



Photo by Rob Grant

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Misquotes: What Winston Churchill Apparently Didn't Say

I was just watching John Olivier on Last Week Live, and during the brief segment entitled "And Now This," he showed newscasters mangling Winston Churchill's quote:

"If you are not a liberal when you're 25, you have no heart. If you're not a conservative by the time you're 35, you have no brain." After seeing that, I vowed to write quotes on Churchill for this issue of the Owl's News. To my surprise, I found that Churchill never actually said this. That gave me the even better idea (perhaps?) of listing quotes falsely attributed to Churchill. These include:

- Martin Drell, MD

- "Courage is what it takes to stand up and speak. Courage is also what it takes to sit down and listen."
- "If you're going through hell, keep going!"
- "If you want nothing done, Arthur Balfour was the best man for the task. There was no equal to him."
- "With integrity, nothing else counts. Without integrity, nothing else counts."
- "I am a man of simple tastes—I am quite easily satisfied with the best of everything."
- "However beautiful the strategy, you should occasionally look at the results."
- "It takes a true mastery of the language and a reputation for wit to have great quotes attributed to you."
- "All this contains much that is obviously true, and much that is relevant. Unfortunately, what is obviously true is not relevant, and what is relevant is not obviously true."

Having listed all these mis-quotes, I would add that many of the above quotes are misquotations of what Winston actually said or are paraphrased so as to make the quotes pithier and punchier. To paraphrase and misquote Oscar Wilde, "Imitation, misquoting, and paraphrasing seems the highest form of flattery. Churchill was truly a master of the English language."

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Martin Drell, MD



A Primer on Implicit Bias: Part I (What is it and Theories as to Why it Exists and Persists)

Martin Drell, MD



Martin Drell, MD

Implicit Bias (also referred to as unconscious bias) is a very popular topic of late as our society deals with the realities of social injustices ranging from issues of racism, gender biases, feminism, anti-Semitism, islamophobia, xenophobia, ageism, bullying, medical and healthcare inequities, Jim Crow laws, colorism, differences in rates of police stops,

detentions, rates of incarceration/sentencing across races, financial, salary and promotion inequities, and housing discrimination to just name a few. As I write this, I find myself anxious that the above list has failed to document a form of injustice and that my oversight will cause umbrage and be considered an unconscious sign of discrimination on my part.

What then is implicit bias?

Implicit bias refers to attitudes or stereotypes that affect ones understanding, actions, and decisions in an unconscious manner. These decisions are involuntary and without the individual's awareness or control. Because of this, these decisions are not accessible through normally used powers of introspection (Schnierle, 2019).

Implicit biases are related to, yet distinct from, explicit biases, which are biases that are conscious and accessible through introspection. Implicit and explicit biases are related in that they influence and reinforce each other. They are both, in turn, influenced by one's environment and culture.

The concept of unconscious processes is certainly not new. They are clearly described in the works of Sigmund Freud, although historians of the unconscious have made it clear that the history of the unconscious predates Freud by many centuries (Ellenburger, 1970).

As I read about implicit bias, I recalled past experiences that, upon reflection, seemed to be examples of implicit bias. The first experience I remembered occurred when the daughter of an African American doctor friend of my father's came to our house when I was very young. She had an African American doll. I remember my curiosity about her doll and a vague sense of unease. I had never seen such a doll. Something was not right.

My next memory, as a teen, also involved dolls, those being used in the experiments (often referred to as the "Doll Tests") of Kenneth and Mamie Clark. In their experiments, these two African American psychologists showed African American children (ages 3-7 years) identical black and white dolls and asked them which they preferred. The African American children, even though able to clearly identify which of the dolls looked most like them, preferred the white dolls. The children attributed more positive characteristics to the white dolls. The Clarks concluded from their experiments that experiences of prejudice, discrimination, and segregation created a sense of inferiority among African American children and damaged their self-esteem. Their conclusions were used by Thurgood Marshall and the NAACP in their Supreme Court arguments in the *Brown vs. the Board of Education of Kansas* case that ruled that segregated schools were unconstitutional (Clark, 1939-1940).

A similar experiment (Bland, 2017) that fascinated and unsettled me began the day after Martin Luther King, Jr.'s assassination in 1968 when a white teacher named Jane Elliott (Elliott, 2005), in an all-white school in Raceville, Iowa, asked her students how they thought it would feel to be a black boy or girl. To help her students answer this question, she invented the "Blue Eyes, Brown Eyes" experiment in which she segregated children by their eye color and prioritized first the blue eyed group and then the brown eyed group, creating two alternating "have" and "have not" situations.



A Primer on Implicit Bias: Part I (What is it and Theories as to Why it Exists and Persists) Martin Drell, MD

Elliot reported the first “have not” group suffered frightfully quickly from lowered self-esteem, stigma, and bullying. The teacher explained that this experiment gave the designated “have not” children an experience of being discriminated against. Jane Elliot added that when the first “have not” group was switched over to being the “have” group, they were also mean and condescending to the new “have not” group, but not quite as mean and condescending as the previous “have” group had been to them. The children related that the experiment had taught them how it felt like to be “on the bottom” and that they “did not want to make anyone feel like that ever again.”

Another example came when I read an essay in Malcolm Gladwell’s book *Blink* (Gladwell, 2005) as an adult. The essay dealt with the introduction of “blinded” auditions in the hiring of musicians for major orchestras. Gladwell described how traditional non-blinded auditions had led to the hiring of mostly men. After the introduction of several policy changes that included curtains so that the gender of those auditioning could not be determined, the percentage of female hires precipitously increased. In this essay, Gladwell detailed the extent of the changes that needed to be made, including the need to muffle the sound of the woman’s high heels as it prejudiced the decision-making process. I find it a shame that the changes actually implemented did not involve equalizing the playing field by having the men wear high heels. Gladwell concluded that these changes made many male classical musicians aware of their own sexism and stereotypes concerning female musicians.

Why Does Implicit Bias Exist?

The question of the hour seems to be why does implicit bias exist if it is responsible for such

injustice and suffering? Interestingly, its existence is often explained as having “survival value” as it allows humans to quickly distinguish quickly between friends (those like us) and enemies (those not like us that might hurt us) and other sources of danger. The theory goes that in order to protect us, the brain looks for patterns and shortcuts that allow it to make sense of the flood of sensory stimuli it constantly has to deal with (Pressner, 2016). Thus, anything that looks like a snake is avoided, even though it may turn out to be only a stick. The thought is that it is better to avoid many sticks that look like snakes than to make a fatal mistake regarding a snake that looks like a stick. The survival process leads to heightened suspicions, hypervigilance, negative thoughts, and avoidances that are also thought to be part of the genetic underpinnings of anxiety disorders. Remember that dead persons cannot carry on their genes to the next generation.

These Darwinian survival responses are thought, overtime, to have influenced our brains as they evolved over thousands and thousands of years. The records show that earlier species, many which exist to this day, developed fast, automatic, and reactive brains that survived by depending on quick reflexes, like the “fight or flight” reflexes that do not allow much time to think about things. Remember that thinking and the time it takes can be lethal! This part of the brain in these species has been pejoratively referred to and memorialized as the “Lizard brain” (Armour, 2016) which, over the years, elaborated into the modern “limbic system” whose key organ is the amygdala, an almond shaped set of neurons in the temporal lobe that is the emotional center of the brain that responds to fear and threats.

Closer evaluation of this evolutionary theory would suggest that there are considerable downsides to doing everything reflexly, especially in the more complex civilizations that evolved over the same



*A Primer on Implicit Bias: Part I
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thousands and thousands of years. Using Freudian parlance, this would be like only having an Id — a definite disadvantage in the “Me Too” Era! The evolutionary theory would have it that over time, the cortex, with its abilities to make the executive decisions needed in more complex situations, evolved and that the combination of the cortex and the reflexive lizard brain together created enhanced survival value. In modern parlance, we refer to the “reflexive brain” as influencing us from the “bottom up” and the cortex as influencing us from the “top down.” Although not perfect, the constant interplay between these bottom-up and to-down responses give humans a distinct advantage. To add a dash of credibility, the neurosciences and brain scans seem to verify these evolutionary theories (Luskin, 2016).

On a historical note, it appears Sigmund Freud, without the benefit of brain scans, came up with a similar model with the Id as the bottom-up component and the ego/superego as the top-down component in constant interplay and tension within the person and between the person and the civilization he finds himself embedded in.

Unfortunately, It appears that coming up with definitions and accompanying evolutionary theories and brain scans that seem to support these theories is an easier task than trying to figure out how to deal with the detrimental consequences of unconscious Implicit biases. The main conundrum boils down to: how is our society to deal with processes that are out of one’s awareness? I will try to address this conundrum in part two of this Primer on Implicit Bias, which will appear in the next issue.

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The Wise Old Owl
Richard Gross, MD



Richard Gross, MD

Dear Fellow Owls,

I would like to reflect on my great pleasure in attending our recent AACAP annual meeting in Chicago after missing the last two years for health reasons after having attended 37 straight. It was wonderful to see old

friends again and to see former students, some of whom are now retiring; that made me feel my age!

We, The Life Members, contributed to the 2019 AACAP Program in three major ways:

1. Mentoring medical students, residents and fellows under the direction of Joe Jankowski and Ellen Sholevar. There was an amazing turn out of mentors (27) and mentees (20 General Psychiatry Residents and 38 medical students). The purpose of this program is to encourage them to go into Child and Adolescent Psychiatry. By their responses, it seems, we are achieving our purpose. They receive very little mentoring in their programs and they feel a great need for it. The mentors greatly enjoyed the process and the feelings generated by being greatly appreciated.

2. Each year the Life Members Committee presents the Clinical Perspectives Program directed by Doug Kramer. We like to think of it as “The Wisdom Lectures.” The topic was “The Physician-Patient Relationship in Child Psychiatry: Four Unique Perspectives” and it, too, was a great success — well attended and appreciated by all.

3. Last but not least was the Life Members Dinner at The University Club of Chicago, where we had cocktails and dinner in a beautiful old building and a grand meeting room. It was built in 1887. Old friends met with other old friends and all of them welcomed, as guests of The Life Members, the medical students, residents and fellows who were awarded financial grants which enabled them to

attend our Annual Meeting. THAT in large part is where your generous contributions go. We need to keep up with our contributions in order to attract the best of the best to our profession.

We received many, many, thank you notes from our recipients. I would like to quote from some of them:

“Upon returning from the AACAP conference, I felt armed with the knowledge that I am surrounded by thoughtful, compassionate and motivated experts in this niche specialty.”

“I will be forever grateful that I had this experience.”

“It was one of the greatest joys of the conference to spend time with your members at the Life Members Dinner.”

“Attending was an incredible experience that I will never forget.”

“Supporting a family on a trainee’s budget, I never have been able to attend this meeting without your support. I can’t tell you how much I appreciate your help. Thank you so much for making all this possible!”

That is just a few of the many (28) thank you notes we received. I wish you could see/read them all. As you see, your contributions to The Life Members Fund are very, very much appreciated.

Lastly, I decided to do some Google research into the origins of the “Wise Old Owl” since all of us are “wise old owls”. It turns out the origins are “vague.” However, its meaning is not vague. It served the purpose of teaching children the virtues of being quiet. The owl’s behavior of patiently,



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quietly, watching while hunting its prey was praised as being wise. The wisdom of the owl appears in Greek, Celtic, Native American, and Aboriginal mythology. The emblem of Athens, named for Athena, Goddess of Wisdom is an OWL! The Romans had an opposite view: they thought that the owl's hoot was a harbinger of death and Roman soldiers dreaded owls as a warning of defeat. During the Middle Ages, barn owls were associated with darkness and death.

We prefer to think of owls as wise.

There was an owl liv'd in an oak
The more he heard, the less he spoke
The less he spoke the more he heard.

O, if men were all like that wise bird.

The Oxford Dictionary of Nursery Rhymes,
2nd Ed. 1997

A wise old owl lived in an oak
The more he saw the less he spoke
The less he spoke the more he heard
Why can't we all be like that wise old bird?

Punch, April 10, 1875

Sounds like a good psychiatrist!

Have Fun!

Dick





THE CURIOUS CASE OF THE AMBIVALENT PSYCHIATRIST

Peter R. Cohen, MD



Peter R. Cohen, MD

SESSION TWO, Part 2--Mental Status Exam and Formulation, as documented by Emeritus Psychiatrist Reg Shropshire MD

Author's Note: Welcome to the third of a four-part story depicting Dr. Jack Gilliam's ambivalence about retiring from medical practice (see the July and

October 2019 issues for parts one and two.) Employing the literary conceit of a psychiatric exam, the tale has so far provided pertinent details of present and past history. We now proceed to the mental status examination and the diagnostic formulation, conducted by Jack's great uncle, Reginald "Reg" Shropshire. This noted emeritus psychiatrist volunteered a brief hiatus from his retirement to tend to his nephew's dilemma.

True to his nature, Reg continued to utter nary a word. Nor did he crack a smile at my jokes. Instead, he cleverly paired his coughing and snorting with my punchlines. I would not belabor the point with him, that his professional duty overrode a normal conversational response to my sense of humor. I further suspected that he suppressed his chortles for the four following reasons: One, to put a strict one-hour cap on session time, by assuring that data gathering was maximized and entertainment value minimized; two, to suppress reinforcement of my attempts to avoid and minimize; three, to prevent a rising urgency from his nonagenarian bladder; and four, to assure no unnecessarily delayed gratification of his reward of a death-by-chocolate-cake. Respecting the breadth of his probable motives, I drove on, resolving to express my conundrum with a minimal degree of dawdling.

One additional pressing bit of information: We conducted the sessions in the unforgiving heat and humidity of the Florida Keys, potentially risking unwieldy dehydration. Our cardiologists had both insisted on replenishing our

extra-cellular volume with the equivalent of eight full glasses or more of water each day. Adherent patients we were, as we finished off a gallon per hour of the sweetest water south of the Everglades.

MENTAL STATUS EXAMINATION:

General: Apart from thinning hair, in his body, face and demeanor he presented as younger than his stated age. He expended little time progressing from silence to mumbles to truncated sentences to whole paragraphs, his thoughts expeditiously satisfying the point of our meeting.

Motor: Herky-jerkiness ruled the day over fluidity. He shifted often in his seat, rearranging his posture, using his hands and facial expressions to emphasize his viewpoints. He repeatedly pushed the sparse remains of his miscreant hair into place, but to no avail.

Affect: Despite the occasional but dramatically expressed sighs, he attempted to find humor in tragic situations, portrayed in a deadpan manner and without requiring that the examiner laugh along. Brightened up when speaking of his wife, adult children and their spouses, grandchildren and patients. Discussed with verve his myriad, wide-ranging retirement plans. Displayed a gloomy affect about leaving his profession.

Content: Expansive discussions about "the human condition," punctuated by anecdotes and references to novels rather than psychiatric literature and philosophy. Employed as predicted a variety of seafaring metaphors.

Reality Testing: Intact. Not one shred of psychosis.



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Orientation: Intact to person/place/time, despite his insisted need to rely on a GPS when driving to locations he visited daily.

Judgement: Non-problematic.

Insight: Intact, though he said, “any relationship of insight to change is very suspect. Anyone can learn how to brew coffee--making a damned good cup of joe is damned hard.”

Formulation:

At the core of Dr. Gilliam’s dilemma is his tortoise-paced slow-to-warm-up temperament. Indeed, it is akin to Robert Frost’s waffling about which path to take on a snowy evening. Furthermore, I have witnessed cars nestled in Northern Ohio’s snow belt warm up and proceed on their way faster than my great nephew.

Yet this significant factor of temperament does not adequately complete the analysis of his dilemma. Therefore, I will carry on with this task, keeping in mind my diminishing store of energy and my growing impatience about fulfilling this one last obligation. I will, however, jettison conventional psychiatric formulation, choosing instead to employ a slew of aphorisms spiced by metaphors. I no longer cull satisfaction from dissecting a person’s psyche by means of the unrelenting parsing of words. I now find this latter professorial format drier than Death Valley. May my preferred choice of prose better prod the curious amongst us towards sufficient understanding and debate.

Nevertheless, and more so, here are my comments, sorted according to my idiosyncratic proclivities. Try and stop me.

General Impression:

Dr. Gilliam experiences ambivalence about retire-

ment as if it were a puddle overflowing with muddled thoughts and turbulent emotions.

His panoply of projects and ideas would overload a well-crafted boat attempting to set sail. The result? Severely high expectations adding too much ballast resulting unrealistically in hyper-vigilance and anxiety about tipping over. To his credits, he admits needing constant reminders to “keep it simple.”

To avoid psychological seasickness, I will switch briefly from watery metaphors to posit his embodying of a culinary oddity of the 21st century: The Slider. One can stack and re-stack this mixture of protein, mini-bun, tomato, sauce and array of condiments into various permutations. Each dish will vary in degree of texture, ranging from “sloppy” to “sticky” to “drippy.” But the taste? It never alters. It keeps consistent, rarely disappoints and oft times satisfies. In short, no matter what presentation, it never smacks of the overwhelmingly pathological. It is simply “good enough.”

Ergo, life’s ingredients may combine to reach heights of extreme disorder, but thus far my great nephew has never considered escaping into the alleyway of the restaurant to toss his entire psyche into the garbage bin.

Ambivalence:

Bob Dylan wrote that “Love is not a four letter word.” Neither is ambivalence. Both are the stuff of life. They are either embraced whole-heartedly by the flawed among us, or dreaded beyond rescue by the unrepentant narcissist.

If one insists on ridding one’s self of ambivalence, nothing short of a spike through a selective part of the frontal lobe will do the trick. If one rules against embracing such a rash cure for equivocation, then one is stuck with it for life.

Leaving one’s profession behind inevitably begs aware-



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ness of the notion of one's eventual demise. To phrase it differently, would it benefit any spiritually burdened doctor, as he or she trudges up the stairs after a long trying day, to hear a loved one quote the quintessential line from the movie 'Moonstruck'? "I just want you to know that no matter what you do, you're still gonna die."

Dr. Gilliam is proof that dramatic expressions and explanations for one's ambivalence guarantees neither significant cognitive or emotional relief, nor resolution of one's conflicts. Eugene O'Neil couldn't pull it off after a long day's journey into night and neither can we.

Stage of Life:

He is ensconced in Erickson's 8th stage, as firm as a light bulb in a socket. Because of and despite himself, he continues to prevail over the honorable battle of integrity over despair. Yet, he is realizing that the waning days of a career rarely delivers a satisfactory sense of completion and closure. Time will tell if diversions, such as hobbies, volunteerism, a rich glass of wine, or the leisurely reading of an outstanding novel can provide the salve to distract him from the demon of "slippage" he rightfully knows is lurking in the neighborhood.

Pertinent to One Critical Psychological Concept:

Cognitive slippage does not, however, equate with the energy one expends worrying about it.

Psychodynamic Postulations:

Upon embarking into the inevitable waters of retirement, the doctor has abruptly encountered three clashing waves. Whether or not they range in texture from the pleasantly harmonious to the harshly dissonant, a tri-fold collision can potentially threaten psychological regression. The first wave represents an overbearing

superego. The second, a noble, if stumbling ego. The third, a rampaging, ne'er-satisfied id. Experience has instructed him that, fortunately, those unrelenting forces will never cooperate for long to smooth waters and a steady breeze. He has lived sufficiently long enough to know how to wait them out until their energy abates. In the meantime, as any old salt or boy scout would know, danger always hovers over the horizon, so be prepared. And wear a life preserver.

His habit of self-deprecation may very well serve as a device for seeking validation from others for his misery, but it also resides at the heart of Jewish humor. It's about making people laugh with you.

Diagnostic Considerations:

Dr. Gilliam impresses one as a recovering passive-aggressive obsessive narcissist. But what psychiatrist isn't?

His dysphoric-obsessive fretting in the face of imagined threatening physical and mental decline might be compared to a banana progressing from ripe to rotten. The primary difference is this: human decline takes much longer than a week. One should not, however, fret about fruit. As a trusted colleague has pointed out, rotten bananas can still make a damned good banana bread. (I cannot and do not care to carry this metaphor any further to the market. Better to move on.)

Finally, a DSM-5 diagnosis does not suffice in describing this doctor's existential quandary. Yet, if my colleagues continue to demand clarification of his psycho-social dynamics, I would advise that they shelve their textbooks, then watch Monty Python. In a world of escalating tension, hostility, and stalemate, there may be no better salve than witnessing a giant foot ceremoniously squashing serenading lumberjacks, exploding stuffed penguins, and a parade of silly walkers.



THE CURIOUS CASE OF THE AMBIVALENT PSYCHIATRIST

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Post-Note: A brief phone conversation between Jack and his wife, after Session Two.

He: How are you doing?

She: No, how are YOU doing? C'mon, out with it!

He: You mean meeting with Reg?

She: No, I mean a delegation of Floridian alligators. Of course I mean Reg. Have you made a decision?

He: I'm getting there.

She: You've been "getting there" for two years. Try to get there before my memory of you runs out.

He: I promise I'll make a decision at the end of the next session. I know this has been hard on you, but trust me, I'm no Hamlet.

She: You're right, you're no Hamlet. He took only two hours into the play to something. Ok, I'll wait but I want a happy ending with you arriving home in one piece. Or I'll kill you.

Next Issue: Recommendations, Responses and Follow-up





Pueo, the Hawaiian Owl
John T. McCarthy, MD



This glass pueo (the hawaiian owl) was commissioned by John T. McCarthy, MD, from Hawaiian artist Claudia McCall, and now hangs in his family home in Troy, New York. Dr. McCarthy fell in love with owls after raising an injured eastern screech owl at his home in the Bronx. The pueo above is named Claudia, in honor of the artist.



Donors to AACAP's Life Members Fund

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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October 2019 to December 2020

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AACAP's 2020 Legislative Conference and Assembly Meeting will take place in Washington, DC, from April 2 - 4, 2020. Join us for both events to advocate for children's mental health.

AACAP Legislative Conference

On April 2 - 3, AACAP's Government Affairs team will teach you about the legislative process, provide you with advocacy materials to help you develop and deliver the most impactful messages, and schedule your meetings with legislators on Capitol Hill. Join us as we advocate for children's mental health, and make your voice heard!

Visit www.aacap.org/LegislativeConference for more information or contact Harry deCabo, Advocacy & PAC Manager, at hdecabo@aacap.org or 202.587.9669.

AACAP Assembly Meeting

On April 4, AACAP's Assembly of Regional Organizations will meet to discuss the issues facing your state and region. The Assembly consists of AACAP member representatives from across the nation and is always looking for more voices and advocates like you to join the discussion.

Visit www.aacap.org/Assembly for more information or contact Megan Levy, Executive Office Manager, at mlevy@aacap.org or 202.966.1994.

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