American Academy of Child & Adolescent Psychiatry
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LifeMember

August 2020 e-Newsletter

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Insults for Your Intelligence!

An Insult is an expression, statement, behavior which is disrespectful or scornful abuse.

Enclosed, find some of my favorite insults for your edification:

A member of Parliament to Disraeli: "Sir, you will either die on the gallows or of some unspeakable disease." "That depends, sir," said Disraeli, "whether I embrace your policies or your mistress."

"He had delusions of adequacy." – Walter Kerr

"He has all the virtues I dislike and none of the vices I admire." –Winston Churchill

"I have never killed a man, but I have read many obituaries with great pleasure." – Clarence Darrow

"He has never been known to use a word that might send a reader to the dictionary." –William Faulkner about Ernest Hemingway.

"I didn't attend the funeral, but I sent a nice letter saying I approved of it." –Mark Twain

"He has no enemies, but is intensely disliked by his friends." –Oscar Wilde

"I feel so miserable without you; it's almost like having you here." –Stephen Bishop

"He is a self-made man and worships his creator." – John Bright

"He is not only dull himself; he is the cause of dullness in others." – Samuel Johnson

"Why do you sit there looking like an envelope without any address on it?" – Mark Twain

"His mother should have thrown him away and kept the stork." — Mae West

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Get involved - submit articles for the Owl Newsletter!

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, and more! Please send materials to mdrell@lsuhsc.edu. The deadline for the next issue is September 15.

Martin Drell, MD

"Some cause happiness wherever they go; others whenever they go." — Oscar Wilde

"He uses statistics as a drunken man uses lamp-posts for support rather than illumination."— Andre Lang

"He has Van Gogh's ear for music." — Billy Wilder

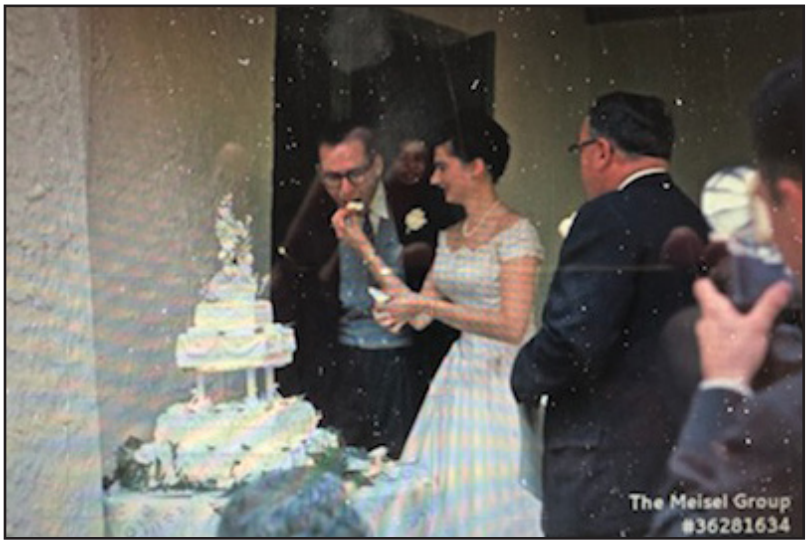
"I've had a perfectly wonderful evening. But I'm afraid this wasn't it." — Groucho Marx

"He is simply a hole in the air." — George Orwell

Winston Churchill to Lady Astor: "What disguise should I wear to the masquerade ball?
Lady Astor:" Why not come sober?"

Lady Astor to Winston Churchill: "Mr. Churchill, you are drunk."
Winston Churchill: "Yes, Madam and you are ugly. But tomorrow I shall be sober."
Lady Astor to Winston Churchill: "Sir, if you were my husband, I'd poison your tea."
Winston Churchill: "Madam, if I were your husband, I'd drink it."

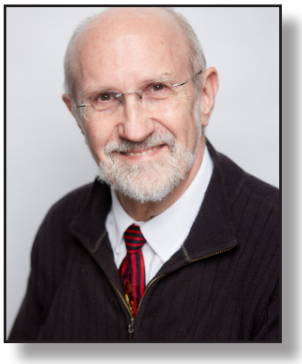
"If your brains were dynamite, there wouldn't be enough to blow your hat off." Kurt Vonnegut



Richard Gross, MD, sent these photos in, upon request, to accompany his column on page six!

The Owl of Athena

Martin Drell, MD



Martin Drell, MD

Every morning while I exercise on my treadmill, I listen to 30-minute college lectures from the Teaching Company. I just finished 36 lectures on the Peloponnesian Wars that involved Sparta and Athens from 460 BC – 404 BC. I will only inflict upon you a minute or so of these lectures in which the presenter talked about a Greek Coin called the tetradrachm, which depicted the profile of Athena—the God of Wisdom and War—on one side of the coin, and a picture of an owl on the other side of the coin. In Greek Mythology, an owl (Athene Noctua) accompanied Athena. This being named the "Owl of Athena." Over time, the Owl, like Athena, became a symbol of knowledge and wisdom, and a mascot of Athens.

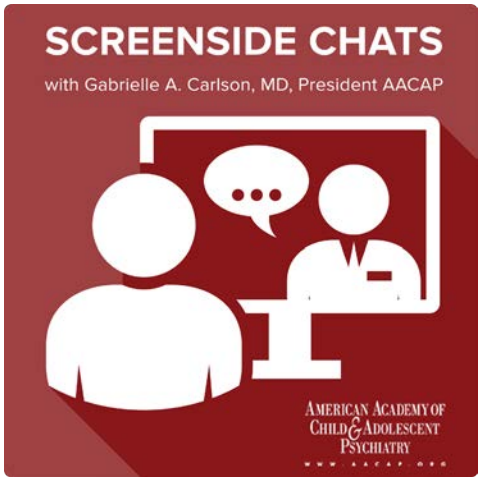
The story concerning this is that in the early days, Cecrops, the King, created a new city and pondered which deity would be the god of the city. He narrowed the field down to Athena and Poseidon. To choose between the two, King Cecrops held a contest to see who, of Athena or Poseidon, would give the new city the best gift. Poseidon offered a beautiful stream to the city, which unfortunately consisted of salt water, which the people could not drink or use for farming. Athena subsequently triumphed by offering the citizens an olive branch that when planted grew into an olive tree that provided ongoing olives, oil, and wood.

A lovely mythological sub-story exists to answer how Athena came to offer the olive branch in the first place. The story goes that Athena couldn't figure out what gift to give the city and had taken a walk into the woods to think about what to do. While in the forest, she happened to run into a beautiful young girl named Haley who was upset because her pet owl had perched in a tree and wouldn't come down. Haley asked Athena for assistance and Athena came up with the idea of luring the owl down by tempting it with berries from a nearby bush. Athena's strategy worked well. Interestingly enough, on the owl's flight down to eat the luscious berries, the owl grabbed a small branch of the tree and gave it to Athena. In return for her kindness, Haley gave Athena the owl. Athena allegedly did not know why the owl had given her the branch in the first place, but she kept it and, nonetheless, left the forest with no idea of what prize to give the city. When King Cecrops asked about her gift, she nonchalantly handed him the branch for lack of anything else to give him. I find this a peculiar tale for one so wise and strategic, but who am I to second guess a goddess.

After Athena's victory over Poseidon, the city then named itself after Athena, thus becoming Athens. The city, between 447-432 BC, later built a temple, the Parthenon, to her honor on the Acropolis. The Parthenon survives today as the most important example of Classical Greek architecture. The name Parthenon comes from a Greek word which meant "maiden girl, virgin, or unmarried women" and is often referred to as the Temple of the Virgin Goddess. Apparently, Athena was "wise" enough, along with other like-minded goddesses, such as Artemis and Hestia, to steer clear of the complications of marriage.

The Greek word for owl is "glaukos" which probably refers to the owls' large shinny, glowing, blue-hued eyes. Dick Morse, my good friend, is a Greek scholar and he informed me that the same word is the origin of the word "glaucoma" describing the swollen, clouded corneas of those with this disorder.

An Ancient Greek tetradrachm



AACAP is pleased to present **SCREENSIDE CHATS**, a brand new product created to share timely information from member-experts on key topics during the COVID-19 pandemic we currently face from AACAP President Gabrielle A. Carlson, MD.

Stay tuned each Wednesday for new episodes on the latest topics with experts in the field!

Listen to and watch **SCREENSIDE CHATS** by visiting aacap.org/ScreensideChats, or download on the App store and Google Podcasts!

Richard Gross, MD

Four months have passed with social isolation, the wearing of masks, and of being mostly confined to home due to the Pandemic of 2020. It has given me a lot of time to think, to reminisce, and to ponder. Carol—my wife—and I recently observed our 60th wedding anniversary which we celebrated (arranged by our younger daughter) by Zoom, and which attended by about 40 people—family and friends of many years.

At a recent Life Members Committee meeting over Zoom, Doug Kramer said I should write about how Carol and I were able to remain successfully married for 60 years. My pondering led me to think that in many ways, our longevity together has significant connections to our being involved with AACAP and to Child and Adolescent Psychiatry. Not to mention: love, compromise, sharing, patience, affection, three wonderful children, and six grandchildren, one of whom (our only granddaughter) is spending this summer with us. Carol and I have frequently worked together in our respective fields. Carol is an educational diagnostician and, over the years, there were many patients with whom we have collaborated; we have played together and we have struggled together; always we have worked as a team.

How does this connect with AACAP? In 1969 (four years out of Fellowship) we attended the annual meeting of the American Association of Orthopsychiatry in New York City. The AOA was originally founded in the 1920s by Child Psychiatrists but had been taken over by Social Workers and Psychologists because there were so many more of them. There was a standing room only crowd of unhappy Child Psychiatrists who wanted to have a say in the direction of their chosen field who were feeling left out. There was no organization for practicing Clinical Child Psychiatrists to share their experiences and learn about their field because The American Academy of Child Psychiatry (we had not yet added "adolescent" to our name) was an organization of only academics who had to hold an academic position and be board certified in order to be a member; board certification in Child Psychiatry began in 1959-1961. Back to the 1969 Orthopsychiatry meeting: Larry Stone organized a meeting of Child Psychiatrists at the New York Hilton Hotel, where Orthopsychiatry was meeting, to start a new organization of clinically-practicing child psychiatrists.There was a large group of us who were anxious to proceed. However, Dr. Sidney Berrman, who was then President-elect of AACAP, was in attendance and he asked that there be a delay for one year so that he could convince AACAP to open its doors to clinicians. Our group did delay and indeed, the doors opened in 1970. I joined immediately as did many others.

How does this connect to 60 years of marriage? Let me digress for a moment to explain that my facts as to times and names of places may not be exact or complete. I am writing this from my summer home on Martha's Vineyard where we are sitting out the virus, and my accurate records are in my files in Bethesda. The '69 Ortho meeting is accurate. The Washington DC Council of Child Psychiatry started in 1960; it was run by our leading academicians, among whom were: Reg Lourie, Bill Stark, Sidney Berman, all of Children's Hospital, and Ed Kessler of Georgetown University. They seldom met, however, as they all met together at AACP meetings. A small group of us clinical psychiatrists in private practice met in 1971 and organized the new Washington Council. I cannot remember all who were there. I do remember some: Larry Silver, Joel Ganz, Ed Weiss, Rusty Bullard (of Chestnut Lodge), Bob Sullivan, Jim Hattleburg and I. We organized and began having quarterly evening meetings at Carol's and my home. Carol provided the coffee and sweets. We worked together throughout those years of scientific meetings which eventually

moved to a room at The Bethesda Medical Hospital. Carol still provided the libations.

One of the very few times Carol and I were physically separated was when I attended my first AACP meeting in Dallas, Texas.I knew no one at the meeting. I was one of two Washington representatives to the Regional Assembly. Bill Clotworthy was the other. One evening, when I was being bored and lonely, I took myself to the Texas State Fair. At that time I bumped into Joe Noshpitz whom I only slightly knew. He was with Jack Davis. They befriended me and we had a wonderful time together for the rest of the evening. That evening introduced me to the Camaraderie of the Academy and that camaraderie soon extended itself to Carol. In 1982 and again in 1987 I became Local Arrangements Chairman for the AACAP Annual Meeting in DC and Carol was a major and an integral part of those meetings. She "invented" for the first time a booklet listing restaurants with appraisals of each of the 1982 meetings; this continues right up to the present. Our children have attended meetings when I have received honors for various reasons. It has been a family enterprise for all of us! Carol and I cherish our Academy friends over many years.

When Carol and I became "experts" in the field of Learning Disabilities (LD) in the 1970s, it was a very new issue in child psychiatry. We lectured together at Children's Hospital. Carol would teach the Fellows how to interact with the educational part of diagnostic testing and I would discuss the psychological parts with psychiatric implications.

It is hard to believe that something little known 50 years ago has become totally accepted in most curricula and commonplace in understanding. However, I do believe that the psychological effects of LD (and other neurodevelopmental disabilities such as Tourette's Syndrome) have been lost among our younger colleagues in that they are mostly not doing the psychotherapy necessary to relieve those effects on patients and their families of having Developmental Disorders. The changes in the practice of Child Psychiatry to the predominant use of medication is unfortunate. I fear that psychotherapy, whether individual, family, or group has become a thing of the past in our profession

Thinking back to our years of mariage, the earliest tribulation is remembered: we were to marry right after my graduation from medical school but I came down with Hepatitis and spent the last month in the hospital much to Carol's mother's chagrin (wedding planning)! I took my surgery final in pajamas! Carol came to see me every day, often with a corned beef sandwich on rye. How could a marriage not last 60 years? There was a long while when it was thought we would not be able to be married due to my ilness.

In closing, I ask all of you readers of this column and fellow "lifers" to join me in writing for *The Owl* your thoughts and your experiences with AACAP, your marriages, and your experiences with coping with the pandemic. To all of you Owls, please stay safe, and stay well. We look forward to seeing you on Zoom at The Annual Meeting in October, and, hopefully in person in 2021 in Atlanta.

Returning to Work During the Covid-19 Pandemic

Bob McKelvey, MD

Bob McKelvey, MD

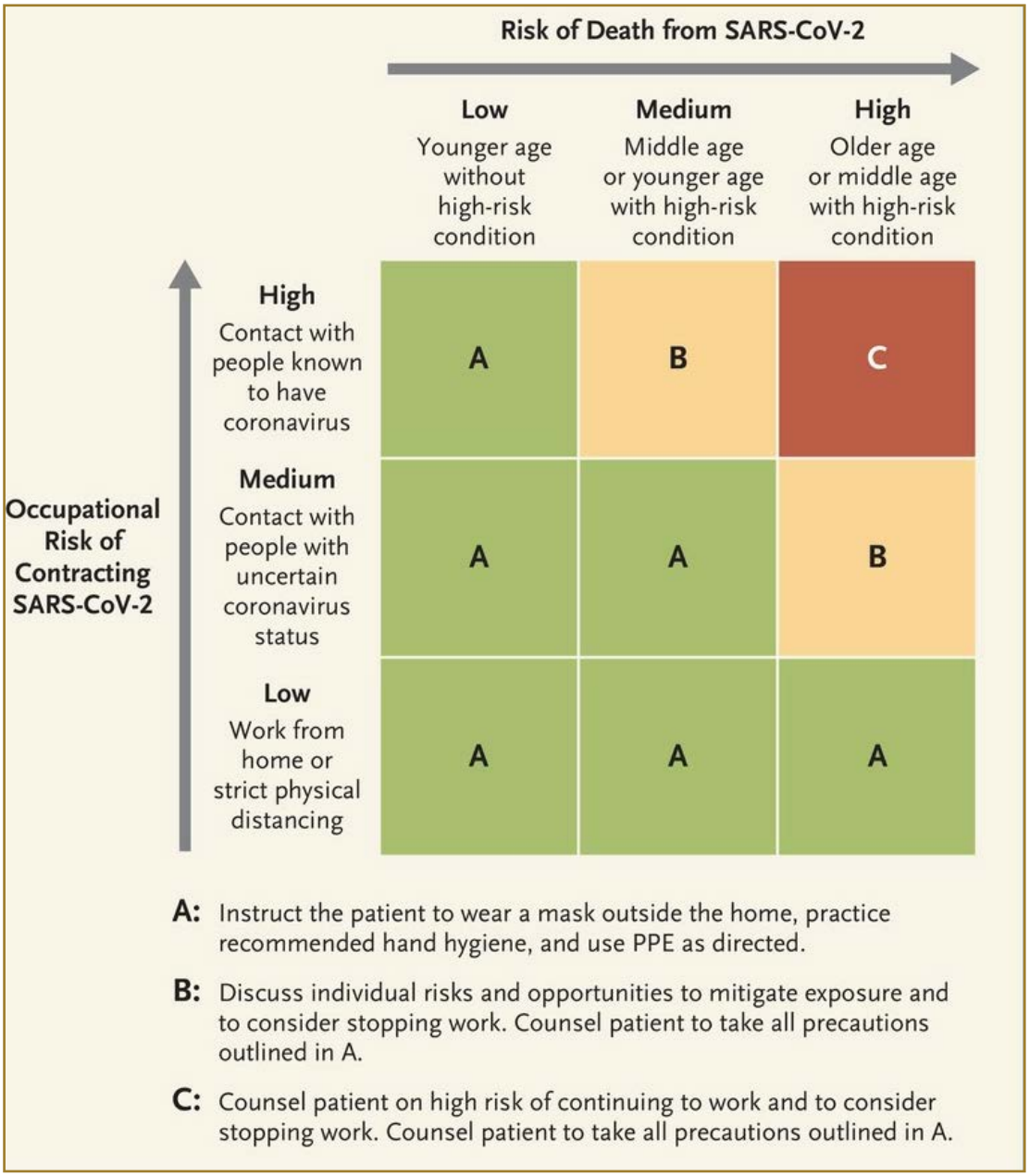
As COVID-19 began its inexorable process from China across the rest of the world, many compared it to the Spanish Flu of 1918-1919. My maternal grandfather, a 37-year-old attorney in Pittsburgh, died of the flu in 1918. He left behind two little girls — my aunt Elizabeth, then six, and my mother, age four. That family story provided an uncomfortable link with the current pandemic and I wondered if my fate might become intertwined with that of my grandfather. The fear of such an outcome came closer to home during the early days of the virus' spread, when a mother brought in her 11-year-old son for an evaluation. He arrived wearing a mask and looking ill. His mother, sensing my discomfort, said that there was nothing to worry about. They had just come from their PCP's office, where he had been diagnosed with the flu and tested negative for Covid. At 75, I wasn't especially interested in getting the flu either, and so I told the mother that I wouldn't meet with him until he had been afebrile for a few days and didn't have any symptoms. I did meet with her, an error in retrospect, as asymptomatic carriers have been identified as a prime source of Covid transmission. They never came back and did not respond to my invitation to set up a telepsychiatry appointment.

I have now been working from home for almost three months, and the US is beginning to reopen. Whether or not that it is a wise decision, the political pressure to do so has been intense and states are moving ahead, each at its own pace. As this process accelerates, I find myself wondering if, when, and how I should reopen my office practice. I am mindful of the warnings that the pandemic may return in renewed strength in the fall and winter and may lead to further shutdowns. Perhaps this would be a good time to retire? I've also considered more colorful options such as working for a year or two in Australia or New Zealand and waiting for the development of a vaccine. New Zealand is especially attractive, as the Kiwis seem to have all but eliminated the virus from their island's population. The most likely outcome, however, is that I, like many of you, will want to return to the office when it seems safe to do so. However, when will that be? Like many of you, I am in the prime target group: an old man with underlying medical conditions. My patients run the gamut from children to older adults and, as evidenced by the anecdote above, not all of them have good judgment regarding infectious diseases.

It is difficult to be objective about one's own health risks and so I have been keeping an eye out for reliable advice about a return to practice. Those of you who work for healthcare systems will likely have the decisions and procedures about when and how to open made by others in your hospitals and clinics. For solo practitioners and those in small groups without a medically trained front office staff, it is difficult to set up a screening system to identify patients that are safe to see those one must postpone. Before I closed my office, I posted a sign on my door encouraging patients and parents not to come in if they had symptoms of a respiratory infection, especially coughing, fever, and shortness of breath, but instead to call and reschedule their appointment. I wasn't open long enough after I taped the notice to the door to see how effective it would be.

Recently, I came across an article in the New England Journal's "Perspective" that offered guidance that seemed to be applicable to my, and perhaps

your, situation. Entitled "Is It Safe for Me to Go to Work," the article, written by Marc R. Larochelle, MD, MPH, provides a "risk stratification for workers during the Covid-19 pandemic." In framing the problem, the author cites the well-known fact that "older people and people with chronic conditions, including diabetes, hypertension, and obesity, have faced higher mortality from Covid-19," noting that patients "who are in their 60s and have diabetes" have a case fatality rate "more than twenty times than among people under fifty without a high-risk chronic condition. Below is the author's "framework for counseling patients about working during the pandemic."



Consulting this chart, it appears to me that my best option would be to stay at home and continue providing telepsychiatry. However, will insurance companies allow me to do so, and will patients be prepared to meet from home rather than in an office? If not, then I would be in a somewhat less secure position, a high-risk person seeing "people with uncertain coronavirus status."

It is uncomfortable, and probably unwise, to make decisions like returning to work during a pandemic, on one's own. That is why I am turning to you, fellow Owls, to solicit your advice and experience about a return to work in these uncertain times!

Retirement in the Time of COVID: My New Career

John Dunne, MD

John Dunne, MD

I retired from a two day a week consulting job last summer when I turned 75. No problem; I had lots of plans, not the least of which was to immerse myself in music. I was playing in two orchestras and a brass ensemble. I was a school volunteer, teaching middle school brass students. And I was auditing music theory courses at our local CC. We had our friends to socialize with and played bridge regularly. All was well.

Then the s**t hit the fan. Everything came to an abrupt halt. As one who sees every misfortune as an opportunity, I eagerly started working on house maintenance projects that I had been intending to get to but never seemed to have had enough time. Unfortunately, I am not entirely the master of my own fate: boredom and apathy set in. I kept plugging away at the projects but my heart wasn't really in it anymore. I was sleeping more, enjoying it less and even became more irritable (dysthymia you might surmise).

In early June there was a request from the county health department for volunteers to do contact tracing. To some this might not seem very appealing. But I had been trained in public health during my stint in the Army. Now before you get too impressed with this, please keep in mind the circumstances. I was just completing my pediatric internship when I was drafted. It was 1971. I was still single at that time and the American war was beginning to wind down. I understood that if I went in as a GMO (general medical officer) I would be sent to one of the combat firebases in Vietnam. In addition to being completely frightened by this prospect, I also was sure that I would be totally incompetent. My strategy entering basic training was to delay being sent to Viet Nam as long as I could… not exactly a noble aspiration! What developed was six months of training in the army's version of public health. Surprisingly, I actually enjoyed my experiences as an Army public health officer (a PMO in Army jargon) with a combat battalion in RVN. Lots of interesting stories emerged from that experience. I say this only to help you understand that when the call came for volunteers, it tapped into multiple levels. I suddenly had something with real meaning for me. Home maintenance abruptly dropped from its priority. I felt like I was off to a new adventure.

I was in the first cohort of about 10 volunteers and interns to be trained. They included a couple of retired family practice docs and a third-year medical student whose clinical rotation had been suspended by the pandemic. The three interns were students at our local university, Western Washington U. But the rest came from a variety of backgrounds. Part of the training was a national standardized online program that took about four hours to complete. There were another three hours online that was put on by local public health employees, along with several pages of detailed information about the department's computer system policies, anti-violence policies, etc. It became clear that they were building this system as they went along. The training did NOT prepare me for what I faced on my first day. The office I was assigned had previously been used by a VISTA volunteer, so that the computer was not set up to interface with the health department's computer system. It took another three hours to struggle through that with frequent help from others. Fortunately, the guy next door, another volunteer, had had a career doing computer networking. It didn't help that I

kept forgetting the many steps needed to navigate the system, so that first day I frequently got stuck. Whatcom County, which includes Bellingham where we live, has had a surge of cases, actually even more now than it had during the initial outbreak. And every case generates multiple contacts. Most of the new cases have originated in the very conservative rural parts of the county, rather than in Bernie-country Bellingham. No cases have yet to be traced to any of the Black Lives Matter rallies in town, even though one drew several thousand people. The positive cases have mostly been in younger people who apparently have been gathering in groups without masks and without physical distancing. Another interesting observation: anecdotally, the virus in this NW part of the country seems to have mutated into a less virulent form. We haven't had anyone in the ICU or on a ventilator for weeks and generally only a very few cases in the hospital at once, despite the rising community prevalence.

Each morning the volunteers and interns get assigned a set of cases with their contact information. The volunteers have been asked to interview contacts, not the positive cases. The "contacts" often had little actual contact with the person who tested positive; they just happen to work for the same company. All of the work is done by phone. If someone does need to go into the field to interview someone, that is done by a paid employee. Once we have reached someone, there is a form with demographic and medical information that needs to be completed and saved to a folder. We also provide information about quarantining to anyone who has had close contact, including measures to take to reduce the risks to other members of their household. Although we were told what information to give to each of the contacts, there was no list or script. That meant I would always forget to tell them something. For my own benefit I wrote a list of things we were to tell contacts, which I then shared with the other volunteers. Once having completed documenting the contact, we move on to the next contact. For someone who has had close contact and is at risk for developing COVID-19, they are told to start quarantine and given information about how to do that, including social services if needed. That is our last contact with them. Someone from the Quarantine and Isolation Team contacts them nearly daily to check on their welfare and to insure they are continuing to quarantine during their at-risk period.

I have just started doing this work. I will be working two days a week with the possibility of coming in one weekend day to help out if needed. Although I am scheduled to work 9-5, the latest I have stayed was 4pm. Once I get through my list of contacts and there are no other immediate issues, I can leave. The Health Department office is an easy 1.5-mile bike ride, so all things considered, this is fairly low pressure. And, since this is a health facility, everyone takes their temperature on entering the building and everyone wears masks when talking with anyone in person or are in any common space, such as the hallway. We are instructed to sanitize the keyboard, computer mouse and phone surfaces at the beginning and end of each shift (some of the offices are shared, although not mine).

It feels quite safe and it's a great relief to have conversations with new and interesting people. This is a very gratifying way to contribute to the community. If you have any interest in doing something like this, call your local Health Department and ask for the Volunteer Coordinator.
,

Time, as master.

Time's uncertain mass
Routinely deconstructs,
to ever diminishing pieces
or ever expanding blocks.

Whatever direction we may go
We meet it on the way back.

The 8 hour ship voyage
The 2 hour train journey
The 20 minute stroll
The 5 minute nap.

Each timebit with unequalled meaning.

Births, nurseries,schools,
colleges,marriages,deaths,
bIrths..
pale in the whiter inside of night
disappearing into a somnolent. unconscious times-cape.

Our directions at once meeting and diverging,
as milestones seem mirages when younger
but become heavier weighted when older.

As tides which ebb and flow
Time continues to grow.

Carnalea , N.Ireland
Three Kings Day 2020

A Covid Spring

Emperor's immovable golden crown
has proven only to be but fool's gold.

The opulent Designer suits
could not conceal the naked truths.

They lie 80,000 souls strong
from New York to Los Angeles.

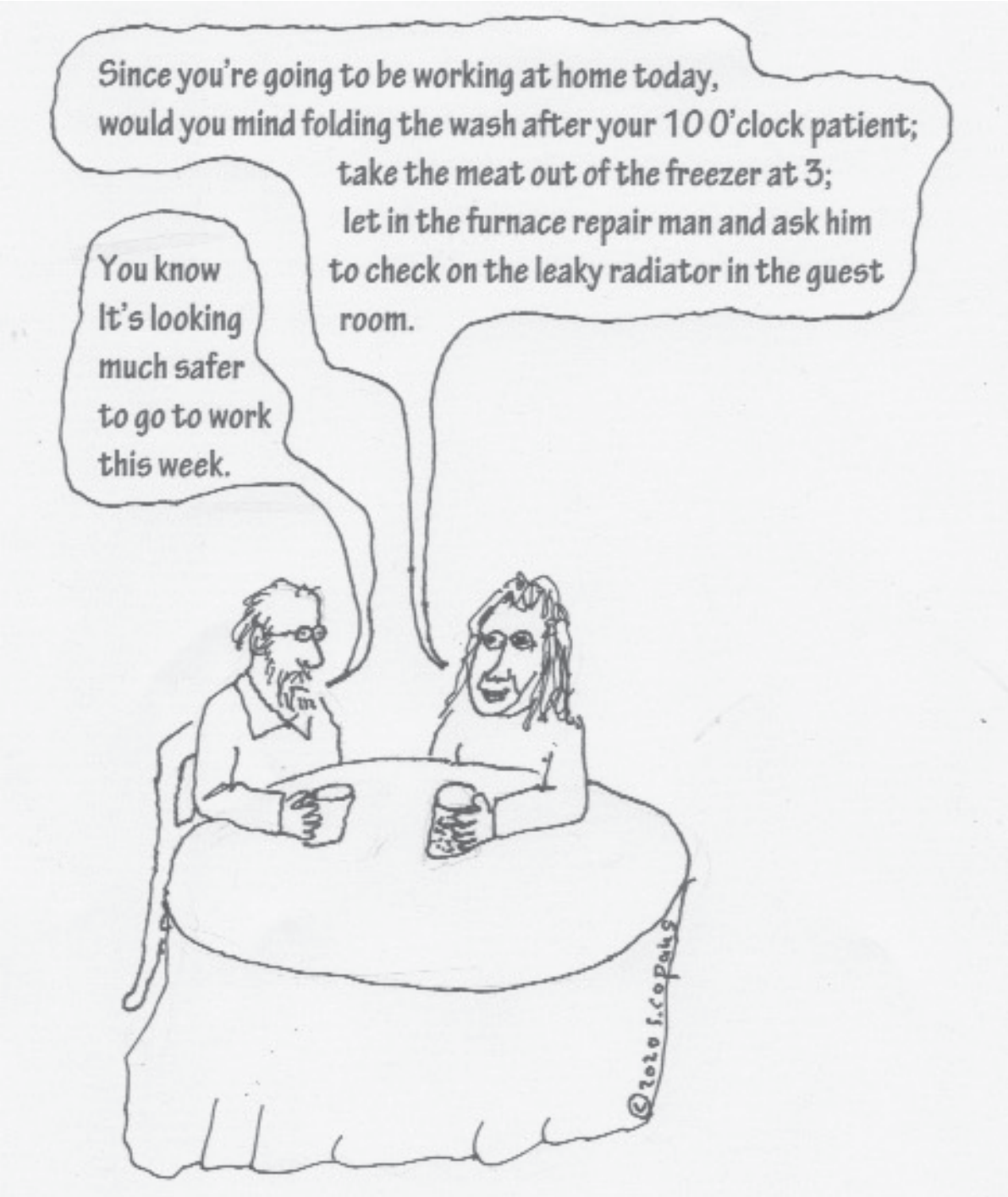
and now a new Great Depression
lined 30 million long.

V.E Day's foretelling Full Moon
came not a moment too soon.

America will awaken
out of this Mad Hatter's Tea Party
never, with muted silence
no, with raging communal voices loudly..

Bangor Pier , May 10th 2020

Inspired by conversations with (ex Rep.) Jim Mc Dermott sequestered in Bordeaux, France!


Since you're going to be working at home today, would you mind folding the wash after your 10 O'clock patient; take the meat out of the freezer at 3; let in the furnace repair man and ask him to check on the leaky radiator in the guest room.
You know It's looking much safer to go to work this week.
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The Owls continue to demonstrate their long-term commitment to AACAP and to supporting the next generation of child and adolescent psychiatrists. Owls make a difference in the lives of other AACAP members as mentors, advisors, and friends. AACAP is thankful to the following Life Members for their generous donations.

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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.

July 2020 - August 2020

American Academy of Child & Adolescent Psychiatry
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James J. McGough, MD
Program Chair

Tami Benton, MD
Deputy Program Chair

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