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## *Inside...*

Trying to Be a Mentor Can Be

Tormenting..... 3 - 5

Co-Chair Message..... 6

Reflections on Mentoring..... 7 - 8

The Magical Year..... 9

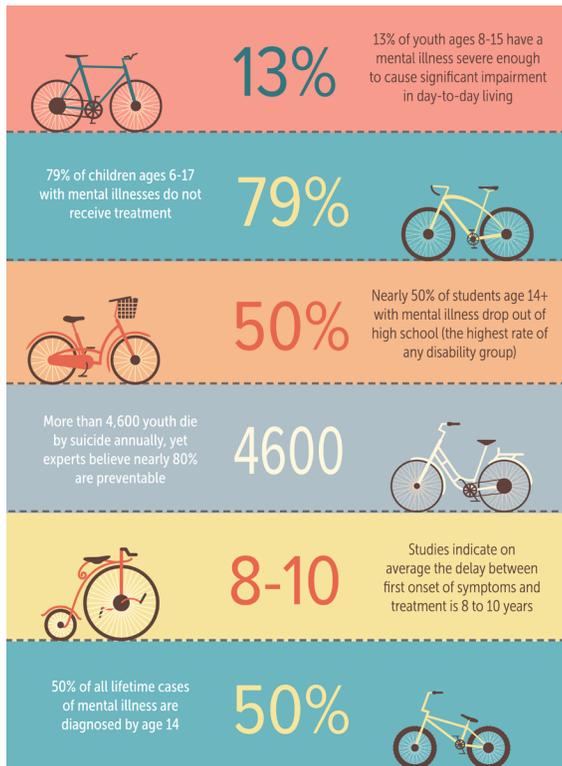
An Annual Mentoring Forum..... 10 - 11

*On My Own*..... 12 - 13

Donor List..... 15

In Memoriam..... 15

Throughout the Years..... 16



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We would love to receive your input on:

1. What was an unusual job or case in your CAP career?
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3. The best joke(s) a child/adolescent in therapy ever told you or that you told them in a session
4. Book, movie, and TV reviews - share what you've liked with the other Owls
5. Mentoring experiences: being mentored and mentoring

*Examples:*

*Q: What do you call a bear with no ears?*

*A: B!*

*Q: What is a message printed on a lion with chicken pox?*

*A: Sign on the dotted lion!*

Please send materials to [mdrell@lsuhsc.edu](mailto:mdrell@lsuhsc.edu). The deadline for the next issue is June 15.



# Trying to be a mentor can be tormenting

A mentor is a person who guides a less experienced person by building trust and modeling positive behaviors. An effective mentor understands that his or her role is to be dependable, authentic, and tuned into the needs of the mentee. The term comes from a character in *The Odyssey* named Mentor, who is the friend of Odysseus and entrusted with the care of Odysseus' son, Telemachus when Odysseus goes off to the Trojan Wars. To complicate matters, Athena, the Goddess of the arts, reason, wisdom, heroic endeavors, and the womanly arts, often appears in the guise of Mentor to aid both Telemachus and his father.



Martin Drell, MD

Have you ever begun a project that you thought would be simple and then suddenly it wasn't? Well, that's what happened with this column. It started out as a simple column on mentoring. The idea was triggered by an Eriksonian 8th Stage life

review that led me to a resolution that I'd like to spend more time mentoring. This sounded like a great thing to do! It also seemed a great idea for a column, as mentoring is one of the main identified duties of the Owls.

As I prepared to actually write the column, I tried to remember the psychosocial crises of the 8th Stage. I was pretty sure it was "generativity vs. despair" with generativity, a synonym for mentoring. When I went to check, it turned out that I got the "despair" part of the dichotomy right, but noted that "generativity" was from the 7th Stage of Adulthood and not the 8th Stage, which is "integrity vs. despair."

I then looked up the definition of generativity, which is defined as the process of assisting the younger generation in developing and leading useful lives. That is what I resolved to do in my 8th Stage! I took consolation in the fact that I had spent my 7th Stage engaged in training and education and was probably being generative all along. I hoped that I had accrued some "wisdom" along the way, which is, after all, one of the basic attributes of Erikson's 8th Stage. My resolution was amended to continuing to be a mentor.

My next question was to answer whether mentoring was the same as generativity. I suspected that there are other ways to be generative without mentoring. Therefore, I read more on mentoring. Having done so, I became confused as to what mentoring was and was not. For instance, how is mentoring different than supervision? I see these as different activities, with supervision being far more comfortable for me. While doing supervision, I am in a defined, paid role with a defined set of goals, including assessment and feedback. I tell my trainees during orientation that when they sign on as trainees, there is an implicit assumption that the faculty and I know things that the trainees don't. What seems such a simple assumption turns out to be not so simple, as supervision is often fraught with problems and pitfalls (anxiety, transferences, and sensitivities) on both sides. An article on the mentor-protégé relationship provides a table of such pitfalls.

Table 1: Potential Pitfalls (from Haines, 2003)

Lack of time	Unrealistic expectations about advancement or promotion
Protégé lacks requisite skills to meaningfully contribute	Jealousy and gossip
Protégé does not take coaching or feedback seriously	Mentor takes credit for protégé's work
Protégé "plays" mentor against supervisor, boss, or associates	Mentor does not keep commitments
Protégé becomes resentful	Mentor becomes possessive of the protégé's time
	Mentor won't "let go" when protégé is ready for independence



## Trying to be a mentor can be tormenting

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Indeed, I recall numerous instances in which trainees and supervisors felt this process was actually hurtful. I also remember numerous requests by my residents for mentoring, and requests by my faculty that residents be assigned mentors, that went poorly. Assigning mentors can cause more problems than it's worth. These experiences have led me to often joke with the trainees that there has been no instances over the years in which any resident or faculty member has died in the actual training process. Having said that, I can't but note that the remark reflects more than a bit of ambivalence and hostility.

After not specifically answering my question as to what mentoring is and isn't, I then proceeded to identify key mentors in my life. This turned out to be another simple project that went awry. Unbelievably, I had trouble coming up with candidates. What was this about? My best guess was that it had to do with my overly ideal definition of what constitutes a mentor/protégé relationship, that being a mutually agreed upon, long lasting relationship that enhances the lives of both parties. By this high standard, one would probably not have that many mentors in one's life. My next best leading theory as to why my list of mentors was so short was attributed to my conflicted relationship with my father who was always mentoring me whether I wanted it or not. That relationship was often neither ideal nor mutually agreed upon, but was most definitely long term. It continues long after his death in 1999. Could it be that the problem boiled down to a "daddy transference?"

Negative cognitions then began to flow. My mind wandered to the fact that I always studied

for tests alone. The logic went something like this: either I'd find out my study partner was smarter than I, which would upset me, or I'd find out I was smarter than them, which would also upset me and made me feel the endeavor was not of value. My theories, however, certainly explained my greater comfort with supervision, which is more structured and with a clear, one up/one down relationship. Undoubtedly, it is my fault that I have had so few mentors or couldn't think of any. It's obviously because I have too little altruism, empathy, compassion, mutuality, along with too much unrealized competition, pride, and narcissism. How could I possibly be a protégé or a mentee with all these flaws? I was upset.

Using my best cognitive coping skills, I challenged my negative beliefs and wondered if I had actually had many mentors but was too dense, anxious, and conflicted to realize it. Using this reframe, I came up with a slightly longer potential list of potential candidates. There was part of me that was really curious to ask these candidates if they considered themselves mentors, but that seemed a dangerous thing to do. What would happen if they said they weren't or dissembled? I remembered numerous conversations with my father in which he seldom answered my questions. Back again to my transference theory and more negative thoughts.

All this research and soul searching did not sway me from my fast growing belief that mentoring is more complicated than I first thought. I wondered if this was only my issue. I felt better after asking several people about mentoring in their careers. All of them started



# Trying to be a mentor can be tormenting

out sure that they knew what mentoring was, but ended up more confused about mentoring after my discussion with them. Was this a contagion of negativity? Many of the people I talked to further complicated matters by asking me questions that I had not thought of: Is your therapist a mentor? Can you pay for a mentor? What of consultations? Do mentors need to be older? What about issues of gender in the mentor/protégé relationship? Do mentors and mentees have to like one another? Are mentors friends? If not, can mentors become friends? And if they were to become friends, how would that change the mentorship relationship? I found this all intellectually interesting and mildly unsettling.

I felt somewhat better still when an additional, more in depth, literature review made it clear that there are many definitions of what a mentor is. It listed various types of mentorship, including supervisory and situational mentoring, that occur over varying periods of time. Mentoring can be short term or long term. I realized that my original definition probably was indeed too specific and idealized. Using this knowledge, I differentiated between having a long-term “idealized father” mentor, which would probably be difficult for me, and having shorter term and situational mentors. With this redefinition, I suddenly had a long and distinguished list of people, often supervisors, bosses, teachers, friends, and even my father, who had significantly enhanced my career and life. I feel much better about my wish to do more mentoring now that I have a more comprehensive definition of how to be an effective mentor and more latitude as to what I think a mentor can do (see Table 2). I suspect I might be able to fulfill some of the listed

actions. Time will tell!

Table 2: How to be an Effective Mentor (*from Haines, 2003*)

## Provide Support

- Listen
- Create a structure
- Express positive expectations
- Serve as an advocate
- Share yourself
- Make special gestures to foster the relationship

## Provide Challenge

- Assign challenging tasks
- Engage in discussion
- Explore dichotomies
- Construct hypotheses
- Set high standards

## Provide Vision

- Model exemplary behavior
- Develop new language and new ways of thinking
- Nurture the protégé’s self-awareness

While I work on my mentoring resolution, I would invite the Owls, who I hope are less conflicted and confused than I, to share their experiences with mentors and as mentors over the years. To start the ball rolling, Tom Anders and Pirooz Sholivar have shared some of their positive experiences involving mentors, and Joe Jankowski will update us about the formal mentoring program of the Owls.

## REFERENCE

Haines, ST (2003). The mentor-protégé relationship. *American Journal of Pharmaceutical Education*; 67(3):1-7

Erikson, E (1951, revised 1963). *Childhood and Society*. New York, NY: W.W. Norton and Co.



## Co-Chair Message

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*Richard L. Gross, MD*

I am very humbled to have been asked to serve in these positions of which I have just made reference. In many ways, AACAP has been my university. There is a camaraderie in the Academy that I hope all of you share with me. I hope that all of you will continue to support AACAP with your time, your interest, and your donations to keep our wonderful profession alive.

I especially appreciate the guidance and leadership of John Schowalter, who was our Chairman until last year and who has contributed so much to me, the Academy, and its membership in so many, many different ways. Also, I am extremely impressed with the current leadership of Cynthia Pfeffer who has assumed the leadership of the Owls.

Marty Drell, our past president and current editor of the Owl Newsletter, has been writing about Erik and Joan Erikson's "9th Stage of Development." Having reached and now well into that "9th stage" when one is supposed to "review" one's life, I am struck by my intense activity, with not enough time in a day to

"review"! Since retirement from my private practice, I have been busy teaching, taking piano lessons (with daily practicing), tennis, Academy obligations, and wife and family pleasures.

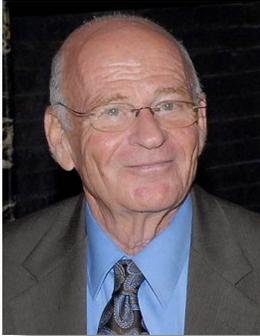
Nowhere, to my knowledge of the "9th stage," did the Eriksons consider "Downsizing." Carol and I are approaching the end of downsizing, and it is certainly a Developmental Milestone. I don't know how many of you have gone through the process: selling a home of many years, emptying it, finding an apartment or condo in which to move, finding boxes, packing boxes, wrapping art, and finally moving with the dreadful anticipation of unpacking everything. It would be interesting to hear from you and learn of your experiences in negotiating this milestone. How do you deal with finding old memories and deciding what to do with them? It was wonderful to have our friend and neighbor, Ginger Anthony, with us all along the way. I have not experienced the "despair" described nor the "mistrust, shame, doubt, distrust, etc." I DO experience the "sense of interrelationship with others," "a sense that to grow old is a great privilege," and "a sense that death is the way of all things."

What are your experiences negotiating the 9th Stage of Development?



# Reflections on Mentoring

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Thomas F. Anders, MD

In this *Owl Newsletter*, our Editor-in-Chief, Marty Drell, has written on mentoring. Because he had heard Gregory K. Fritz's interview of me at last year's Annual Meeting, Marty invited me to describe how mentors have influenced my career.

His request came at a particularly opportune time because I recently had had a conversation with an old and dear friend about life's comical pathways as they affected us. My friend had given a talk about his very successful career in broadcasting. He described how he had known what he wanted in a career from an early age, and, in the talk, he urged his audience of undergraduate college students to be steadfast and focused in their pursuit of their goals. "Be strong of heart and bold of character," he proclaimed as he described his college protests, graduate struggles, and eventual employment successes.

What struck me so about his talk, which he gave me to read, was how very differently my own professional life's course has unfolded. Had someone told me as a college student, or even as a medical student, that I would become a psychoanalytically trained child and adolescent psychiatrist, my response might have been: "What have you been smoking?" From an early age, presumably related to a life-threatening illness that I suffered at the age of 7, I knew that I wanted to be "a doctor." But that's all I knew, and for a long time, I didn't

even know what "being a doctor" meant.

To explore the concept, as a college student, I began working weekends in a local hospital as a nurse's aide. I learned about being with patients and learned about helping. I watched doctors in action and decided that family medicine suited me. However, that was not to be. Serendipitously, after my junior year of medical school, our class was moved to a new and distant campus. Unfortunately, the slow startup of a new hospital yielded few patients to learn from that year - my senior year. With an exorbitant amount of elective time, Lady Luck favored me as I joined the research program of a newly hired pediatrician, and published my first paper on the development of renal concentrating mechanisms in young rabbits. This savvy clinician and research mentor introduced me to development, the joy of caring for children, and the rewards of academic medicine. A new direction was set.

After a year of a rotating internship (prevalent in those days for individuals who were undecided about a specialty) in an academic center in New York City, I began a pediatric residency, again in an academic powerhouse in Boston. For a second time, serendipity knocked on my door; President John F. Kennedy drafted a large number of physicians to active duty from their training programs. It was the time of the Cuban missile crisis. I served for two years as the base's "pediatrician" in an isolated, far away, overseas post housing 10,000 service members and their families. There, from my perspective, the psychiatrist



## Reflections on Mentoring

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was by far and away the most effective physician on the base in managing the many problems and associated illnesses that presented in a population of depressed, anxious, and lonely individuals living in a foreign culture, a long way from home. His guidance was very helpful in my management of many children in my pediatric practice. And once again, through a serendipitous experience, my career path had shifted, from Family Medicine, then from academic Pediatrics, to Psychiatry. When I finished my tour of duty, I returned to a psychiatric residency.

My next mentor, during my psychiatry residency, was a sleep researcher. Sleep research was a brand new area of investigation that linked biology (REM and NREM sleep) with psychology/psychiatry (REM sleep = dreaming sleep). My mentor encouraged me to study infant and toddler sleep using polysomnography. This research nicely joined my interests in development, children, and neurophysiology. When I finished residency training, I completed a two-year post-doctoral research fellowship with my mentor. Thereafter, I was appointed to the faculty with my own infant sleep lab and a Career Development Award from the NIMH.

There were other mentors and many twists and turns along the way. The story is too long to tell in this brief overview. Research led to administration, marriage led to family, and life became ever more complex and wondrous. In no way could the young man wanting to “be

a doctor” ever have predicted an outcome of clinician, researcher, Child and Adolescent Psychiatry Division Director, Psychiatry Department Chair, and Executive Associate Dean of a medical school.

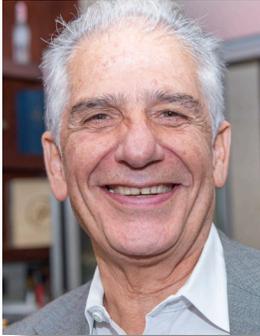
The bottom line for me seems that my life and career have largely bloomed as a result of being open to new experiences, not closing off options, welcoming serendipity, and seeking out and benefitting from trusted mentors. In my later professional years, my satisfaction largely was, and continues to be, derived from passing on my experiences and gifts to younger colleagues—to pay forward, as it were, the debt of gratitude—by mentoring as often as I can, and by steering colleagues to potential opportunities that suited them.

It now occurs to me that perhaps some individuals from early on pursue more or less straight lines to achieve their goals, while others are destined to wander. Me—I guess that I’m a lucky and grateful wanderer. Of course, the psychoanalysts among you may have other interpretations of my career path. Born in Freudian Vienna, I was always destined to become a psychoanalyst. Raised in a businessman’s household, I was always destined to become an administrator, etc. But as a recent convert to epigenetics, I firmly believe that one can’t untangle the genome from its context, and my many, often serendipitous, contexts significantly influenced who I am.



## The Magical Year

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*G. Pirooz Sholevar, MD*

When I was ten years old, my grandfather who had died the previous year visited my father in a dream with a prophecy. He informed him that all his five sons will become physicians which was my father's ultimate wish. They will

heal many patients and relieve their suffering. His second son will become a doctor of soul and mind, heal the suffering of many patients of all ages, and set a career model for his two younger brothers and their children. He wanted the second son, who was me, to be aware of the significance of the year of 1936. When my father recited the dream to me, I paid scant attention to the prophecy about the year because even as a young child I knew my grandfather's bias about that year for his own reason. However, the dream returned to me when I chose to become a doctor of the mind.

My first encounter with the year 1936 was during my first year of residency when I learnt that Anna Freud had written her book of *Ego and Mechanisms of Defense* as a birthday gift for her father who had turned 80 years old that year. Then I thought my grandfather knew what he was talking about.

The second encounter came in my third year of residency training when I learnt the first neurotransmitter was discovered in 1936. I

became ecstatic when I learnt during my fellowship that General Systems Theory was formulated by Ludwig Von Bertalanffy in 1936. The year 1936 has given birth to three roots of bio-psychosocial model, and the magical number three, symbolizing the Holy Trinity, confirmed the completion of my search for the Holy Grail.

I was jolted from years of dormancy in my search last year when I found out that 1936 has given birth to two of our beloved friends, leaders, and mentors, namely Tom Anders and John Showalter in February and March of that year. John has contributed so much to the field of child psychiatry by his unending initiatives, intelligence, leadership, collegiality, and compendium of jokes. Tom shares the same outstanding qualities as John with an exceptional capacity for empathic listening and exceptional closeness to his younger colleagues and friends which has borne fruit in generating many colleagues who are (almost) as good as himself. However, during 80 years of immigration from Vienna to Rhode Island/ San Francisco, he has missed the opportunity to enroll in the joke telling course where John was trained and excelled. Both men are intensively supervised by beautiful, brilliant, and charming wives, Ellen and Connie, who constantly put the finishing touches on them and polish them to perfection. Happy birthday, John and Tom. We love you for having brought us so much joy, pride, and enlightenment. We look forward to the next 80 years when you reach full maturity.



## An Annual Mentoring Forum - Sponsored by AACAP Life Members

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*Joseph J. Jankowski, MD* has been held at each AACAP Annual Meeting since 2013. This Forum brings medical students, General Psychiatry Residents, and CAP Fellows together to meet with mentors who are primarily AACAP Life Members. The 2016 Forum included 100 mentees and 45 mentors who met for a two-hour program.

A large number of potential mentees who registered for AACAP's Annual Meeting were invited to attend. However, many were unable to come at the scheduled time. Since this Program has been so successful in the past, the Mentoring Forum Co-Chairs are now looking into possible ways to include more mentees.

Life Members with an interest in becoming a mentor or who have had previous experience as mentors are encouraged to participate. The Mentoring Forum is held at AACAP's Annual Meeting usually on a Tuesday from 4:30 pm-6:00 pm. Circles of chairs are used to create manageable groups of mentors and mentees. They generally consist of 2 to 4 mentors and 15 to 20 mentees in each circle. Beforehand, the mentees are provided with a description of each mentor, which helps them select the circle they would prefer. Each session of the circle lasts 35 to 40 minutes, after which the

mentees can either shift circles or stay where they are. The sessions begin with an introduction of all circle participants. Afterwards, the mentees are invited to discuss any issues in which they feel the mentors would be helpful to them, e.g., maintaining a career interest as they move through their careers and programs. Most frequently discussed in the circles are current career decisions. However, if a mentee has a special issue or question to discuss with a particular mentor, they can meet after the circle sessions are completed.

Mentees often have had prior experience with mentors before reaching their current career level. Now as career and personal changes loom again, they are maximally open for help during the Forum. In this process, the mentee and mentor relationships begin easily and often help the mentees bridge the changes they are anticipating.

It is interesting to note that AACAP's Annual Meeting is held in October, prior to many of their career changes occurring in May/June. As a result, the timing of the Mentoring Forum provides for a unique impact. These timing issues tend to create a perfect storm for the mentees to receive this special mentoring opportunity at the time they need it most. The impact is also curiously longer lasting than expected, even though it occurs during a 90-minute period. There are some instances where the mentoring process is extended if a mentee and mentor develop a special



## An Annual Mentoring Forum - Sponsored by AACAP Life Members

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relationship and their contact is prolonged.

Mentors who are Life Members are especially sought after because of their prior life experience having undergone similar changes themselves, and being successful in the shoals of time, including personal and career changes. This Forum also helps mentees to continue developing and maintain a close identification with their career as a Child/Adolescent Psychiatrist.

As an example, a mentor reported on her mentoring experience at the 2016 AACAP Annual Meeting. The mentee was a 2nd year CAP Fellow who was completing her fellowship in a program outside New England. This was her first year attending this Mentoring Forum. She entered the first circle of Mentors and Mentees and was relatively quiet as others presented their issues. Afterward, she selected another circle with several mentors from New England, where she was considering her next move after graduation.

After her second circle session, she spoke individually for 20 minutes to one of the mentors. She reported to the mentor that she had a prior career in another field before changing to medicine and that she had to complete an extra year college year to become eligible for medical school, followed by four years of medical school. While in medical school, she became interested in Pediatrics and CAP. She eventually was accepted into a General Psychiatry Residency and is now in

a CAP fellowship. Her husband has a career of his own; her parents live with her, and she has two children. She would like to live now in New England because she has several close family members who live there. She wants to work halftime as a CAP and halftime as a parent, wife, and caretaker for her parents. She stated that she has had several previous mentors who helped her through prior training periods. She was concerned about making her current decision which will be a major change in her career and personal life. The mentor suggested that she also contact other CAPs who are located in New England and that they were probably at the Annual Meeting. She contacted one of the suggested mentors at the meeting and continued this mentoring experience afterwards with several follow-up calls. She related that she was appreciative to all those involved and that the mentoring experience was of great help in her ultimate decision making.

The effect of mentoring can be very powerful whether it occurs only once or several times. We hope that other Life Members will be interested in becoming a mentor in this Mentoring Forum. As you can see, it can be very rewarding to the mentor as well as the mentee. Contact Samantha Phillips, AACAP Membership & Communications Coordinator, at [sphillips@aacap.org](mailto:sphillips@aacap.org) to volunteer.



## *On My Own* by Diane Rehm, Random House Alfred A. Knopf, New York, paperback Large Print, pp 92, 2016

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Diane K. Shrier, MD

Having nearly died of a postpartum hemorrhage eight days after delivering my fourth child at age 32, I had a premature awareness of the fragility of life, but also lost my fear of death. As a consequence, when my husband and I were in our 50s, following the

deaths of all four of our parents from a series of long, deteriorating illnesses, we gathered our adult children to discuss our “end of life” wishes, which we regularly update. And, as a child and adolescent psychiatrist, during a stint as a consultant to pediatricians, I wrote an article on death and dying and children’s awareness of the same at different ages and also how to help dying children and their families talk about death. More recently, we both have lost our only and younger siblings (my sister from breast cancer, my brother-in-law to an aphasic dementia).

Now, of course, as we Life Members reach Erikson’s 8th stage of wisdom (integrity vs despair), we all have lost friends, neighbors, colleagues, and relatives. My husband and I joke about getting younger friends and have actually begun to do so and to continue our efforts to stay mentally and physically fit through exercise, healthy eating, and cognitive and social stimulation!

In my professional life, I have developed a small library of books pertaining to aging,

grief, and death and dying and feel comfortable working with patients dealing with loss and grief or with terminal illnesses and helping them to find ways to enjoy life to its fullest while able to do so.

Diane Rehm, who had created and hosted the Diane Rehm show on National Public Radio (NPR) for decades, has written very personal books as a way of dealing with losses and personal difficulties. These included her own bouts with depression based on early childhood and adult traumas including dealing with a rare neurological disorder called spasmodic dysphonia which impacted her ability to speak. I had previously read Diane Rehm’s book, *On Commitment*, which was co-authored with her husband John Rehm, as each alternated chapters about their often difficult marital relationship. She is a very resilient person who has made good use of psychotherapy and self-reflection. Her current book, *On My Own*, describes her painful first year after her husband’s death. John Rehm, a brilliant and accomplished attorney, was diagnosed with Parkinson’s Disease in 2005 and gradually deteriorated physically and eventually mentally until he reluctantly agreed to move into an assisted living facility in Maryland in 2012. Two years later, he suffered two bouts with pneumonia caused by problems swallowing and related to his rapidly progressing Parkinson’s Disease, which was highly likely to lead to the need for even greater dependency as he became increasingly unable to care for himself in any way. This fiercely independent man decided



## *On My Own* by Diane Rehm, Random House Alfred A. Knopf, New York, paperback Large Print, pp 92, 2016

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he wanted to end his life on his own terms. A deeply religious man, his decision was made thoughtfully after discussion with many others, including ministers, friends, and family. His expectation was that his trusted physician would provide him with medication enabling him to die peacefully and quickly. It was only then that he and his family learned that only a handful of states permit physician-assisted dying, and that Maryland was not yet one of them. According to his physician, his only choice was to be put on hospice care in the nursing home, which mandated no active treatments and that he could stop eating and drinking until he entered a comatose state. It took him ten days to die, six of them in coma. His wife and two children (one of whom is a physician) supported his decision. Diane and John had had many honest conversations about their sometimes difficult life together and nothing was left unresolved and unsaid. At least, so Diane thought.

The rest of the book deals with the author's painful grief and mourning over the loss of her husband of 54 years, including how hard it was to be without him and her retrospective doubts about decisions they had made together regarding his care and placement. She had not expected her own reaction, having thought she had already grieved his loss during his period of deterioration. Gradually, as had occurred with other stressors and losses in her life, and after many discussions with friends in similar situations, she began to work towards building a meaningful life alone. She retired from the Diane Rehm show at age 80 in

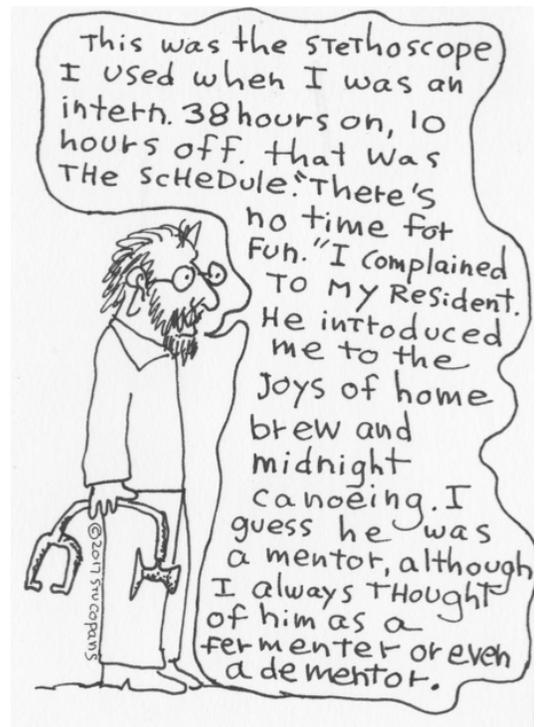
December 2016 and has found a new passion, advocating for the organization Compassion & Choices, which supports people's right to choose as they approach the end of their lives.

While *On My Own* is a relatively unsophisticated book, it is not at all uncommon for many people, including professionals, to feel uncomfortable thinking, talking about, and planning their end of life choices long before they need to do so.

Diane K. Shrier, MD

Clinical professor of psychiatry and of pediatrics, George Washington University Medical Center and private practice Washington, DC

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Every effort was made to list names correctly. If you find an error, please accept our apologies, and contact the Development Department at [development@aacap.org](mailto:development@aacap.org) or 202.966.7300, ext. 140.

*In Memoriam*  
**Rose Prystowsky, MD**  
**Humberto Quintana, MD**  
**Edward Sperling, MD**  
**Joel Stein, MD**  
*From January 2017 - March 2017*



# Throughout the Years...



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