American Academy of Child & Adolescent Psychiatry
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Life Member

Owl Newsletter

October 2018 e-Newsletter

Photo by Fred Seligman, MD

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Laughing Matters In Therapy

1. We have a genetic predisposition for diarrhea. Runs in our jeans.
2. Apparently, someone in London gets stabbed every 52 seconds. Poor guy.
3. I tried to catch fog yesterday, mist.
4. Why did the scarecrow get a raise? He was outstanding in his field.
5. Parallel lines have so much in common. It's a shame they'll never meet.
6. Someone stole my Microsoft Office, and they're gonna pay. You have my Word.
7. My wife accused me of being immature. I told her to get out of my fort.
8. What do you call a woman on the arm of a banjo player? A tattoo.
9. I called a psychic once. She asked who was on the line, so I hung up. 10. I took the shell off my racing snail, thinking it would make him run faster. If anything, it made him more sluggish.

Get involved - submit articles for the Owl Newsletter!

We want to hear from you! Let us know what you are up to, how you're doing, you favorite articles and more! Please send materials to mdrell@lsuhsc.edu. The deadline for the next issue is December 15.

Martin Drell, MD

Living and Dying with Friends

One writes, that 'Other friends remain,'
That 'Loss is common to the race'--
And common is the commonplace,
And vacant chaff well meant for grain.

Martin Drell, MD

That loss is common would not make
My own less bitter, rather more:
Too common! Never morning wore
To evening, but some heart did break.

Excerpt from In Memoriam A.H.H. by Lord Alfred Tennyson

In college, my best friend was Jan. She was in the SDT sorority and I was a Sammy. She loved our fraternity for reasons that weren't all that clear to me. We used to talk all the time on the phone. We never dated and were there for each other when we weren't dating. She would date others, as would I. She was super easy to talk to, and we talked endlessly. As she seemed to like all Sammy's, she ended up marrying the President of the Sammy House, who was on the way to being a lawyer. I went to University of Illinois Medical School, and we lost contact with each other.

After medical school, my internship, my marriage, my general psychiatry residency, my child psychiatry fellowship, and a move to Houston, Jan re-contacted me. At that time, she had two young sons and was divorced from her husband, who turned out to have had bipolar disorder. We talked as if a decade had not intervened. At some point, I heard that she had sarcoidosis, one of those diseases that I had once heard about in medical school. After many phone calls, she ended up visiting me in Houston. All I can remember was a visit to the San Jacinto Monument that commemorates Texas' victory over Santa Anna and his Mexican troops, which led to Texas becoming first a territory and then a State. It was a lovely visit.

The calls continued. During one, she told me that her sarcoidosis had worsened. There were anguished calls full of tears and talk of death. Then came the call that she had been hospitalized. I promised to come see her. Surely there was time, but I couldn't seem to find it.

She died being the third youngest person ever to die of the disease. I was shocked. I didn't think she was sick unto death or was it that I did know this and couldn't bear to see her or to have to deal with both of our feelings. I felt horrible for not going to see her and more horrible for the reasons why I didn't. I felt shame and guilt and ended up compounding my angst by not going to the funeral either. I sent a note of condolence instead. Then life went on and her memories faded for the most part, only to rush back in force when I re-encountered death in friends and family. In such cases, I ended up dealing with these deaths, as well as the flashbacks of Jan.

I write this column after reading an article by Jerry M. Lewis, MD, titled "Dying with Friends: Implications for the Psychotherapist" for the fourth time. This reading was occasioned by my being asked to do a presentation on how therapists respond to a patient's suicide. I knew instantaneously that I wanted to re-read the article as I wanted to revisit and add its wisdom to the presentation.

Living and Dying with Friends

Little did I know that I would end up revisiting my feelings about Jan.

The article deals with Jerry Lewis' experiences talking with four friends who requested to talk to him as they faced death. The article summarizes what he learned from these discussions and how they helped him subsequently mature as a therapist and a person.

He starts by stating that therapy involves the interplay and alternation between two different states; the first being that of the "detached observer" and the second being one of the "affective arousal" in response to one's patients. He associates the affective arousal state with "intimacy."

He explains that many factors, especially countertransferences, may distort or negate the balance between intimacy and detachment.

His experiences as a therapist, supervisor, and a teacher have led him to the conclusion that the achievement of intimacy is more difficult than the achievement of detachment whose use often becomes a defense against emotional engendered by intimacy.

Each of the four friends were in help giving professions. Each had responded to his statement as to "whether there was anything he could do" with a request to talk. The talks ranged from two weeks to six months.

He states that each friend began with a specific issue he wanted to talk about.

Two wanted help dealing with an intimate friend and family member who were having trouble with their death, another wanted to talk about his dreams, and the last wanted to deal with the past death of his spouse. He counsels the need to focus on these specific issues, but notes that as the talks progressed, a broader issue became apparent, that being the need to have someone to discuss their illness.

All felt that their loved ones and other friends were not available to them for this task. All felt alone.

Of interest, Lewis' report that addressing the sense of aloneness was not as much a specific focus, as a precondition or "holding environment" for discussion of a "last theme" which emerged as death drew nearer.

Two of his friends' last themes dealt with whether there was anything that could be done (other medical settings or new trials) to stave off death. Another wanted to have his dying be "consistent with his living," while the last wanted reassurance that his life had made a difference.

As these encounters continued, each friend evolved in their feelings towards death. They all dealt with feelings of "shock, disbelief, anger, bargaining, and sadness" in no set order.

Lewis noted that there was a final common pathway towards a "position of resignation, acceptance, or embracement" of their fate.

Lewis tracks his personal responses to the journeys of his friends. He notes that these were friends and not "intimate" friends. He states that this difference allowed him to not

Living and Dying with Friends

be overwhelmed and to maintain a workable balance between detachment and availability. He confesses to a sense of "being heroic" and "wishing to be a hero" that reinforced his ability to be available to his friends. Lewis then uses his experience with his four friends as a spring board to return to his discussion of interplay between detachment and affective engagement.

He notes the importance of self-reflection on one's feelings when with others and how this self-reflection can inform the interactions. He talks about the defensive reverberations of detachment, denial, helplessness, depression, anxiety, and acting out.

An increased knowledge of these personal responses and their ubiquitousness allows for increased openness and availability in one's life and therapy.

He discusses that this enhanced availability has improved his work with suicidal patients, those terminating long-term therapies, and those older patients who are engaging in "life reviews."

He thinks that it will help him with his own internal discussions concerning his own aging and potential death.

He comments at the end of the article that only after grappling with one's own mortality can one help others struggling with the similar issues.

Jules Richmond, MD, who was the head of child psychiatry in my fellowship program, began my orientation by saying that he believed the best training came from seeing lots of patients with good supervision.

He downplayed scheduled and organized didactics but added that some of the best supervision comes from reading.

Over the years, I have read many articles, some of which have become good "friends." I live and think of these friends quite often as I do of other friends like Jan.

Reference:

Lewis, JM (1982). Dying with friends: Implications for the psychotherapist. The American Journal of Psychiatry; 139(3):261-266. http://dx.doi.org/10.1176/ajp.139.3.261.

Note: I would love if the Owls would submit articles on their favorite articles they have read over the years. I believe that the members would love to hear about these "friends."

Knowledge, Action, and Improvement

Cynthia R. Pfeffer, MD

I saw a toddler walk past me on the beach last summer. He had his back to me as he walked away from where I sat; he wore red swim pants, a white t-shirt, and a red and blue hat with a wide blue brim that circumvented his head. Certainly, he was protected from the sun. He walked alone at a steady pace with assurance and determination. He stood tall, and his movements suggested that he felt confident and without fear. As I watched him move further and further away from me, I thought about how this child reminded me of Margaret Mahler's teachings. I mused about what stage of "Separation and Individuation" he illustrated.

Certainly, he was exploring and moved on without acknowledging that he was alone or looking for someone he knew. I thought that he must be in the "Practicing" stage of Mahler's "Separation and Individuation Period" and that he believed that there was nothing to fear and more to explore as he continued to walk. No one was near his path of endeavor. There was nothing objectively to harm him, and I knew that I could quickly run to help him if that was needed.

However, I wondered where his parent was. Without detecting signs that the boy had fear, a tall man suddenly walked behind this child and caught up with him. The man, smiling as he met the child, reached out to hold the boy's hand. The child looked up at the man's face and held his hand out, and they clasped hands. The man, certainly his father, steered his son around to walk back to the beach blanket their family occupied. I realized that this was a fine observational lesson about child development.

The phase of "Separation and Individuation" is a hallmark phase experienced with variations that are related to a child's early experiences and cognitive abilities. Peter Blos taught that another phase, the "Second Separation and Individuation Phase," occurs in adolescence and culminates in defining one's sense of self and coping abilities.

Mahler and Blos are among the venerable teachers who imparted important theoretical concepts that enriched our field of child and adolescent psychiatry. Another venerable teacher, Eric Erickson, taught that during young adulthood one's mental and emotional focus is establishing satisfying family and work relationships and diminishing isolation. There are many esteemed child and adolescent psychiatrists, including those who are Life Members, who will participate in this year's AACAP Annual Meeting in Seattle.

When Life Membership started, it aimed to promote a larger work force of child and adolescent psychiatrists to promote mental health and wellbeing of children and adolescents. In 2010, AACAP's Life Members Fund was established as an essential Foundation of Life Membership to enable medical students and residents to travel to AACAP's Annual Meeting and experience

Knowledge, Action, and Improvement

interactions with child and adolescent psychiatrists. Selection of awardees is competitive and focuses on the applicants' academic and personal activities and aspirations. To date, a total of 228 awardees (102 medical students and 102 child and adolescent psychiatry residents) received Life Members Fund stipends.

It is essential that donations to the Life Members Fund increase so more awardees per year can be funded. It is hoped that all Life Members contribute to the Life Members Fund. I suggest Life Members ask a friend to donate to the Life Members Fund with the aim of promoting better lives and mental health among children and adolescents. Please ask friends to donate!

The following equation identifies eligibility to Life Membership for 2019-2020: age + number of years as AACAP member = 101. Life Members are representative of Erickson's stage of integrity and have qualities of wisdom, vision, and reflections on life.

The Life Membership founders realized that development of child and adolescent psychiatrists is complex and that older child and adolescent psychiatrists have years of experience, extensive skills and wisdom working with children and adolescents, and abilities to provide expert mentorship to the Life Member Awardees. Mentorship is one of the key Foundations of Life Members goals.

Life Members mentorship during the Annual Meeting occurs in many venues. This year the Life Members Committee offers the program, "Medical Students, Residents, and Fellows: Meet Life Member Mentors at the 2018 AACAP Annual Meeting." This program, chaired by Joseph J. Jankowski, MD, and Ellen Sholevar, MD, in consort with the Committee on Medical Students and Residents, Training and Education Committee, Member Benefits Committee, and Membership Committee is held on Tuesday, a day that is early in the Annual Meeting program and thereby facilitates mentorship that can continue throughout the meeting.

It brings together selected Life Members with Life Member Awardees and other medical students, general residents, and child and adolescent psychiatry residents. Discussion includes planning careers in child and adolescent psychiatry that involves choosing a child and adolescent residency program, amplifying one's knowledge of our field through didactic activities during residency and activity in AACAP, quality of life, and planning career aspirations involving clinical care, teaching, research, public policy including advocacy, and public health work.

This year's Annual Meeting focuses on multiple theoretical, observational, and empirical facets of development and problems for mental health that are relevant to current United States issues. Child and adolescent psychiatrists expanded their developmental perspectives by providing evaluation and treatment of young adults. Depression among toddlers, children, and adolescents continues to be a prominent mental health

problem. Maternal depression during pregnancy and its effects on the fetus were identified as impairing children's development. Suicide rates among prepubertal children are significantly rising and remain high for adolescents and young adults.

Karen Dineen Wagner, MD, PhD, AACAP President, will discuss her Presidential Initiative on Depression Awareness and Screening in Children and Adolescents to amplify methods of identifying children and adolescents at risk for depression as a method for preventing long term deleterious developmental effects on children and adolescents.

David Brent, MD, a notable researcher on prevention of adolescent suicide, will be honored by presenting the 2018 Karl Menninger, MD, Plenary, "Saving Holden Caulfield." His message is that evidence-based strategies exist to decrease suicide rates by prevention methods, restriction of suicide methods, and use of quality improvement approaches in mental health care. The significant problems of migrant children are highlighted in several presentations at this year's Annual Meeting.

Since the Life Membership inception, a yearly Life Members Wisdom Clinical Perspectives is another Foundation of Life Members activity. This year's presentation, titled "Off the Beaten Path of Child Psychiatry: Interesting People, Interesting Careers, Interesting Lives" and chaired by Douglas A. Kramer, MD, MS, provides insights into the motivation, development, and years of experience as child and adolescent psychiatrists traversing unique career paths.

Dr. Kramer in his introductory remarks will present concepts about the importance and qualities of mentorship. William J. Swift, MD, discusses "My Life as a Child Psychiatrist in the U.S. Foreign Service, Department of State." Carol M. Larroque, MD, discusses "Children of War-Ravaged Northern Uganda." Douglas K. Novins, MD, offers empirical insights about "Native Americans' Experiences." Lynn E. Ponton, MD, will characterize "One Woman's Path as a Child Psychiatrist." Thomas F. Anders, MD, will discuss how his career development and unexpectedly becoming a child and adolescent psychiatrist was influenced by meaningful mentors.

The Life Members Reception and Dinner, a major Foundation of the Life Membership, is scheduled on Thursday evening and provides a social gathering for Life Members and the Life Members Fund Awardees to relax, chat, and learn from Life Members.

Past Life Members Fund Awardees remarked that interactions within the social modality of the Life Members Reception and Dinner offered awardees unique opportunities to ask and learn about life as a child and adolescent psychiatrist: is there ample time for family life, is remuneration for services adequate, are there mentors for practicing child and adolescent psychiatrists, are there advantages of being a child and adolescent psychiatrist in raising one's children? The Life Members Reception and Dinner solidifies forming future interactions with Life Members as mentors.

The Life Members Committee, co-chaired by Cynthia R. Pfeffer, MD, and Richard Gross, MD, is another Foundation. It will undergo membership changes at the end of the 2018 Annual Meeting. Gabrielle A. Carlson, MD, will rotate off this committee as she continues activities as AACAP President-Elect. We offer our congratulations and support for her new adventures in her AACAP leadership role. Others rotating off our committee are Thomas F. Anders, MD, and Richard Sarles, MD. We express much gratitude to them for their fine contributions to the work of our committee. We welcome new members to our committee: Marilyn Benoit, MD, John Dunne, MD, and Alan Josephson, MD.

Knowledge, Action, and Improvement

An important concern for those who initiated the Life Membership was that there be a wide-reaching format for communicating among Life Members. Another Foundation that evolved from basic email communication among Life Members was the Owl Newsletter, whose current editor is Martin J. Drell, MD.

The Owl Newsletter has developed into a dynamic means of spreading the news about the Life Membership at large. Our editor extends an enthusiastic invitation to publish Life Members' articles, post statements about Life Members' events in their lives, and other Life Members' written contributions, such as poetry and other formats. For those who are not attending the Annual Meeting, keep reading the Owl Newsletter!

"*The Only Person You Are Destined To Become is the Person You Decide to Be*." -Ralph Waldo Emerson

Cordially,

Introducing Our Newest Committee Members

John Dunne, MD

I am delighted to have been invited to join the Life Members Committee. I have a long commitment to mentoring and fostering our younger colleagues, including medical students and residents.

For more than 20 years I have been on the volunteer faculty of the University of Washington child and adolescent training program, giving several lectures each year and supervising fellows. I have been involved actively with AACAP since I formed the Washington State Council of Child Psychiatry in 1979.

I was not far out of my own training, and it was one of those "Great-idea-John-why-don't-you-do-it" things, so I did. It has been a wonderful ride since then. While I am probably best known for my advocacy of private practice issues, I have been involved in AACAP in a variety of roles, currently including the Health Information Technology Committee (HIT) Committee and the Nominating Committee.

My wife, Joy, and I moved from Seattle to Bellingham, WA four years ago after she retired and I closed my practice. We were fortunate enough to buy a house close to our two lovely grandchildren, now 7 and 4, and across the street from their elementary school.

Currently, I am the embedded child psychiatry consultant for the pediatric and family practice clinics at PeaceHealth in Bellingham two days a week. I play trombone in a local orchestra as well as in a small brass ensemble. I bike once or twice a week with a couple of local biking groups and still like to jog.

I look forward to being an active member of the Life Members Committee.

Allan Josephson, MD

I appreciate the invitation to join AACAP's Life Members Committee. I have just finished a sixteen-year tenure as Chief of Child Psychiatry at the University of Louisville.

I previously served in a similar capacity at the Medical College of Georgia. Seeing former students come through, demonstrate their knowledge of the field, and assume faculty positions with us has been a particular joy. The generativity involved in mentoring the next generation is a welcomed part of my committee work.

I have been involved with numerous aspects of AACAP's clinical and educational programs over the years. I have been chair of the Family Committee for 15 years, initiating a co-chair system to facilitate leadership transition.

Over the years, I have made numerous presentations on family related topics, including coordinating and presenting four institutes on family treatments.

Involvement in the Annual Meeting has always been a highlight. I have been a presenter in two of the Committee's wisdom presentations the last several years. So, after many years of waiting and hoping to be seen as wise, I guess it has now formally happened with my appointment to the Life Members Committee!

I am best known for my work in psychiatric education, developmental psychopathology, family therapy and psychiatry, and religion/worldview.

I have learned most from my friends and colleagues and my patients. Perhaps the deepest source of whatever wisdom I possess originates from my family.

Introducing Our Newest Committee Members

My wife of 45 years, Jeri, an educator and mother of our three children, has given me so much and indeed is the true expert in child development in our family.

Our three children have all entered the helping professions - medicine, law, and social work - and have all turned out to be wonderful human beings. Again, I suspect, primarily through my wife's influence.

I've had many wonderful experiences in AACAP with many good friends, stimulating conversations, and late-night "bull sessions." I look forward to more in the future as the Life Members Committee continues to provide a wisdom perspective through the mentoring of our younger colleagues.

Marilyn Benoit, MD

Marilyn B. Benoit, MD, is an internationally recognized psychiatrist with a comprehensive career as a practicing physician and healthcare administrator. In her role at Devereux, she has been responsible for overseeing the organization's clinical strategies, treatment, and outcomes. Specifically, Dr. Benoit works to integrate the latest scientific and medical advancements with compassionate family engagement to provide practical, effective, and efficient care.

Dr. Benoit was Past President of the American Academy of Child and Adolescent Psychiatry from 2001-2003. During her tenure, she placed significant focus on foster care, partnering with the Child Welfare League of America and inviting 70 national stakeholders to help influence change in child welfare policies.

Dr. Benoit served as Clinical Associate Professor of Psychiatry at Georgetown University Medical Center and as psychiatry professor at Howard University Hospital and the Children's National Medical Center. Dr. Benoit completed her medical degree and residency at Georgetown University Medical School.

She has served on numerous national taskforces and councils and has provided Congressional testimony on a range of issues including child abuse, television and media violence, community violence, suicide in youth, and teen pregnancy. She has also served on several nonprofit boards, including the Devereux Foundation, the Alliance for Childhood, The Field Center of Social Work & Social Policy at the University of Pennsylvania, the TeenScreen at Columbia University, Chance Academy in Washington, DC, and the BestKids Mentoring organization.

What ACE Surveys Can Do for Our Patients

Larry Schmitt, MD

Stressful childhood events have been known for decades to mar the development of children. Such experiences are more ubiquitous and unrecognized than is commonly accepted.

Vincent Felitti, MD, perceived hints of this process while interviewing women in a weight-loss group at Kaiser Permanente in San Diego.[1] Shortly after leaving group therapy sessions as successful weight-droppers, many regained the lost pounds. They reported that their thinner bodies led to overt undesired sexual attention which in turn reminded them of earlier harassment experiences that they thought their obesity had prevented.

Dr. Felitti pondered the possibility of other medical problems, beyond obesity, as protective responses leading to other signs and symptoms. In 1998 as a result of extensive collaboration with Dr. Robert Anda at Centers for Disease Control and Prevention (CDC), the first of over 80 articles was published, presenting their results after studying 17,337 middle-class, middle-aged, general adult Kaiser members to determine the prevalence of ten common categories of adverse life experiences in their first 18 years of life and how those played out in terms of emotional state, social function, and biomedical disease decades later. As a result of the Adverse Childhood Experiences (ACE) findings, ultimately 440,000 patients were surveyed as part of the comprehensive medical evaluation that was available to Kaiser members at that time.

While these questions opened up extremely painful memories, there were no reports of patients experiencing excessive emotional upset from considering the questions. A subgroup of 130,000 were followed for a year. The follow-up office visits dropped by 36% and emergency department contacts by 11% in the subsequent year compared to the prior year. This clearly suggested that just completing the survey and telling their accepting primary physician the impact the events had on their later life proved significantly helpful. Felitti and others hypothesized that many medical symptoms and diagnoses have their roots in adverse childhood experiences. Those early stressors carry life-long impacts; more adverse experiences typically lead to more significant medical diagnoses and a shortened life.[6]

Here is the ACE questionnaire. You can find your own score. Consider how your patients, adults and adolescents, may respond to the task of answering the survey. A typical score is zero or two. A score of four or more predicts significant medical issues for that individual.[8]

Prior to your 18th birthday

1. Did a parent or other adult in the household often or very often…
Swear at you, insult you, put you down, or humiliate you?
or
Act in a way that made you afraid that you might be physically hurt?
Yes No
If yes enter 1 _____

2. Did a parent or other adult in the household often or very often…
Push, grab, slap, or throw something at you?
or
Ever hit you so hard that you had marks or were injured?
Yes No
If yes enter 1 _____

3. Did an adult or person at least 5 years older than you ever…
Touch or fondle you or have you touch their body in a sexual way?
or
Attempt or actually have oral, anal, or vaginal intercourse with you?
Yes No
If yes enter 1 _____

4. Did you often or very often feel that…
No one in your family loved you or thought you were important or special?
or
Your family didn't look out for each other, feel close to each other, or support each other?
Yes No
If yes enter 1 _____

5. Did you often or very often feel that …
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
or
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
Yes No
If yes enter 1 _____

6. Was a biological parent ever lost to you through divorce, abandonment, or other reason?
Yes No
If yes enter 1 _____

7. Was your mother or stepmother:
Often or very often pushed, grabbed, slapped, or had something thrown at her?
or
Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?
or
Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
Yes No
If yes enter 1 _____

8. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?
Yes No
If yes enter 1 _____

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?
Yes No
If yes enter 1 _____

10. Did a household member go to prison?
Yes No
If yes enter 1 _____

Now add up your "Yes" answers:
_____ This is your ACE Score

What ACE Surveys Can Do for Our Patients

What ACE Surveys Can Do for Our Patients

The questions include topics that physicians, I assume not child and adolescent psychiatrists, may be reluctant to broach. The best way to use it is to have the patient and/or parent take it home to complete.

Upon their return, to each positive response Dr. Felitti recommends asking, “How did that event impact your life?” Follow up responses each take less than two minutes. Asking, listening, and accepting their answers has proven incredibly helpful as documented by the follow-up research.[5]

Research on questionnaires for pre-teen and younger children is ongoing.[9] Dr. Ariane Marie-Mitchell created the Whole Child Assessment and continues to improve and validate its usefulness. Her questionnaires are grouped in seven age sections, very detailed (50+ questions), and include ACE issues. Her 12-17-year-old one is to be completed by the patient, not the parent. Our goal is to be certain that adverse childhood experiences are adequately covered when evaluating children and adolescents.

The ACE Pyramid graphically represents a conceptual framework for the ACE Study. The authors conceived this pyramid to portray how the ACE scores may translate into a life’s progress. An ACE score of four or more will disrupt neurodevelopment that leads to impairments of social, emotional, and cognition processes. Those impairments result in health-risk behaviors followed by disease, disability, social problems, and an early death.

The need for a preteen survey or modified standard ACE survey is illustrated by a recent consultation.

“Sarah” at eight years old, was temporarily placed in a fine foster home due to an agency’s concern about her mother’s behavior. Her sister, at the same time, was placed in another adequate foster home. Fortunately, shortly after those placements, both were returned to their mother. At that time, Sarah’s behavior deteriorated.

The family physician, within a month of her return, diagnosed Sarah as having a bipolar disorder. (I was taught long ago, before child and adolescent training, to inquire when the malady began. Sarah’s physician either did not ask or shied away from exploring the impact of that family emotional bump. She was started at eight years old on a psychotropic medication with no improvement.

Repeated medication changes over seven years proved unsuccessful. At age fifteen, during a consultation, I obtained the history from Sarah and her mother. They reported that no one had bothered to explore the events that preceded her troubling behavior, eight years of bad practice. The focus, apparently, over those eight years was on the presenting symptoms without seeking potentially triggering events.

AACAP's 65th Annual Meeting Life Member Highlights

We look forward to welcoming our Life Members to Seattle, WA! Here are some of the programs at this year's Annual Meeting that are open to all Life Members.

Tuesday, October 23

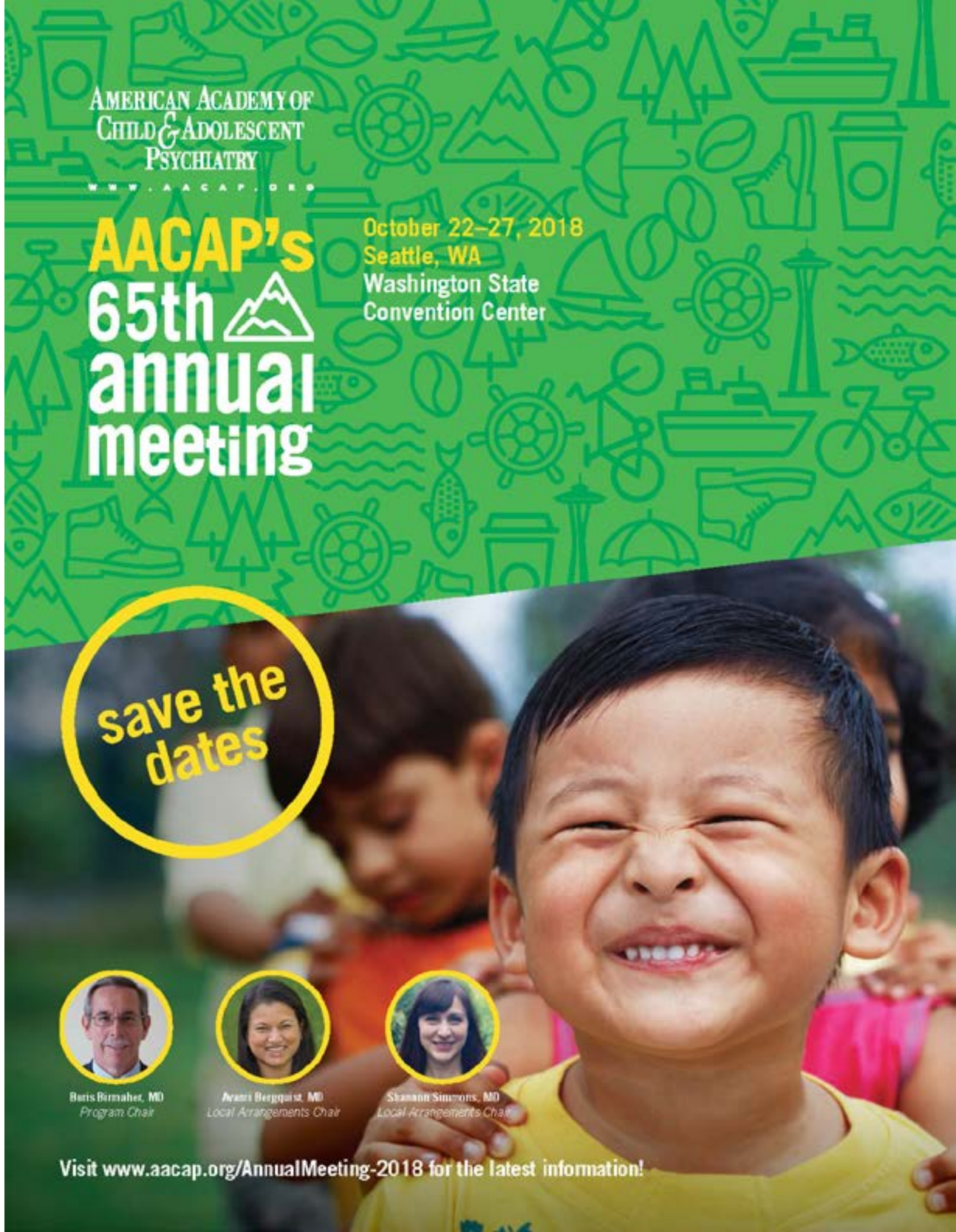
4:30 pm-6:00 pm (open)
Medical Students, Residents, and Fellows: Meet Life Member Mentors at the 2018 AACAP Annual Meeting
Chair: Joseph J. Jankowski, MD
Sponsored by the Training and Education Committee, Member Benefits Committee, Life Members Committee, Membership Committee, Committee on Medical Students and Residents

Thursday, October 25

1:30 pm-4:00 pm (open)
Clinical Perspectives: Life Members Wisdom
Clinical Perspectives: Off the Beaten Path of Child Psychiatry: Interesting People, Interesting Careers, Interesting Lives
Chair: Douglas A. Kramer, MD, MS
Sponsored by the Member Benefits Committee, Family Committee, Life Members Committee

6:30 pm-9:00 pm (ticket)
Life Members Reception and Dinner
Sponsored by the Life Members Committee
Join us at the Fairmont Olympic Hotel for this exclusive event for Life Members to enjoy the company of friends and colleagues while mentoring our young award winners as they start their careers in child and adolescent psychiatry. Tickets are still available but must be purchased at Onsite Registration by 12:00 pm on Tuesday, October 23.

Keep an eye out for this pin at AACAP's Annual Meeting! Donors of $450 (the amount of our excused dues) or more to AACAP's Life Members Fund received this limited edition 65th Anniversary Seattle, WA "Owl Pin." Want to learn more? Reach out to development@aacap.org.



Throughout the Years...

Throughout the Years...