. Robert Sullivan, Secretary-Treasury; Dr. Joseph Noshpitz, Councilor for one year; and Dr. Frank Rafferty, Councilor for two years and Program Chairman. Dr. Leo Kanner honored us as the speaker at our first meeting, delivering a paper entitled "The Professional Direction of Child Psychiatry in This Nation." Scientific and business meetings

were continued until June 9, 1966 in Washington, DC and Baltimore. Unfortunately, joint meetings were discontinued in 1966 because of geographical distance.

There was then a hiatus of meetings until August 1970. At a meeting in September 23, 1970, Dr. Stephen Mourat was elected President. At that time, the Washington Regional Council was renamed the Washington Council of Child Psychiatry.

In the same year, under the Presidency of Dr. Sidney Berman, the American Academy of Child Psychiatry opened its doors to membership to all child psychiatrists by application. In addition, an Assembly of Regional Councils of Child Psychiatry was established.

The Washington Council of Psychiatry, with 40 members, became the charter member of that Assembly. Membership in the Washington Council was by application and included membership in the American Academy.

Also in the 1970's, a separate Division of Adolescent Psychiatry was established at Children's Hospital and I was its first Director. We established a training program in Adolescent Psychiatry from which fellows have graduated.

In 1988, the American Academy changed its name to the American Academy of Child and Adolescent Psychiatry (AACAP) and we became the Washington Council of Child and Adolescent Psychiatry (WCCAP).

Our members have made major contributions to the community, medical school education, research, training in child and adolescent psychiatry, infant psychiatry, general psychiatry, and child psychoanalysis. Our members have played significant roles in the AACAP and the American Psychiatric Association. In our short history, five of our members were elected President of the AACAP: Drs. Reginald Lourie, Sidney Berman, Joseph Noshpitz, Jerry Wiener, and Marilyn Benoit, and I was elected Treasurer for three consecutive terms from 1973 to 1979. Some of our members were elected as President of the American Psychiatric Association.

The membership of the formerly named WCCAP (now known as CAPSGW) has grown significantly to over 250 members and the nature and practice of child psychiatry has changed dramatically since those early years in Washington following World War II – when I wondered whether this community could support a third child psychiatrist.



Musings of a Child Forensic Psychiatrist



by Lee H. Haller MD

When Dick Gross, our esteemed colleague and fellow OWL, invited me to write a column about my experiences as a child forensic psychiatrist and author of the Forensic Column of the AACAP newsletter, I felt honored. I am happy to share the information with you. I hope you find it to be a good read as my path through training and practice was somewhat different than most child psychiatrists.

The first unusual circumstance came during my freshman year of medical school at the University of Michigan when we were offered the opportunity to shadow someone in a specialty in which we were interested. Having obtained my undergraduate degree in psychology, I thought I wanted to become a psychiatrist. Here was an unexpected opportunity to see one in action! The only psychiatrist to volunteer was a forensic practitioner who was performing competency to stand trial and insanity evaluations.

Every week, a group of 4-6 medical students would go to his facility where he would read us the charges and the social history and then perform the evaluation. I was impressed by his skills. I continued to pursue forensic psychiatry during my adult training at Duke where a small group of adult forensic psychiatrists from the Raleigh/Durham/Chapel Hill area presented lectures to us. Still no child forensic practitioners, however. While at Duke, I had the opportunity to ride along with police officers as they investigated suspected juvenile offenders and began to learn about the legal process for juveniles.

Back at the University of Michigan, I began my child training. The only forensic person available to teach us was a lawyer. He was an excellent teacher and mentor. I learned about child forensic psychiatry from him. I began attending the annual meetings of the American Academy of Psychiatry and the Law (AAPL) which was in its infancy, so I could meet and interact with the gurus of the field. They were more than willing to talk with me even though I was still a trainee. I began reading the AAPL Bulletin regularly. I got a job during my half day off per week working at the nearby forensic center doing adult evaluations for insanity pleas and competency to stand trial. There was no formal forensic training program in existence then. (Today, there are approximately 45 in the U.S.)

One of my most rewarding forensic experiences came while I was a child psychiatry fellow. I was doing an inpatient rotation. One of my patients was a preadolescent boy who had been there for more than a year and a half. He had several child psychiatry fellows, in succession, work with him, but with no change in circumstances, even though he had improved somewhat. Every time he got better, he would go home for a visit, deteriorate, and wind up back in the hospital. His mother didn't want to be involved in parental guidance therapy

as she didn't want this child. I worked to get the process of "termination of parental rights" started.

Although it was not completed until after I left the rotation, I learned that the process was completed and that the child was successfully adopted. No more hospitalization! My interest in forensic psychiatry was cemented.

Since being in private practice, I've taught child psychiatric fellows and written about various aspects of child forensic psychiatry in the AACAP newsletter and elsewhere. These educational efforts have led to my being consulted at various times by colleagues who would call to ask how to handle a particular medical/legal problem involving a patient. I have been glad to be able to help. Oftentimes, one of the actions I suggested was to consult with his or her malpractice carrier in order to allay the colleague's anxiety. The appreciation that I have received through these interventions have added markedly to my enjoyment of the field as a whole.



Cartoon Credit: Stuart Copans, MD



I've Retired!

by Gene Piazza

Gene Piazza writes with great exuberance, "I've retired!" He described cutting back his clinical practice by one day each week for each of the preceding eight years, finally closing his office at the end of September, 2014. Gene then looked back on his fifty-two years in clinical practice saying that they were wonderful and rewarding; Thirty-three years were spent on Staff at Boston Children's Hospital during which time he developed the Anorexia Nervosa Clinic and supervised the Child and Adolescent Psychiatry Residents on the Psychosomatic Unit of the hospital; in addition, he always maintained a private practice both at the hospital and in a private office attached to his home in Sudbury, MA.

Since closing his office, Gene has spent time helping his patients find alternate care. As most of us have found when closing our offices, "It's sad saying goodbye." I'm grateful to have a monthly luncheon (since 1964) with a group of colleagues for companionship and co-supervision, and chats during which they frequently discussed the many changes in psychiatric practice over their lifetimes, the difficulties with going back over old records, and shredding them when appropriate.

Definitely not to be missed will be hassles with insurance companies!! Gene will continue to volunteer at a free clinic that primarily serves a large Brazilian population who live in surrounding communities. While interpreters are provided at the Clinic, Gene is trying to learn to speak Portuguese. He and his wife, Nina, get pleasure from working in their yard with its vegetable and flower gardens ... albeit at a slower pace than in previous years! Gene and Nina have been married fifty-one years; they have five grandchildren ranging in ages from twenty-two years to eight years which makes for a "GREAT LIFE"! We hope that Gene or Gene and Nina will continue AACAP Life Member (OWL) activities on their "to-do" list as well.



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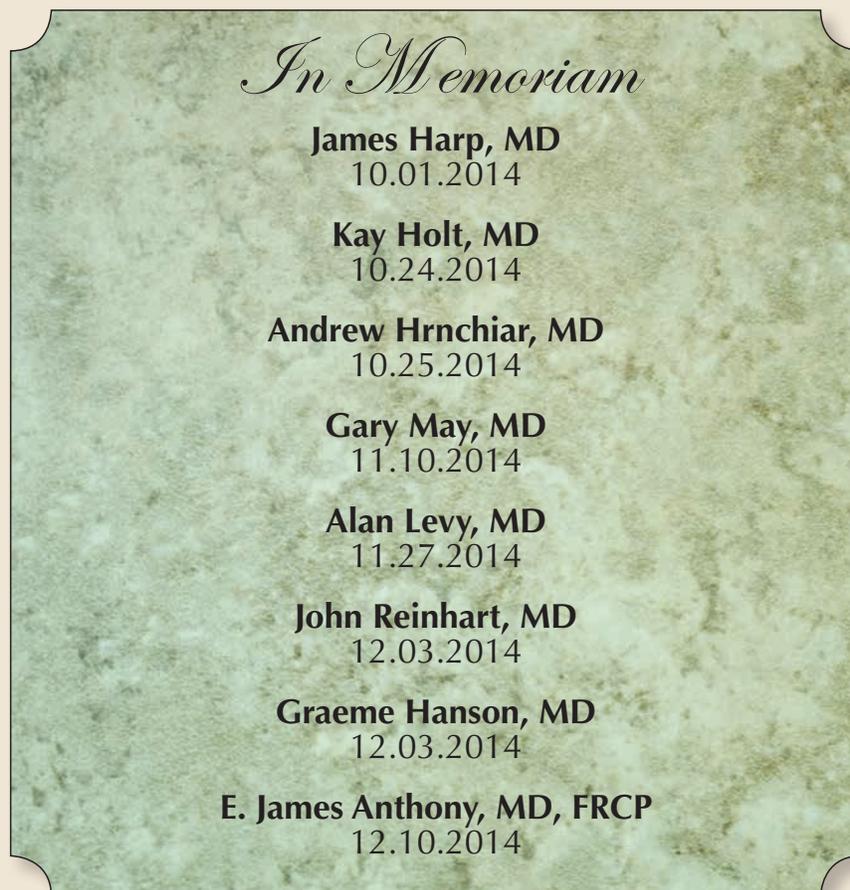
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