LifeMember
OWL NEWSLETTER

Summer Edition 2023 e-Newsletter

Welcome to the Summer Edition of the Owl News!

American Academy of Child & Adolescent Psychiatry
www.aacap.org

Quotes On Passion

"Skills are cheap, Passion is priceless."

— **Gary Vaynerchuk**

"You can't fake passion."

— **Barbra Corcran**

"There is no secret to success. It's hard work, matched with passion and support that elevates you to the top."

— **Cristiano Ronaldo**

"Passion is energy. Feel the power that comes form focusing on what excites you."

— **Oprah Winfrey**

"No alarm clock needed. My passion wakes me."

— **Eric Thomas**

"My mission in life is not merely to survive, but thrive; and to do so with some passion, some compassion, some humor, and some style."

— **Maya Angelou**

"Cooking is about passion, so it may look slightly temperamental in a way that it's too assertive to the naked eye."

— **Gordon Ramsay**

"I have no special talents. I am only passionately curious."

— **Albert Einstein**

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COVER ART:

As the sun sets on this summer season, AACAP members and staff alike, eagerly prepare for this year's Annual Meeting in New York City. For it's a time to connect with friends and colleagues - both old and new, rekindle our passion for life-long learning, and recommit to our mission of improving children's mental health. But until then, we soak up the remaining warmth of the summer sun and enjoy the last bits of summer fun.

70th Annual Meeting

American Academy of Child & Adolescent Psychiatry

www.aacap.org

AACAP NYC 2023

October 23–28

Visit www.aacap.org/AnnualMeeting-2023 for the latest information!

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CAP@Home Virtual Experience also available.
See Website for more details.

Earn Your Leadership Every Day —*Michael Jordan*

By Ellen Sholevar, MD

Ellen Sholevar, MD

I am inspired and honored to be named the new co-chair of the Life Members Committee, now collaborating with Dr. Marilyn Benoit, and following in the footsteps of Drs. Cynthia Pfeffer, Richard Gross, John Schowalter and many other leaders. I hail from rural Washington state, the University of Washington ("U dub") SOM, and had further training in Philadelphia at the former Philadelphia General Hospital, Institute of the Pennsylvania Hospital, and Hahnemann Hospital with Herman Belmont MD. During training, I met my husband of almost 55 years, G Pirooz Sholevar MD. As a graduate child/adolescent psychiatrist, I served as faculty at Hahnemann Hospital, then at Temple University SOM in various roles as residency Program Director, and Acting Chair of the Department of Psychiatry, becoming Professor Emeritus. Since 2009 I have worked half time at The Children's Hospital of Philadelphia. My current interests include teaching and supervising CAP fellows, collaborating with pediatricians, and children and adolescents with limited pro-social emotions/callous unemotional traits. The possible devastating outcomes and limited available and effective treatment interventions cry out for further understanding of this disorder. And, of course, AACAP and the Life Members Committee.

The Life Members Committee plays a key role in advocating for solutions to our current crisis:

"In the fall of 2021, the American Academy of Pediatrics along with the American Academy of Child and Adolescent Psychiatry and the Children's Hospital Association declared ***a national emergency in child and adolescent mental health.*** *They called for increased funding for mental health resources, as well as other actions, including more integration of mental health care into schools and primary care, more community-based systems to connect people to mental health programs,* ***strategies to increase the number of mental health providers,*** *and ensuring that there is insurance coverage of mental health care.[1]"*

Among the many important functions of the Life Members Committee, nurturing and fostering an interest in the field of child and adolescent psychiatry through mentoring programs for medical students, psychiatry residents, and CAP fellows is an ongoing effort. For many years, since Perry Bach MD started the Life Member mentoring activities, an effective collaboration between the Life Members Committee and the Medical Students and Residents Committee has led to multiple in person and virtual productive mentoring activities. Joe Jankowski MD has led the effort and currently Carly Kawanishi MD and Aria Vitale MD are talented representatives from the Medical Students and Residents Committee. Key staff who "grease the wheels" are Jill Brafford and Anneke Archer. As articulated by Helen Keller *"alone we can do so little, together we can do so much."*

Lastly, please be aware that we are in need of more Life Members on our committee. Think of jumping in, giving a hand, participating in events, projects, mentorship activities, and having some fun!

"AACAP Members qualify as Life Members when their age and membership years total 101, with a minimum age of 65 and continuous membership. Benefits: Annual AACAP Membership Dues are optional. A voluntary JAACAP subscription is available for $60. Receive the Owl Newsletter, which contains updates focused around your community!

Are you a Life Member who would like to be more involved in Life Member activities? Contact AACAP's Development Department at 202.966.7300, ext. 140."

Looking forward to seeing all at our upcoming annual AACAP meeting in NYC! I am excited about our journey ahead and plan to have fun serving the Life Members and AACAP!

(PS- written with only a little help from Bing chat with GPT). ■

1 https://www.health.harvard.edu/blog/the-mental-health-crisis-among-children-and-teens-how-parents-can-help-202203082700 Claire McCarthy, MD, Senior Faculty Editor, Harvard Health Publishing, accessed 8/6/2023

Marilyn B. Benoit, MD, Receives the Abraham Halpern Humanitarian Award

By Eugenio Rothe, MD

Dr. Marilyn Benoit, past president of AACAP, was honored with the Abraham L. Halpern, MD Humanitarian Award on Monday May 22, 2023, in San Francisco, CA. The award is given by the American Association for Social Psychiatry (AASP), a component organization of the American Psychiatric Association (APA), for extraordinary achievement in advancing human rights. The recipient is chosen as someone who has championed causes of importance directly or even indirectly to the best practice of psychiatric medicine. Advances in ethics and professionalism, medical education, civic action, reform of legal jurisprudence, significant advances in medical practice and/or treatment, leadership taken at a political, societal or cultural level, anywhere that one person's efforts have made all the difference in the world and thereby contributed to improved mental health care and psychological wellness.

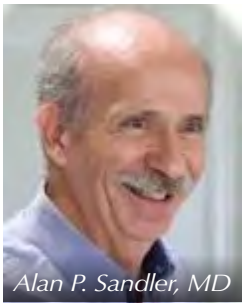
Dr. Benoit receiving the Abraham L. Halpern, MD Humanitarian Award from Dr. John Halpern

The award is named in honor of the forensic psychiatrist and human rights activist Abraham L. Halpern, MD (1925-2013) who embodied those values which are central to the AASP. The awardee is invited to give a lecture at the Annual Forum of the American Association for Social Psychiatry, at the Annual Meeting of the APA. Dr. Benoit's presentation was titled: Pillars of Mental Health: Attachment and Social Connectedness over the Lifespan, which she delivered to a full auditorium. She was introduced by Eugenio M. Rothe, MD, immediate past president of AASP, she received the award from John Halpern, MD, president of AASP and the son of the late Abraham Halpern and was additionally honored by Rama Rao Gogeneni, MD, past president of AASP, who bestowed upon her an East Indian shawl officially endowing her as a Guru of Social Psychiatry. Dr. Gogeneni explained later that the word Guru derives from the words Gu, meaning "ignorance," the word Ru, "to dispel," so that the word defines a person who possesses wisdom, and is a teacher and an educator. The American Association of Social Psychiatry could not have chosen a more deserving candidate for the award. ■

Drs. Ng, Benoit, Halpern and Rothe

It's a Small World After All

By Alan P. Sandler, MD


Alan P. Sandler, MD

I sing to my grandsons, one via the wonders of video "Skype-ing," and the other up close and very personal. I perform the usual stuff mostly: "The Wheels on the Bus," "Old MacDonald,""Itsey-bitsey Spider", and "The Alphabet Song," with everyone's favorite line: "L-M-N-O-P."

One day, however, I found myself, singing a made-up ditty in Spanish to my Jewish-Mexican-American, two and a half year-old, West Coast grandson with a tune that seemed vaguely familiar but that I could not, at first, place: *"Yo tengo hambre ahora, Yo tengo hambre ahora, Yo tengo ha-ambre ahora, Yo tengo hambre, hambre, hambre ahoraaa."* That, by the way, translates to: "I'm hungry now" which he usually is.

I searched my brain for the origins of the tune and discovered its source in the long buried confines of my youthful synagogue attending memories.

It was the music to: *"Heiveinu Sholom Aleichem."* "Peace be with you" is how that translates, more or less. This is a nice sentiment that may explain its continued presence in my neuronal liturgical coffers despite my having long ago strayed from the strictly observant fold.

In any event, a few weeks later, I'm telling this little anecdote to a group of Hispanic therapists with whom I work, and one tells me: "We sing that in church all the time." Hearing this, I was sure she wasn't referring to either the newly minted or the older Hebraic versions of the song. When I asked what she meant, she sang: *"La paz de Dios es contigo"* (The peace of God is with you) to the same tune and phrasing I had used while singing long ago in the synagogue and the one I had offered, sixty odd years later, to the delight of my grandson.

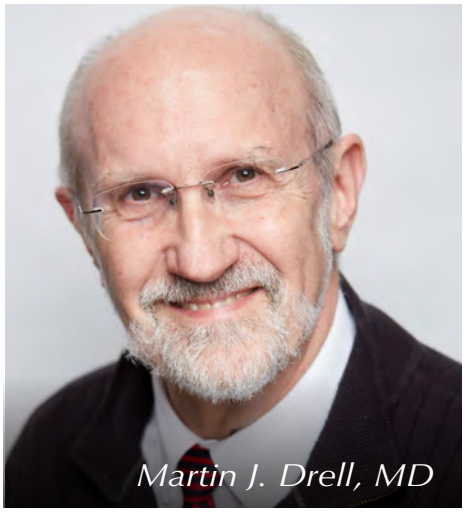
Later that same week, I shared this now embellished story with a group of psychology interns that I supervise. One had been born in Israel, another was Armenian-American, a third was of Italian descent, and a fourth was here in the U.S. on an exchange program from Norway. "I learned that song when I was in grade school," offered the Scandinavian doctoral candidate. Whereupon, she began to sing the words in Hebrew with a decidedly Norwegian accent. "Get out of here!" said her Israeli colleague. "Yes," she said, we learned it in Hebrew, French, and Norwegian.

How this music migrated from Tel Aviv through Tiajuana with a stop in Oslo remains a mystery. Its travels, perhaps, are yet another sign of that difficult to admit prospect that we are all alike under our skin and we all want the same things. For example, despite their ethnic divide, my son and his wife found each other, and discovered they have much, almost everything that counts, in common. I'm even told my daughter-in-law's family in Mexico plays a gambling game with a top (a "Dreidel-isa?") at Christmas time.

So, until the Holidays or whenever, why not take a moment to sing a little something, ancient or modern, to someone you love. Who knows what you will discover? ■

Childism - Prejudice Against Children

By Martin J. Drell, MD



Rachael Ritvo, another proud Owl, sent me an article by Elizabeth Young-Bruehl, PhD entitled "Childism – Prejudice Against Children," (Contemporary Psychoanalyst, Vol. 45, No. 2, 2009). The article emphasizes the reality that there is a general prejudice against children and that children are a separate identity group that need to be focused on and protected. Although I have presented on this subject in a presentation in tool kit on the AACAP Psychotherapy website entitled: "Feelings Generated in Work With Children and Parents and Tips on Working with Parents," this article allowed me to conceptualize and rethink these issues in light of modern identity discussions.

Young-Bruehl nicely summarizes the field of prejudice studies building upon Gordon Allport's classic 1954 book *The Nature of Prejudice* (NY: Double day/ Anchor). She contends that there are 3 basic, interrelated forms of prejudice based on the dyad of "us" vs "them." These are:

1. One form that serves the purpose of marginalizing others and then eradicating them as an "unwanted and feared group."

2. Another form which attempts to mark a group off as "eligible for sexual exploitation or attack." Young-Bruehl contends that the victims of this form are "others" that are "nearby or even inhouse as servants or slaves." She says that they are seen as non-family "others" and, therefore, "safe from taboo" activities.

3. A third form of prejudices involves "others" that are perceived as a threat to the specialness and prerogatives of the "superior, privileged group." This form involves disdain and envy of the "outgroup." In all of these 3 forms, these feelings can be potent and lead to lethal consequences.

She also builds upon Freud's characterological theory and identifies specific defenses that underline the 3 types (obsessional, hysterical, and narcissistic) of prejudice. She states that prejudice can be "obsessional" when the main goal is to eliminate the other, "hysterical" when the goal is to sexually exploit the other, and "narcissistic" when the goal is to clearly demarcate that "we" are not "them." She clarifies that all these defenses are clearly used against LGBT+, BIPOC, older people (agism), and adolescent groups. She speaks to the fact that these prejudiced groups are socially invented. She highlights this by pointing out that, as a group, adolescents were not "scientifically identified" until G. Stanley Hall's 1904 book: *Adolescents*. This "identified" group stereotypically is seen as threatening ("We will replace you adults!"), sexually adventurous, and are known to say that they are better than their elders. They attack their elders as having screwed up the world by overutilizing resources, being embarrassingly sexual, entitled, and privileged. I note that such feelings are

generated by "millennials" who are also a newly invented group that are known to be prejudiced against their elders.

Young-Bruehl notes that, only during her personal analysis did she realize that she had neglected to focus on the prejudice against children. She attempts in this article to clearly add "childism" to the list of prejudiced groups and spends the rest of the article going over her case for Childism. She poignantly points out how Allport's thoughts on prejudice apply to children, a population that literally "does not have a voice" or a vote. She gives as evidence the long history of infanticide, sexual abuse of children, the hatred of children (misopedia) despite children being, ironically, constantly touted as "the future" of civilization. She gives a brief history of attempts by society to advocate for the alleviation of childism. These include child labor laws, child protection societies (that came into existence after animal protection societies), the United Nations' Declaration of the Rights of Children framed in 1959, the "scientific discovery" of child abuse (1968, Kempe, *The Battered Child,* University of Chicago Press), and of child sexual abuse shortly after. For a more comprehensive review of the history of childism across the ages and attempts at advocacy, I would suggest looking at the historical works of the psychoanalyst/social historian Lloyd DeMause, such as *The History of Childhood* (Jason Aronson, 1995). ■

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Prince Harry & Viola Davis: An Analysis of Their Memoirs

By Marilyn Benoit, MD

Prince Harry, a white male, belongs to the British monarchy which enjoys the highest social status across the globe, and owns wealth measured in billions of dollars. Viola Davis is an African American woman, an actress who recently achieved the status of EGOT (Emmy, Grammy, Oscar, and Tony awards), and grew up in abject poverty ("We were 'po.' That's a level lower than poor." p.33) in the slums of Central Falls, Rhode Island, (a town referred to as the 1985 cocaine capital), exposed to racism, chronic domestic violence, social alienation, psychological and sexual abuse. Viola described how she and her siblings would steal from the general store in the neighborhood, the owner of which was generous to the family.

"When you're clutching to live, morals go out the window."

These two world celebrities have both recently published their memoirs, tracing their life journeys from their beginnings, and along pathways that could not be more in contrast with each other. Yet, as different as their lives have been, they share a major common history of childhood trauma that influenced and shaped their development, social behaviors, and choices.

In his acknowledgments at the end of his book, SPARE, Prince Harry thanks dozens of people for their support and encouragement in writing his memoir. What stood out to me was the sentence, "Special thanks to my U.K. therapist for helping unravel years of unresolved trauma." (p.410) Viola Davis, in her memoir, Finding Me, wrote, "Since age fourteen I had saturated my life with acting, becoming an artist. But when I found myself in college, I still could not give myself permission to do the thing that I loved. My mind was like a railway station where two trains were leaving at the same time. One train was my academic career life... But the other train leaving the station tracked back to the place of trauma I came from, a place where I was bruised, did not believe in myself, had no sense of self. I could not understand self-love. I never felt like I was enough." (p.120)

Describing a similar sentiment, Prince Harry states, "I was twenty the first time I heard the story of what Pa allegedly said to Mummy the day of my birth: 'Wonderful! Now you've given me an Heir and a Spare-my work is done.' A joke. Presumably. On the other hand, minutes after delivering this bit of high comedy, Pa was said to have gone off to meet with his girlfriend." (p.15) While that statement minimizes Harry's reaction to being referred to as the spare, it is no coincidence that he chose the name of his memoir to be SPARE. This suggests that he internalized the concept of being un-essential, and disposable. He was not considered bright enough to attend university, choosing to enter the military as his path to a career. Viola, on the other hand, though lacking in resources, saw her academic success, including attending university, as essential for her, and this motivation fueled her efforts and successes. Dianne, her oldest sister had said to Viola, when she was only 5 years old, "You need to have a really clear idea of how you're going to make it out if you don't want to be poor for the rest of your life. You must decide what you want to be. Then you have to work really hard." Dianne lovingly gave that missive, "I looked at her and she stared at me. It was love." (p.38)

Harry experienced being loved unconditionally and joyfully as a child, by his deceased mother, Princess Diana. "Oh, how she loved my brother and me. Obsessively, she once confessed to an interviewer." (p.3) His Granny, Queen Elizabeth II, also was engaged in a loving relationship with him. Harry's denial of the trauma of his mother's untimely and tragic death when he was age 12 years led him to create an alternate reality where he dis-believed the facts of his mother, Princess Diana's death, and conjured up a delusion that it was all a ruse, that she was playing dead, but would re-emerge in the future. Even at the funeral, witnessing the burial, and bursting into uncontrollable weeping, he concluded "it would be unbelievably tragic if it were actually true." (p.26)

While he and his brother enjoyed a loving sibling relationship during their mother's life, their relationship subsequently deteriorated as William more easily took on the stoic Royal shield, (the "don't complain, never explain" modus operandi) defending against emotionality, distancing himself from Harry and the grief and mourning over the death of their mother. Harry painfully describes this process of alienation from William which began during their shared Eton boarding school days.

Viola Davis's foreword could well have been written intentionally to Prince Harry when she stated, "So I wrote this for anyone running through life untethered, desperate and clawing their way through murky memories, trying to get some form of self-love. For anyone who needs reminding that a life worth living can only be born from radical honesty and the courage to shed facades and be...you." Recounting one night in college when her mother and two sisters, one pregnant, showed up at her dorm to be rescued, Viola had to tell them that she was unable to house them. Her sister, Anita said, "Then we have to go back home. He's (their father) out of his mind crazy. He may kill Mom." She described the scenario of mother being bruised and bloodied in the face, and her sister Danielle reeking of urine, familiar experiences from her past. She wrote, "It returned me to the trauma I'd grown up in, that had catapulted me out of my body." (p.121)

While both authors' memoirs can be their trauma narratives, written as part of their healing process, their attachment issues are clearly different. Throughout Viola Davis's book, Finding Me, she had, and continues to have positive attachments to her siblings and to her parents, in spite of the parental toxic and dysfunctional relationship. Her older sister, Dianne, was parentified and served as a positive role model and supporter for Viola and her siblings. Dianne took it upon herself to teach lessons she had learned to her younger siblings to prepare them for school, so much so that Viola was ahead academically. Prince Harry, on the other hand, came from generations of Royals known for being emotionally shut down. Children were not raised by their parents, having professional nannies instead, then going off to boarding school with infrequent contact with parents. Even such contact was quite formal and emotionally detached. The harsh realization of not feeling known was "staggering" to Prince Harry when he set up a meeting with his father and brother after his grandfather's funeral, in an attempt to have a rapprochement after his departure from the U.K. to live in the United States. His account of this encounter left him aghast because both claimed not to know why he had abandoned his "Mother Country." "To claim no knowledge of why my wife and I took the drastic step of picking up our child and just running like hell, leaving behind everything-house, friends, furniture? Really?" (p.6) He continued, "And if they didn't know why I'd left, maybe they just didn't know me. At all. And they never really did." (p.7)

In Viola Davis's case a more positive attachment base has allowed for forgiveness and reconciliation, ("I loved them dearly, but I didn't want to live a life of poverty, alcoholism, and abuse." (p.123) whereas such an outcome is more challenging for Prince Harry with his family of origin. Both Prince Harry and Viola are incredibly motivated, persistent, initiative-taking, resilient people. Prince Harry had engaged in polysubstance use and some reckless behaviors to manage his undiagnosed post-traumatic stress disorder, later becoming more complex, and manifesting as panic attacks, anxiety, and depression after his two tours of military duty in Afghanistan. But he later was able to utilize psychotherapy to work through his complex trauma. Importantly, it is remarkable that he used resources inherited from his mother to establish the Invictus Games for wounded veterans. No doubt, he identified with their woundedness, and making this his premier charity would serve to promote his own healing.

Like Harry, Viola experienced severe depression, "the deepest depression I have ever experienced." (p.120) when she left home and started college at age 17. Viola poured her heart and soul into building her acting career. She applied for scholarships, sought out auditions, endured long bus trips, unforgiving weather, studied hard, persevering against all odds, and experiencing small and big successes along the way. She, too, utilized psychotherapy to work through issues of her traumatic childhood. Though now enjoying major career successes, Viola had to endure discrimination and setbacks. As Harry has used the founding of the Invictus Games for healing, Viola has used her acting as a cause for facilitating changes for minoritized groups in the acting industry. This is driven by her faith. She wrote, "My career mirrored my childhood. My Blackness was as much an issue on the stage and screen as it was in my childhood. It became apparent to me that all those things that were in me still needed healing, and it became frighteningly obvious that God was using me to be a leader in the area where I very much felt like a victim."

Clearly, both authors see themselves as "instruments" serving a higher purpose. Their efforts to make a meaningful difference in the lives of others were, and continue to be, critical in their trauma healing process. Both Viola and Prince Harry were late bloomers as far as committing to marriage. They both experienced their potential spouses as caring and loving people who provided "safe havens" where they could trust and heal. Turning thirty, and being a bachelor was a problem for Prince Harry, one taken up relentlessly by the British press. He explained that the monarchy was an establishment that was based on marriage and the heirs produced. He wrote, "As a confirmed bachelor I was an outsider, a nonperson within my own family." (p.231) Being labeled a "spare" at birth was unconsciously internalized by Harry, and further reinforced by feeling alienated and not known by his family.

Both memoirs are histories of complex trauma beginning within their families and continued by external forces within their very different social ecosystems. In Prince Harry's case the British press assaulted him relentlessly; in Viola's case the endemic racism and discrimination in American society added more layers to her trauma experience. "There is an emotional abandonment that comes with being poor and Black. The weight of generational trauma and having to fight for your basic needs doesn't leave room for anything else. You just believe you are the leftovers." (p.56) She compared herself to others and concluded that she "was born bad." She described her childhood neighborhood as "an emotional war zone, made worse by the war zone at home." (p.60)

As a psychiatrist, who has treated patients with early trauma, I applaud both these authors for submitting to the psychotherapeutic process as part of their healing. I cannot underestimate the power of the trauma narrative. For Prince Harry and Viola, it meant writing their memoirs. For some others, it can be done in songwriting, the Spoken Word, drawing, Rap, creative arts, play, dance... any mode of expression that a person can utilize to get out the story of trauma. In my work as a child and adolescent psychiatrist, children have played out or drawn pictures as their mode of expression. I was amazed by an 18-month-old who had witnessed the murder of her mother by her father and was able to re-enact the entire scenario through doll house play. An adult patient used to compile an album sorted by decades to unfold her trauma narrative before she was able to actually write it.

Viola stated that her "biggest discovery was that you can literally re-create your life. You can redefine it. You don't have to live in the past.... I had had enough therapy and enough friendship and enough beautiful moments in my life to know what love is and what I wanted my life to feel and look like." (p.225) That is the message of healing from trauma. Harry's dramatic escape from Britain and relocating to the United States is his version of Viola's discovery of self-agency in taking control of one's life in spite of pre-existing trauma. Both Viola and Harry have become loving (and loved) spouses and devoted parents. This developmental phase of their lives offers them both an opportunity to interrupt the intergenerational trauma cycle, as well as to continue their own healing processes. My hope is that others similarly traumatized would follow their examples in seeking out psychotherapy and unleashing their trauma narratives, not necessarily for publication, but to promote their emotional healing. ■

Two Years on the Cheyenne River Sioux Tribe Reservation (1968 - 1970)

By James M. Strosberg, MD

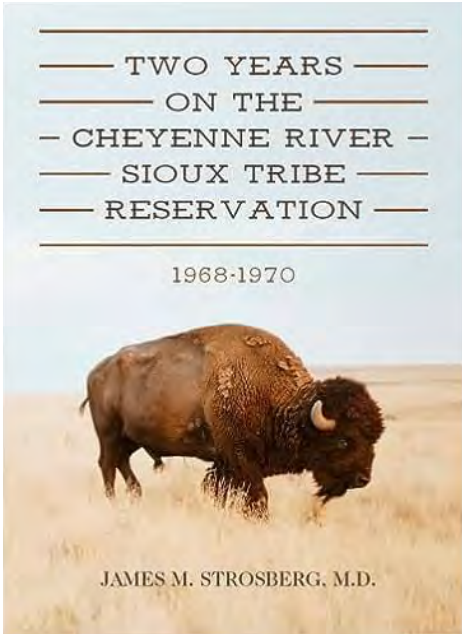
Book Review By John McCarthy, MD

One might ask why I chose to write this book review.

First, Jimmy, the author and my wife's dearest cousin, a retired Rheumatologist, and enthusiastic tuba player, gave me a copy "hot off the press".

Second, his memoir opens with an important disclaimer: "This story is one-half documentary and one-half fiction confounded by an incomplete memory of what happened 55 years ago complicated by imagination, exaggeration, and hyperbole. Sadly, I can't say which is which."

Third and finally, an enticing one sentence book review by his brother, Marty, (on the back cover) "One of the great literary achievements of the 21st century!" How could I resist? On a quiet sunny winter day, I read Jimmy's 124-page book with 25 chapters in one fell swoop.



John McCarthy, MD

The story begins with how Jimmy and his wife, Margo, ended up working on a Native American reservation during the Vietnam War. Like most of us young physicians in training post medical school, Jimmy received orders via the Berry Plan to report for a physical exam in preparation for active duty with possible assignment to the dreaded Vietnam. Initially, he pictured himself as an Air Force doctor but feared long periods of separation from Margo, his newly-wed wife. Miraculously he bumped into the U.S Public Health Service as a viable option for alternative service to his country as a physician on a Native American reservation. Most importantly, Margo could accompany him as a Social Worker there. Such a deal!

After passing his physical exam, Jimmy received orders to report to Eagle Butte, a Native American reservation on the Cheyenne River in South Dakota for 2 years. How romantic it all sounded. Driving thru the main entrance, they passed a sign: "Welcome to Eagle Butte, Population: 1,993 and a few old 'soreheads.'" Soon they arrived at their 3-bedroom home within spitting distance of the Native American Hospital staffed with Public Health Nurses and 3 other physicians also doing 2-year stints.

Determined to immerse themselves in the local cultural Sioux (Lakota) milieu, they joined the Eagle Butte "Marching Band" just in time for the Labor Day parade, with Jimmy on Trumpet (an elder Lakota Native American had already chosen to play the tuba) and Margo on

Flute. All dressed up for this "big" event, they learned that this much-touted event would last only one block (down and back). Jimmy never did find out how that elder Sioux learned to play the tuba because they never held a marching parade again during his 2-year tour.

Next, they decided to attend the Eagle Butte Community Club, open to all residents, including a complimentary lunch. The topic for discussion: "How to Increase Tourism at Eagle Butte". Say what??? Time for Jimmy to "insert foot in mouth!" He blurted out: "Why would anyone ever opt to take a vacation here?" ABSOLUTE SILENCE! Mortified, they resolved never to attend a Community Club luncheon meeting ever again. Oh well, they had other "fish to fry" as they went about their daily routine of patient care.

Jimmy's next challenge: learning the names of his patients:

The Lakota usually carried 2 names: the first name easy to remember: John, James, Mary but their surnames: White Cloud or Running Bear took more time to learn. Throughout the two years in Eagle Butte, the relationships between the Lakota and medical and nursing staff were amicable.

On the reservation, many residents owned many dogs, frequently allowed to run free and sometimes they bit someone, usually a child. The "usual protocol": quarantine the biting dog for seven days in their home to determine if it was rabid. If positive, the unfortunate person bitten would then be subjected to a series of painful injections. However, the owners often simply shot their dog, in which case a state technician from a lab in Pierre, S.D. would drive 90 miles to retrieve the dog's head and drive back to the lab to determine if it contained rabies. If positive, there was still time to treat the victim.

Snake bites were also common and potentially challenging, especially if the type of snake could not be identified. Jimmy was clueless about identifying and treating a snake bite. No worries, the Public Health hospital had on hand Lederle's polyvalent anti-venom. However, in semi panic mode with his first snake bite patient, he was initially unable to read the directions because they were in Spanish; fortunately, when

he turned the paper over, the directions were in English! Phew!, that was a close one. Thank God! There were very few snakes in Buffalo, New York!

Alcoholism was a very common and difficult problem on the reservation but remained largely unaddressed. In his chapter entitled: "Tragedy" he tells the tale of Meredith Sky Hawk, who while intoxicated, crashed his pickup truck into a cattle truck killing 2 infants. Jimmy felt guilty for not being able to take the keys from him. Months later, Dan Rather on CBS aired a special report on the poor state of Native American health care in America and showed the cemetery where those 2 infants were buried. Oy Vey!

In another chapter, "Night Flight", Jimmy discusses another tragic story involving a crash of 2 cars involving 12 people. The drivers seemed to be playing a game of "chicken". Amazingly, only 2 middle- aged women sustained serious injuries, pelvic fractures, which necessitated further treatment at the Rapid City Hospital in South Dakota. Emergency transport required a night flight in a small plane, built with only enough space in back for 1-2 coffins and owned by Mr J.D Kessling, undertaker and pilot. He offered to fly Jimmy and the 2 seriously injured patients there by removing the coffins and cramming Jimmy in between his patients who were "feeling no pain". In that dark space there was a strong whiff of alcohol and vomitus in the air. Upon landing safely, Jimmy then transferred them to their new hospital doctors for further treatment. He finally went to the Doctor's locker room covered with blood and vomitus, took a shower, threw his "schmutzik" (Yiddish word meaning worse than dirty) clothes in a hamper and put on a clean set of surgical scrubs for the return flight to Eagle Butte. Meanwhile, in gratitude to Jimmy for accompanying the patients, the pilots created a makeshift bed with pillow and blanket in the rear of the plane for Jimmy to rest for his night flight home. Mr. Kessling

said: "Doctor, there only 3 people in the world with a bed in their plane: The Pope, The President, and you!" Jimmy was out cold as soon as his head hit the pillow and awakened when the plane landed with a bump in daylight. By the way, those 2 women made a full recovery.

In his chapter, "The First Jew", a tall grey-haired Native American in his mid-70's, named Oscar Weasel told Jimmy that he was also Jewish. "When I was in the Medical Corps in WW 1, I served with Jewish Doctors and at the end of the war I asked them to make me Jewish too." "And how did they do that, Jimmy asked?" "They held a ceremony" and "gave me a Jewish name. I am now Oscar Weaselstein!" Jimmy made no further speculation about the aforesaid "ceremony" being a circumcision.

For entertainment on the reservation, there were frequent POW WOWS and rodeos by a variety of tribes. "The main event was dancing. Dressed up in feathers and war paint, and dancing to the beat of a drum and the chants of the Indian singers. This was our first taste of a different culture. It was exciting, just like in the movies. But this time it felt real. And I felt almost spiritual being there." At another site where they had a pow wow, Margo was invited to dance with the Sioux which she enjoyed immensely. And Jimmy, as the ranking Public Health Service Officer presided over the raising of the American flag by the Native American veterans who had served in the US wars. They sang the National Anthem in Lakota which was very moving.

In a chapter titled "UH OH", at another Pow Wow, Jimmy apparently contracted hepatitis, was hospitalized for 14 days and laid up for 6 weeks recovery with Margo by his side. She never became ill. They learned that this type of Hepatitis hit Eagle Butte about every 7 years. During his hospitalization, he asked his brother Marty to cover him with more blankets (an apparent hallucination).

During their 2nd year, Jimmy and Margo were joined by 2 Jewish physicians and a Jewish dentist all of whom spoke Yiddish when they needed to keep a sensitive discussion private. Together they were able to celebrate Yom Kippur as described in "A Yom Kippur to remember" with the cooperation of Mr. Kessling and Dave Gange, they were able to fly to Aberdeen, S.D. for Kol Nidre at a shul of 30 families. To be able to return to Eagle Butte before dark, Jimmy asked the stern looking rabbi with great "trepidation" and respect, if they could leave early before blowing the shofar. Impressed, the rabbi credited Jimmy and the 2 other doctors with a mitzvah in flying there in such a small plane to attend the service at his shul. The Rabbi declared that therefore, they would blow the shofar early so they would be able to leave before dark, much to the approval of the congregation who hoped they would return the next year in a small plane.

For unknown reasons, the Eagle Butte area had numerous churches with a variety of denominations including Mormon, Protestant, and Catholic, to name a few. They all seemed to get along and respect each other for their beliefs and practices. One of the Episcopal priests, Bruce Marks, beloved by all at Eagle Butte, tragically drowned while swimming with 2 companions in the Cheyenne River near where it empties into the Missouri River. His bereft wife asked Mr. Kessling, what would be the cost of placing her husband in a plain wooden box? He told her that although it would be costly to obtain one, there would be no charge at all for the clergymen including her husband.

Lastly in "What is truth", Jimmy invoked a Jewish law when a child needed to rule out meningitis with a spinal tap which the Native Americans opposed. But when he stated that the child needed a lumbar puncture, they approved. The Jewish Law he invoked: "does NOT require one to tell the truth but are required to tell them what would get them better."
These are just some of the wonderful stories contained in the 25 well written, often humorous chapters of Jimmy's book about his two-year service not only to his country but also to the Lakota Sioux tribes more than 50 years ago. What became apparent to me as I read this book was the abject poverty of the residents and the limitations of the medical and nursing staff in helping them. There were many psychosocial problems that weren't addressed adequately. Like Jimmy, most of the physicians who were drafted into the US Public Health Service, usually after only an internship, faced a daunting task to help their patients. In contrast, when the U.S. Navy drafted me, they enabled me to pursue my interest by offering me an intense 6-month course in Submarine Medicine before receiving orders to a Nuclear Submarine as its Medical Officer assisted by a very experienced Hospital Corpsman.

Nevertheless, these young, devoted physicians were able to provide incredible medical service to this underserved Native American community. As Jimmy and Margo have often stated, "These 2 years of service at Eagle Butte were among the best of our lives." ■

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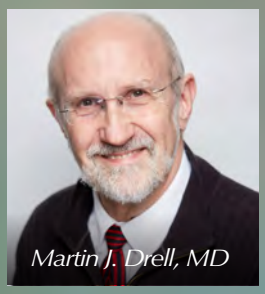
Real Owl in the News

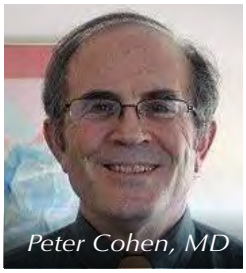
By Martin J. Drell, MD


Martin J. Drell, MD

According to the Summer 2023 issue of National Wildlife, burrowing owls are the only bird of prey in North America that nest solely underground. This propensity to live in burrows endangers their existence as they have fewer and fewer places to live due to increasing construction in their natural habitats. This encroachment leads the owls having to nest near busy sidewalks and streets where they face the threat of traffic, feisty pets, burrow collapses, being poisoned by insecticides, and flooding. These threats have led the 9-inch-tall birds to be placed on the endangered species list. The city of Cape Corral, Florida is home to a large population of burrowing owls. The city has mobilized with the creation of the Cape Corral Friends of Wildlife (CCFW) organization that attempts to protect their owl population. They mark existing burrows with signs, install perches at the sites, and are digging 200 starter burrows for the young owls who leave their burrows at the age of 12 weeks to create their own burrows. ■

Minerva Movie Reviews

By Peter Cohen, MD


Peter Cohen, MD

This inaugural column of movie reviews is also an invitation to Life Members. Consider this site a forum and a unique opportunity to inspire the younger and prospective generations of child and adolescent psychiatrists.

During a psychotherapy training session, a fellow student asked our tough-minded instructor to recommend a few books that influenced her becoming a therapist. Her unexpected response: "Novels. The great ones teach can you more about the human condition in ways that say Freud, Jung, Kohut, or Perls can't. "To novels, I would add "great movies." I contend they have a place in deepening our perspectives about the internal and social lives of children and adolescents.

As students of human development from infancy through adulthood, we can recognize and accept an individual's preference for certain modes over others for assimilating and comprehending information. What comes to us faster or slower? What leads us to more complete or incomplete understanding? The text, the spoken word, the "sight and sound" of a comedy, drama, musical, etc. on the screen or in conversation with colleagues, family and friends?

In this developmental light, I contend that viewing a masterpiece like "Forbidden Games" can have significant heuristic benefit: its structure and essence can inform, instruct, and inspire us to be a model of objectivity, non-sentimentality, and empathy in absorbing the conflicts and defenses of our most beset patients and families, while also appreciating their strengths and potentials.

As a point of departure, I proposed the following structure for our reviews:

1) A brief discussion of premise of the film, that is, the inciting elements of story and character that set the drama or comedy in motion, followed by,

2) A question-and-answer format to address esthetics inherent to the making of a great movie, the historical context in which it was made, the impact on audiences ... whatever interests you, to be concluded with

3) A discussion of how the film's themes, conflicts, and outcomes relate to our understanding and treating of patients.

Note: No "spoilers," please. The magic of a great film is in part experiencing it for the first time or on a repeated screening in a darkened room, often in the presence of others. Call it a waking dream to be experienced and analyzed.

"Forbidden Games"

In 1952, Rene Clement adapted a novel by Francois Boyer into a 86 minute comedy-drama taking place during the Nazi invasion of France. The film begins with five year old Paulette, her parents and her puppy stuck in a traffic jam on a country road alongside other fleeing Parisiennes, only to be bombarded and strafed by the Luftwaffe. Her parents and

her dog perish in front of her. Escaping into the forest, clinging to her limp pet, she's rescued by Michel, a peasant farm boy. Once taken in by his poor and somewhat compassionate family, she and Michel become fast friends.

In response to her need to bury her puppy, they construct a cemetery in an abandoned barn. But they don't stop there. They collect an assortment of dead animals and insects, then commemorate them by stealing crosses from the local church cemetery and sanctuary. Their reason for creating this graveyard? So these demised creatures won't be sad and alone. Meanwhile, a longstanding feud between Michel's family and the neighbors accelerates into accusations about the other side stealing the gravesite crosses of their ancestors. These mundane retaliations make it seem like the only war in 1940 France exists between the neighbors. But these conflicts accelerate and place in peril the orphan Paulette's wish and need for a new home and family.

1 . Why is this film worth watching with other colleagues?
From a developmental point of view, "Forbidden Games" depicts without flinching how young people-the most vulnerable-react to war, poverty, loss, trauma, crisis, anxiety, and absurdity with poise, courage, virtue and distress. Down to the heart-stopping ending, the director, cast and crew succeed in honoring the roiling existence of Paulette and Michel but without resorting to sentimentality or moralization. Is this not a quality we encourage in our practitioners, current and future? As the now deceased department director of psychiatry Thomas Detre MD reminded us residents back in the late 70's: "We are here to treat, not to judge."

From a familial point of view, the film forces us to measure our emotions, thoughts, and judgments about how adults, even when acting out of compassion, can muck up children's basic hopes and their need for security and comfort.

2. Were the child actors traumatized during the filming of these scenes?
Historically, the treatment of child actors has depended upon a studio's discretion. Brigitte Fossey, who played Paulette, reflected as an adult on how she coped better than the women actors, who could become quite "nervous." The director shot around her character with close-ups of her observing events she never actually witnessed. She did as she was told, including amping up her crying if necessary for a scene. But at the Cannes Film Festival premiere, she reported being horrified upon witnessing onscreen the planes attacking the evacuating people. Note that Paulette's Ms. Fossey is now 77, and Michels' Georges Poujouly died at age 60. They had long screen careers. As of 2019, it is very disturbing that 19 of our states still do not have child labor laws to protect children, including child actors. (https://www.studiobinder.com/blog/child-actor-labor-laws/).

3. How does the film rank in terms of aesthetics?
It is expert in its use of camera angle, scene composition, story, and acting, all accompanied Narciso Yepes's legendary guitar solo. But beyond those elements it excels as a black and white film. This palette enabled the creators to explore the tender subject of children experiencing trauma though pure elements of lighting and shade. Yet, the film was first neglected by audiences and critics. Then, as an entry at the Cannes Film Festival, it stunned both crowd and judges, leading to its receiving the Golden Lion Award. Later that same year it won an honorary Oscar for Best Foreign Film.

4. What does the title mean?
This question is never completely answered and one to ask your audience. Does it allude to the actions and words of the children, the parents, the townspeople, the priest, the invaders?

5. How can I watch this picture?
1) At Amazon Prime Video for rent or purchase 2) At the amazing not-for-profit Internet Archives for free (donations encouraged): https://archive.org/details/forbidden-games-1952-colorized-movie-720p-hd

For our next issues, consider reviewing outstanding films such as Franc;ois Truffaut's "The 400 Blows" and "Small Change," John Singleton's "Boyz in the Hood," Richard Linklater's "Boyhood," and Satyajit Ray's "Apu Trilogy," Doug Atchison's "Akelah and the Bee," and Benh Zeitlin's "Beasts of the Southern Wild." Or whatever inspires you. We look forward to your contributions.

**As in Minerva: the Roman goddess of wisdom, justice, law, victory, and the sponsor of arts, trade, and strategy. She was often depicted with her owl, who symbolized wisdom and knowledge. (Wikipedia).* ■

Say the Right Thing

By Kenji Yoshino & David Glasgow

Book Review by Martin J. Drell, MD

When I heard about the book: *Say the Right Thing,* I immediately ordered a copy.

My hope was that it would help me in my efforts to say the right things when involved in the many "difficult conversations" that are continuously taking place around identity issues. My hope was that I could switch out of my "doom loop" that "whatever I say is wrong." In our fractious and polarized world in which it seems that 50% of people will disagree with you on whatever your position is. I hoped for a simple, how-to book with guidance on what to do rather than focusing on what I have been doing wrong. My hopes were boosted by the fact that the authors are both from the NYU Law School's Meltzer Center for Diversity, Inclusion, and Belonging. Early in the book they divulge that they are both gay men who were closeted as youth and have had their own extensive experiences with identity conversations and their resultant anxiety of being stifled, labelled, and perhaps cancelled. They believe such conversations are inevitable and are now intensifying as more and more formerly muted groups find their voices. They point to the proliferation of new terms that are being constantly invented such as non-binary, neurodivergent, white privilege, white women's tears, toxic masculinity, mansplaining, tone policing, gender queer, etc. While these can, and are often, used against others to win arguments, the authors say, optimistically, that they can also be used to initiate discussions. The authors promise to be evidence based, practical, non-judgmental, and non-shaming in their quest for justice.

The book is laid out in 7 interrelated principles. These chapters are:

Principle #1: Beware of the Four Conversation Traps which are to deny, to avoid, to attack, and to deflect. Such behaviors complicate engagement and make "non dominants" feel you don't have their backs which, in turn, leads to potential misinterpretations as to what your actions are! Your avoidance and its silence leaves a void that allows others to speak for you. As I often say: Defenses often work in the short run but often they don't work in the long run and cause problems in one's relationships.

Principle #2: Build Resilience. The authors note that identity conversations are often like "slow motion car crashes." To deal with them, they say that one needs to adopt a growth mindset vs a "closed mindset." These concepts, popularized by Carol Dweck, Phd (Mindset: The New Psychology of Success; NY: Ballontine Books, 2007), urge one to be open to challenges with the wish and hope for success. The authors point out that success is more likely if one realizes the discomfort implicit in these transactions and how they are complicated by "reflexive" responses to the feelings of fear, anger, guilt, and hopelessness that include the already mentioned traps of avoidance, denial, deflection, and attacking. They go over strategies that may improve

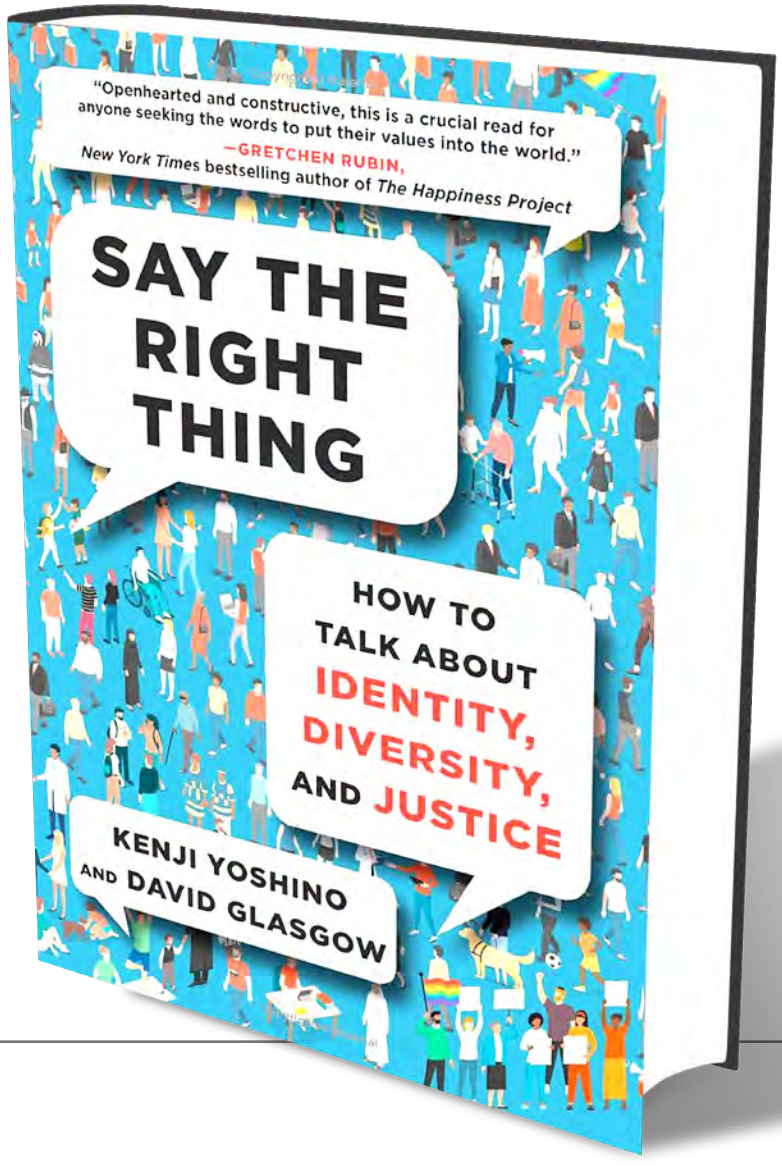
such conversations. They advise being humble, especially with regards to one's biases as well as what it means to be privileged.

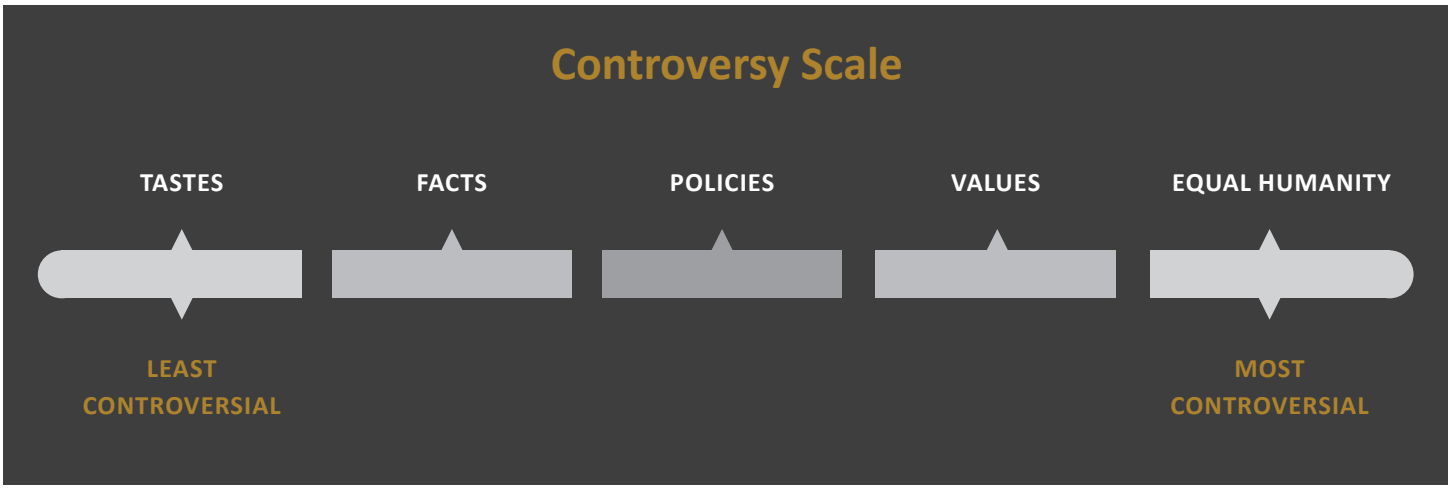
Principle #3: Cultivate Curiosity. This section builds on the previous two principles and suggests adopting a learning posture that allows for a growth mindset. They suggest "walking a mile in the other's moccasins" as a way of increasing your knowledge. They suggest that differing people and groups have different experiences or lack of experiences and learning styles. Some may have to start slowly with reading and googling. Ultimately, the authors suggest that one should attempt to cultivate diverse friendships. However, they warn the reader that one should choose one's friends wisely as not everyone is capable of helping one in his or her voyage of discovery. The persons you try and associate with may have experiences, feelings, and defenses that make it difficult for them to reciprocate your efforts. If one finds such a friend, they suggest using "I" language, listening more than talking, being on the lookout for the possibility of misunderstandings, and asking for clarification on what they call "unknown unknowns."

While writing this section, I visited my brother in Houston and sat in on a session he was having with his personal trainer from South America. I talked to my brother about a documentary I had just seen on Kate Hepburn. During the conversation, his trainer asked who we were talking about, so I explained. He said that he never watches old movies. I was not particularly upset by this, but I was amazed that he had not heard of Kate Hepburn, nor Cary Grant, nor Humphrey Bogart. He must have sensed what I was thinking and added, apologetically, that he was only 31 years old. The divide of 2 plus generations' difference between us sunk in. Was this a microaggression? Was this just the age difference? Was it that he was from a different country? Was this my narcissism? I immediately became overwhelmed as I thought of many additional explanations. How can these many divides possibly be breached so as to have successful identity conversations with so many people one engages with on a daily basis?

Principle #4: Disagree Respectfully. Following the adage that to make an omelet, one needs to break a few eggs, they speak to the reality that such discussions often lead to emotions and disagreements. What then? They point out that such disagreements are inevitable and that one is left often with the dilemma of how to respond. To assist the reader, they introduce the concept of a controversy scale.

The goal of this scale is to decide where you are on this scale with regards to tastes, facts, policies, values, and equal humanity and then to plot where you think the other person is on the same scale. They comment that with identity disagreements, usually the "more privileged people and the less privileged people almost always fall at differing positions





on the controversy scale." They urge the reader to look for "uncommon commonalities" (i.e., points of agreement) that are usually present, but, all too often, are quickly lost during the "fog of war." They also suggest thanking the other party for their feedback.

They identify 3 levels of disagreement:

• Green – Issues where most think it's OK to disagree.

• Red – Where most think that a disagreement is unacceptable.

• Yellow – Where not everyone is in agreement as to the form of the disagreement.

I was relieved that the Kate Hepburn conversation seemed to be at the green lavel that dealt with tastes and facts. They urge one to be mindful of the disagreement and whether one has the knowledge or energy to continue. After all, they say, "not all arguments are created equal." They urge doing more homework on the subject and going to other trusted people for consultation if one is not sure which level a disagreement is.

They stress that what is going on is usually an ongoing process that can be re-engaged with in the future.

Principle #5: Apologize Authentically. Another example of a situation in which it seems "whatever you do, you are wrong," is the issue of apologies. Some culture warriors advise one to never apologize. Those that advocate this stance feel that an apology legitimizes the sense that one has done something wrong. All too familiar are situations when one apologizes, and the apology is not accepted and is declared as being inadequate and things are made worse. In this section, the authors attempt to describe what goes into an appropriate apology. They speak of the 4 R's of: Recognition, Responsibility, Remorse, and Redress that need to be considered. One needs to acknowledge that one has erred and to take responsibility for causing harm. The authors add that one needs to frame an apology that expresses contrition and takes actions to correct the harm and to assure that the harm does not re-occur. The authors present a host of defenses that get in the way of apologizing including not apologizing, "if-pologies" that don't actually take responsibility, "but-pologies" that provide qualifying reasons for why you did what you did, "faux-pologies," and "talk-pologies." This section is replete with examples of how not to apologize and highlights the difficulties in apologizing authentically.

Principle #6: Apply the Platinum Rule. The Platinum Rule involves helping people as they wish to be helped. To apply this rule assumes that you have a firm idea of your motives and biases (implicit or explicit) and that you are doing the right things. Even if your motives are appropriate, one needs to consider whether the other person wants your help as you propose it in the first place. They may want to do things themselves or feel that your assistance is "patronizing, trivializing, empty, or counterproductive" (p149). To improve the chances of being successful, the authors suggest consulting others, conducting research, or discussing your ideas with an appropriate ally.

Principle #7: Be Generous to the Source. In this section, the authors discuss the actions that can be taken

if one witnesses non-inclusive behavior. In others, they help the reader think through when and how to act in these situations. They point out that there is an obligation to try and understand the nature of the perpetrator of the non-inclusive behavior, as well as a sense of humility that "save for the grace of God," you might be the perpetrator of non-inclusive behavior at any given point in time. They suggest being gracious and differentiating ignorance from maliciousness. They differentiate the behavior from the person and try to minimize the inculcation of guilt. They, once again, encourage Dweck's open mindset that involves the exploration of potential mistakes of one's own. They point out that not all situations or people deserve the same generosity, especially those that are strangers, unreceptive to help, or engaged in political activism. The authors stress that what one says and how one says it are important, especially if one is emotional or personally involved, and they provide a guide to strategies complete with easy to understand scripts to use. They urge one to "know thyself and one's stressors" and to choose a few "go-to-phrases" that fit your personality.

I found this book practical, evidence based, non-judgmental, and non-shaming. It was a "good review" of concepts and strategies when dealing with "uncomfortable conversations" concerning identity issues. Therapists constantly deal with individuals and their problems with themselves and their interactions with others. The minute I made this link, I realized that the book and its 7 principles seemed to be very similar to CBT manuals. I especially thought of the numerous manuals on anger management that walk the individual through how to slow down, analyze the situation, consider who you are dealing with, identifying your triggers and those of others. The manuals include suggestions on how to enhance empathizing, how to deal with one's cognitive distortions and coping strategies (good and bad), as well as trying to non-judgmentally understand the cognitive distortions and coping strategies of others. If successful, these strategies will hopefully help one to be less impulsive and to realize that anger can overwhelm one's frontal lobe and can get one in trouble.

This realization helped me to conceptualize the book in a very understandable way. I realized that the majority of readers will not be therapists and that they will be greatly assisted. It made sense that these skills would be valuable for lawyers and business school attendees who are usually not psychology majors but need to know these skills in order to lead, communicate, and understand individual behaviors and group dynamics in the twenty first century. I suspect, sadly, that the book will also be helpful to those psychiatrists that are not immersed in therapy as much as they were in the past. As a CAP, who also identifies as a therapist, I will continue to wrestle with the dilemma of how to deal with matters such as identity issues that are complicated by the unconscious resistances, defenses, transferences, and "ghosts in the nursery" which are now often referred to as "implicit biases." This seems, as always, to be a rate-limiting step that bedevils the process of getting along with people in general, regardless of what era we are in. I await a future practical and non-judgmental book that will help me with my personal unconscious and those of others. Until then, I will continue to seek therapy and read books on psychotherapy. ■

WE WANT TO HEAR FROM YOU!

We're requesting articles, film reviews, book reviews, documentary review – and suggestions!

In addition, have you seen or heard a TED Talk recently that set your hair on fire? If so, we want to know!

Please send interesting articles, book/film reviews – anything you think the Owl Community would benefit from knowing about to communications@aacap.org.

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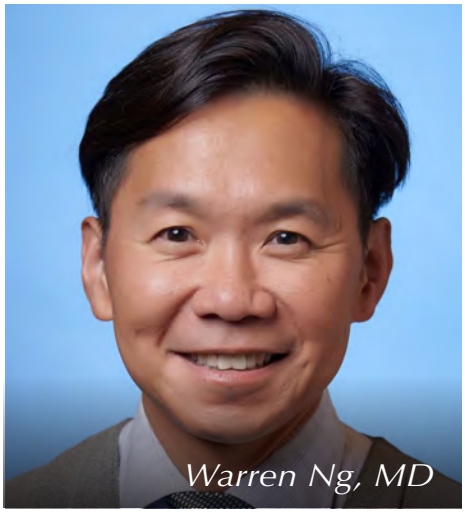
Celebrating a Decade of AACAP Impact

By Warren Ng, MD



Our lives begin to end the day we become silent about things that matter.

- Martin Luther King, Jr.

Ten years ago, we made an important decision to have a greater impact to advance health policy and advocacy initiatives on behalf of children, adolescents, families and communities. As child and adolescent psychiatrists, we could not be silent in lifting up the voices of those we serve. This month, we proudly celebrate a significant milestone for the American Association of Child & Adolescent Psychiatry, our 10-year anniversary of the establishment of our 501 (c) (6) organization, with the mission to *engage in health policy and advocacy activities to promote mentally healthy children, adolescents, and families and the profession of child and adolescent psychiatry.*

Reflecting on the past decade, we take immense pride in our accomplishments, purpose, and partnership between members, staff, youth and communities. By actively advocating for policy changes, AACAP has played an instrumental role in creating positive transformations at a systemic level, ensuring equitable access to mental healthcare and championing the rights of all children and adolescents. AACAP's impactful work has positioned us as a driving force and leading authority in child and adolescent mental health, influencing policy, shaping practice, and positively transforming countless lives and their dreams.

Looking ahead, we remain steadfast in our commitment to advancing the field of child and adolescent psychiatry. With an unwavering dedication to excellence, equity, and justice, we will expand our reach, embracing emerging research, and leveraging innovative strategies to improve the well-being of all children and adolescents and support the most underserved, marginalized, and minoritized members of our society.

Together, we will continue building upon the solid foundation we have established, guided by our north star to create a brighter, healthier future for all children, families, and communities.

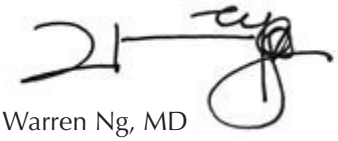
The desire to reach for the stars is ambitious. The desire to reach hearts is wise.

- Maya Angelou

To learn more about AACAP's accomplishments, initiatives, and ongoing work, please visit **www.aacap.org**.

We appreciate your support.

Sincerely,



Warren Ng, MD
President, AACAP

Life Member Activities

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