



Photo by Fred Seligman, MD

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Dad Jokes

I have a nine year old boy with oppositional defiant disorder who likes to tell me jokes, often with “naughty” words. At the same time, he continually chastises me for using much less tame “naughty” words in therapy.

Towards the end of a session, he asked me if I wanted to hear some “Dad Jokes.”

“Sure,” I said.

“If you are American outside a bathroom, what are you inside?” European!

“What do you call a pony with a sore throat?” A little hoarse.

“Don’t spell part backwards... it’s a trap!”

Having heard these jokes, I asked him why they are called “Dad Jokes.” He responded, “Because dads tell bad jokes.”

“And does your Dad tell bad jokes?” I asked.

“Never,” he responded.

He then continued:

“Did you hear about the guy addicted to brake fluid?”

“No,” I responded.

“The good news is that he can stop any time!”

And before I could groan, he added:

“What do you call a bears without ears?”

“B.”

“It took me a second to get that one,” I remarked.

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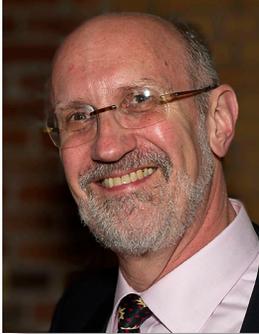
Get involved - submit articles for the Owl Newsletter!

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

Martin Drell, MD



Kicked Out of the Garden of Eden



Martin Drell, MD

My last column dealt with the topic of grandparenting. It was in honor of the birth of my third granddaughter, Josie, who was born on September 15, 2017.

Josie is my daughter Emily's second child. Having been through the birth of first children with both of my kids,

I surmised that the birth of a second child would be different in that it included the phenomenon of the reaction of the first born to the second born. I call this the "Kicked Out of the Garden of Eden Syndrome." Upon hearing my syndromic name, one Biblical scholar friend chillingly reminded me that the first human being born after Adam and Eve's expulsion from the Garden of Eden (n.b., with a belly button) was the first murderer, and that apropos to the subject, the victim was his sibling.

In reality, Lilah, my daughter's three-and-a-half year old, had some difficulties after Josie's birth. She regressed a bit and asked to be dressed and fed and to have her hands washed. She sought additional attention, was more clingy, and acted definitely more whiney. She was more oppositional and prone to mini-temper tantrums. Interestingly enough, her behaviors did not generalize to school, although she was overheard poignantly telling a teacher, after a week or so, that Josie "was still there."

At home, Dad and Mom did their best to empathically verbalize how Lilah might be feeling. During one before sleep discussion

with Dad, she sighed deeply and pointed out that "having babies is hard!" Despite the described behaviors, the majority of time Lilah has been loving and attentive to her sister Josie, wanting to hold and kiss her. How much of this is reaction formation is unclear.

I intellectually knew this would happen and gave my best child psychiatry prevention advice to my daughter on what to expect and how to handle Lilah. On the surface, and before the delivery, Lilah delighted in the concept of having a new sister. The new sister fetus had the nickname "Acorn" in honor of Lilah's favorite outdoor finds. She collected acorns until her pockets bulged with the same passion she collected baby dolls. Lilah has nine baby dolls, all with separate names. We assumed Acorn, when born, would be number ten. Lilah would feel Emily's stomach and talk to Acorn. Despite this sensitive and informed preparation, Emily reported the following prenatal conversation with Lilah, "Can I have a dog?" Emily, "No, you're getting a baby sister." Lilah, "When she dies, can I get a dog?" Emily would "talk for" Acorn and tell Lilah how much she looked forward to meeting her. Lilah, in keeping with her pending big sister status, pledged to be completely toilet trained the exact day Acorn was born, making it so there was only one "baby" in diapers. This pledge should have been a cinch, as Lilah had only been wearing pull-ups at night and hadn't had a "poopy diaper" in the morning in months. But alas, she was not true to her word.

In my own case, I was the firstborn Jewish son following my "near perfect" sister Janet who had never voiced any massive feelings concerning my birth, although I had never asked her about it. When I did ask, as part of



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writing this column, she responded that she did not remember being resentful at my birth or any of her four remaining siblings. She said, however, that she did remember a dream in which I was going to be a future king or prince, but I had become paralyzed. She said that she felt very guilty about the dream and has remembered it throughout the years. She added that her husband, Don, remembers always trying to give away one of his two twin sisters, since, after all, he had two of them.

I personally remember lots of feelings to the seemingly never ending progression of new siblings that flowed forth from my mother on the way to her proudly having six children. I remember time and time again my mother leaving for the hospital and returning home smiling with the next baby. I was not smiling. My feelings were especially strong with the ones that came right after me. I was less impacted by the last two and could enjoy them and care for them. I take great pride on telling my two younger siblings, Susi and Bill, that I diapered them when they were infants.

My son David took the birth of his sister Emily quite hard. He liked being an only child! At age thirty-six, he talks about still hating her at a primal and prominent level. Even though he realizes he should be over it, he isn't.

I was amazed at the spontaneity at which total strangers would come up and, after asking how old baby Josie was and her weight, would note Lilah and launch into their favorite anti-sibling story. It was as if they all had a lingering and subliminal PTSD (Post Traumatic Sibling Disorder) with flashbacks to feelings of betrayal, displacement, despair, and varying hostile responses triggered by the birth

of their sibling. Just those comments heard during a short visit to an art fair in Birmingham, AL, included:

- Why not put stamps on him and send him back?
- I put my new baby sister in the trash can.
- I hit the baby with a shoe.
- I asked my mom, "Where's my baby brother's mom, and when is she coming back to take him home with her?"

Being confronted with such strong feelings, I thought I might see what the literature says. The best review article I came across referred to the syndrome as T.T.S. (Transition to Siblinghood). The author remarked that 80% of children have at least one sibling and that the transition often occurs between ages two to three years, which is right during the stage of separation and individuation, toilet training, and anger management. They reported that the birth of the second child was often accompanied by other stressful changes like a change of houses, rooms, financial difficulties, job availability, and family dynamics.

The author spent considerable time on what is the best model to describe T.T.S. The main tension seemed to be between normalizing the phenomenon as a normal developmental transition or pathologizing it. They argue whether T.T.S. is best conceived of as a developmental transition, a normal life stage, a family crisis, an adjustment disorder, or as an example of the stress-diathesis model. They agree that it is a heterogeneous phenomenon which depends on the strengths and weaknesses of the families and their support systems. The author humorously comments in



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the article that if T.T.S. was such a pathological phenomenon that the human race would have been extinct long ago (n.b., especially due to the concerning precedence set by Cain and Abel).

They pointed out the dearth of recent studies on this topic and that there had been few empirical studies since 2000. The studies that were described were classified as longitudinal, quasi-experimental, and natural experiments. The studies were complicated by the fact that they were on different aged children, had small cohorts, and tended to be focused on middle class white populations. There were the predictable concerns about problems in design of the studies.

The studies confirmed considerable heterogeneity with 15-20% of firstborns showing significant and mostly short lived increases in anxiety, sadness, and distress. Fifteen percent showed increased aggression. The studies further noted an increase in regressive behavior, whining, crying, decreased self-worth, self-blame, and negative interpersonal reactions. There were changes in sleep with increased time to sleep onset, decreased total time slept, increased night wakings, and increased crying during sleep. The quantity of positive fantasy and play engagement fell in one study.

The studies showed increased developmental sensitivities in younger children with less sophisticated emotional regulation and coping skills that led to them to be affected more than older children.

It was also clear that numerous factors complicated the process. These included:

- The birth of a child at any time is stressful
 - The sex of the firstborn and second-born. Of note, Lilah wanted a sister and not a brother
 - Temperamental differences
 - What milestones had been achieved by the firstborn and whether they were only newly mastered and hence prone to more chance of slippage to previous stages of development
 - The health of the newborn
 - The mental and physical health of the parents and their responses to having a second child. Post-partum depression, psychosis, anxiety, and fatigue in mothers were noted as significant factors
 - Economic resources and community support
 - The quality of attachment and goodness of fit between the parents and both the firstborn and the second-born. It was noted that parents of the second child are older, less anxious, and more experienced, for better or worse
 - Some studies highlighted issues in the marital and relational status of the parents. These studies highlighted increased marital conflict
 - Whether the child/children are wanted
 - Whether there is one or two parents/caregivers
 - The competence, self-efficacy, and maturity of the caregivers
 - Family support
 - The caregivers' satisfaction with work.
- One study noted that moms with first babies worked 87.5% of the time, while those with a second baby worked 57% of the time. Emily was worried that she would not be able to work as often with two



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children

These types of studies pointed out a range of stressors, and therefore, favored the stress diathesis model. To be comprehensive and trendy, the authors point out that each “negative” stress factor usually has a parallel strength based factor as a balance. After listing stressor after stressor, they concluded this section of the article by positively noting that families are resilient and on the whole, cope quite well.

Having mentioned the stress-dyathesis model, the authors voice the opinion that the totality of the studies fit better within a Developmental Ecological Systems Model, such as that proposed by Urie Bronfenbrenner. This model seems similar to Engel’s system BioPsychoSocial Model, which is based on family systems theory and the need to understand the context that the children and their families are embedded.

As per all review articles, the author calls for more studies that are better designed, larger, more culturally diverse, and more longitudinal in nature. They focus on the need to identify subgroups of families and children who are “at risk” for specific difficulties. The author calls for psychoeducation; pre-parenting classes; articles on the internet that are abundant, logical, practical, and free; family planning; family support; empowered fathers and significant others; and an increase in family friendly federal policies.

In summary, the article notes that most parents find the experience, in retrospect, not as bad as they expected and that major crises are not inevitable. If there are changes, they are

usually short lived and lead to a new status quo based on the changed family configuration and dynamics. They repeat that civilization has continued despite the long list of variables and their complexity. As the Beatles say “Ob-La-Di, Ob-La-Da, Life Goes on...” As for Lilah specifically, I hope she is over her feelings long before her Uncle David.

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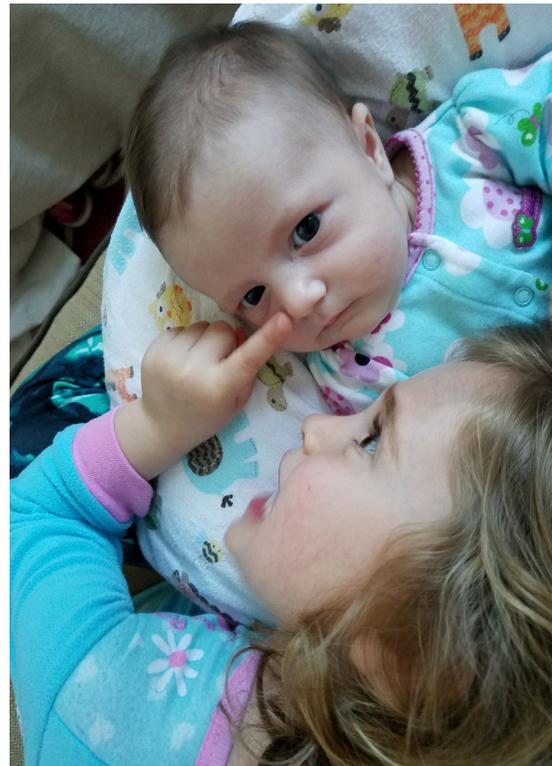




Kicked Out of the Garden of Eden



Lilah and Josie





Capital Campaign

“We make a living by what we get, we make a life by what we give.”
-Sir Winston Churchill



Cynthia Pfeffer, MD

At the time I wrote this article, AACAP’s 2017 Annual Meeting in Washington, DC, ended in October, and we began a three-month celebratory period of meaningful holidays. Thanksgiving, a time of contemplation on our gratefulness for personal and social wellbeing, is

celebrated by family gatherings, relaxing, and eating sumptuous meals while appreciating personal feelings of giving thanks. Subsequently, the Jewish holiday Hanukkah is celebrated in December (Jewish calendar on Kislev 25th day) for the military victory over the Syrians and the miraculous burning for eight days of the oil in the Jewish Temple’s lamps when the Temple, which had been desecrated by the Syrians, was rededicated by the Maccabees in 165 BC.

Christmas, celebrated on December 25, is a joyous holiday about the birth of Jesus Christ, who is the embodiment of God. As described by John (3:16-17): “For God so loved the world that he gave his one and only Son, that whoever believes in him shall not perish but have everlasting life.

For God did not send his Son into the world to condemn the world, but that the world through Him might be saved” (Holy Bible, New King James Version). Kwanzaa, a weeklong African American holiday starting on December 26 and introduced in 1966, celebrates the time of year when African tribes celebrated the first harvest of their crops.

African Americans light a Kinara, a candleholder, each evening and exchange gifts. This holiday spiritually focuses on seven principles including unity, self-determination, collective work, cooperative economics,

purpose, creativity, and faith. November and December are months when Muslims, Buddhists, and Zoroastrians have celebratory days.

Giving thanks on many of these holidays is characterized as giving gifts and charitable donations to promote reduction of adverse effects of personal, societal, natural, and wartime disasters.

During this time, charities and other organizations promote campaigns for donations to support their mandates to repair disadvantages among societies.

Certainly, it is the Life Members’ endeavor through AACAP’s Life Members Fund to enable medical students and child and adolescent psychiatry residents to attend AACAP’s Annual Meetings and feel part of our wonderful Academy.

There were 164 Life Members who attended the 2017 Annual Meeting, representing 14.9% of all Life Members and 3.8% of the total attendees at this meeting.

Life Members presented a wealth of information aimed to stimulate engagement of medical students and general and child and adolescent psychiatry residents. The Life Members Fund supported 13 medical students and 17 child and adolescent psychiatry residents, and other AACAP funds enabled approximately 76 additional medical students, residents, and child and adolescent psychiatry fellows to attend our meeting.

These trainees partook of three key Life Member functions:

- Mentor-Mentee Forum, titled “Medical Students, Residents, and Fellows: Meet Life Members,” held on Tuesday, October 24 and chaired by Joe Jankowski and Ellen Sholevar with help from Aaron Roberto and Cordelia Ross



Capital Campaign

- Life Members Clinical Perspectives, titled “Care Integration for Childhood Sexual Abuse: Posttraumatic Stress Disorder, Heroin, and Other Adverse Outcomes,” held on Thursday, October 26 and chaired by Doug Kramer
- Life Members Reception and Dinner held at the landmark Omni Shoreham Hotel on Thursday, October 26 and chaired by Cynthia Pfeffer and Dick Gross

These functions were reviewed by the Life Members Committee on Friday, October 27, and it was concluded that our work was highly successful. It is the hope to enable more medical students and child and adolescent psychiatry residents to attend next year’s Annual Meeting in Seattle, WA. This year saw a significant increase in the financial health of our country as noted by the increase in the stock market. With this in mind, it is essential to increase the Life Members Fund to support medical students and child and adolescent psychiatry residents to participate with us and hopefully embrace careers in our beloved psychiatric specialty.

The timing of the programmed Life Member activities was advantageous to maximize the development of relationships between Life Members and these trainees. Our initial meeting at the Mentor-Mentee Forum introduced mentees to Life Members and sparked the planning for other mentor-mentee interactions throughout AACAP’s Annual Meeting.

Kudos to Joe Jankowski, Ellen Sholevar, Aaron Roberto, and Cordelia Ross. The Life Members Clinical Perspectives focused on troubling developmental issues of children and adolescents, who had been abused and neglected, and their social experiences, psychiatric problems, difficulties receiving adequate treatment, and strategies to improve mental health outcomes. Thank you to Doug Kramer for organizing this meaningful Clinical

Perspectives on a tragic phenomenon plaguing a multitude of children and adolescents. The Life Members “Capital” Campaign in Washington, DC, aimed to energize medical students and psychiatry residents to choose child and adolescent psychiatry as their medical specialty. Our “Capital” Campaign equation was: Life Members Fund plus strong mentoring from Life Members equaled increased workforce of child and adolescent psychiatrists (LMF + LMMt = CAP).

The Life Members Committee is aware that multiple factors stimulate growth in the child and adolescent psychiatry workforce. Many of these issues were discussed at the Mentor-Mentee Forum and at the Life Members Dinner where medical students and psychiatry residents experienced personal discussions with child and adolescent psychiatrists. Among these are work opportunities and life style preferences involving family and other social commitments, research involving early career mentorship, private practice, hospital and public health work opportunities, types of child and adolescent psychiatry training programs that are compatible for each medical trainee, and many other issues. It is not surprising that the medical students and psychiatry and child and adolescent psychiatry residents indicated that they highly valued the Life Members Dinner experience. We polled those who attended the Mentor-Mentee Forum to identify trends pertinent to trainees’ desires to be child and adolescent psychiatrists. This will be discussed in a future Owl Newsletter.

The Life Members Committee implores every Life Member to donate to the Life Members Fund and be recognized for stimulating an increase in the number of child and adolescent psychiatrists.

With warm wishes for a Happy New Year 2018 filled with joy, good health, and much success!

A handwritten signature in cursive script, appearing to read "Cynthia".



Thank You Letters

Dear Life Members:

Thank you so much for providing generous support that enabled me to attend the AACAP annual meeting. I felt honored to be chosen as one of this year's awardees and looked forward to the event with eager anticipation in the months leading up to it. The scientific presentations, mentorship events, and opportunities to meet fellow students and trainees with a passion for supporting young people's mental health far exceeded my expectations.

Prior to the meeting, I had many enriching pediatrics and general psychiatry experiences in medical school, but very little direct exposure to child and adolescent psychiatry. During the meeting, I was able to attend numerous sessions devoted to neurodevelopment, current concerns in adolescent behavior, and innovative ways of responding to trauma and community violence by collaborating with other youth-serving organizations, among others.

I was constantly amazed by how collaboratively and optimistically all the groups seemed to be working towards ensuring that future young people have opportunities to recover and thrive.

The numerous mentorship events, with both Life Members and junior faculty, were some of the highlights of the meeting. It was inspiring to hear Life Members recount careers that have evolved over decades.

All mentors gave us ample opportunities to ask questions about training programs, research careers, types of practice settings, etc, that helped refine my understanding of many ways child and adolescent psychiatrists can have an impact on the world. Everyone was so welcoming in allowing me to participate in the meeting and encouraging of my interests.

Thank you so much for sponsoring this year's Life Members Mentorship Grant for Medical Students program. For me, it was an experience that I believe will have a lasting impact on the way I understand the realm of psychiatry and my own career development. Thank you for continuing to support Life Members Mentorship Grants.

Sincerely,
Timothy Becker
Medical Student, Year IV
Perelman School of Medicine
University of Pennsylvania



Thank You Letters

Dear AACAP Life Members Committee,

Thank you for providing me the opportunity to attend AACAP's 64th Annual Meeting in Washington, DC through the funds provided by the AACAP Life Members Mentorship Grant for Medical Students. The experience of attending the AACAP Annual Meeting and the various mentoring events specifically established for medical students and resident physicians was invaluable and one I am extremely grateful for being afforded.

During my time at the Annual Meeting I was able to learn from the best and brightest physicians in the field of child and adolescent psychiatry, including world-renowned researchers and attending physicians from teaching hospitals all over the country.

In my time away from the required events set forth for grant recipients, I was able to attend educational lectures on topics that ranged from human sex trafficking and video game addictions, to working with transitional age youth or children with autism spectrum disorder.

I was able to attend the Committee on Medical Students and Residents and learn about additional ways AACAP is working to educate medical students about what it means to be a child and a adolescent psychiatrist. One of my favorite parts about the trip to DC was taking part in the AACAP Legislative Program and Congressional Visits.

Working alongside a child and adolescent psychiatrist from my state of South Carolina, Dr. Eric Williams, I attended meetings with the office staff of Senator Scott, Senator Graham, and Representative Clyburn to advocate for CHIP funding and the need for child and adolescent psychiatrists.

The required events provided to Mentorship Grant recipients throughout the week of the AACAP Annual Meeting were helpful to each of us beginning our journey to becoming a child and adolescent psychiatrist.

Meeting with residents, fellows and attending physicians who are further along in their journeys was a great way to learn about the opportunities available to child and adolescent psychiatrists and the roadblocks that one may encounter throughout the training process.

Sessions like the Mentorship Program for Medical Students and Residents and the Career Development Forum provided me the intimate setting to ask more in-depth questions about what to look for in my residency training and the difference of practice in various inpatient and outpatient locations.

From speaking with Life Members at scheduled events during the week, I was able to learn several tips regarding how to approach residency and my career. I was able to hear the unique



Thank You Letters

stories of how certain Life Members landed on the field of child and adolescent psychiatry and how they ultimately arrived where they are now in their careers.

Each one of the mentoring sessions reinforced my decision to pursue child and adolescent psychiatry as the field of medicine for me.

I could not be more pleased with my experience at the AACAP Annual Meeting and I look forward to attending future meetings across the United States.

Please continue the funding of the Life Members Mentorship Grants as they provide medical students like me a way of attending the Annual Meeting to truly learn about all that child and adolescent psychiatrists are capable of doing and the innovative research currently being conducted within the field.

I appreciate the AACAP Life Members Committee for their continued sponsorship of this program and their dedication to providing access to meaningful educational opportunities for medical students interested in child and adolescent psychiatry.

I look forward to learning more about the field in my upcoming years and informing other medical students of all that child and adolescent psychiatry has to offer.

Sincerely,
John Stathopoulos

Dear AACAP Life Members Committee:

I am writing to sincerely thank you for providing me the chance to attend the 2017 AACAP Annual Meeting in Washington, DC.

I am currently a fourth-year medical student at the University of Chicago and am in the process of applying to psychiatry residency programs with the intent of pursuing a career in child and adolescent psychiatry.

My week in Washington represented a number of firsts: my first time attending a national meeting of any kind; my first time attending a psychiatry meeting; and, most importantly, my first time attending an AACAP event.

Attending the Annual Meeting was a wonderful experience for a number of reasons. First and foremost, it served as a large-scale introduction to the national community of child and adolescent psychiatrists.



Thank You Letters

Meeting child and adolescent psychiatrists from across all stages of their careers gave me the chance to see the myriad professional opportunities our specialty allows. This was especially possible in the several networking and mentorship events organized by the Life Members Committee for medical students.

Furthermore, attending some of the many talks, workshops, and presentations gave me a taste of the exciting research and policy being developed at institutions across the country.

More than just a static learning environment, these forums allowed me to converse face to face with many leaders in the field.

Particularly given the many expenses I will be incurring while interviewing this year, traveling to the AACAP Annual Meeting and staying for the duration of the event would not have been possible without your generosity.

Again, thank you for giving me the chance to meet and learn from so many of my future colleagues; it was truly a privilege. I look forward to attending many more AACAP events in the future.

Sincerely,
Eric Whitney
MD Candidate, Class of 2018
University of Chicago Pritzker School of Medicine

Dear John Schowalter and Cynthia Pfeffer,

I am a second year fellow in child psychiatry at UCLA and a recipient of the EOP award. I wanted to personally thank you for the opportunity to enrich my education in child psychiatry by helping me to attend the AACAP annual meeting and by giving me the opportunity to meet several Life Members at the meeting, among other invaluable opportunities.

I had the opportunity to attend an outstanding workshop and sit in on several committee meetings. I would not have had these incredibly important opportunities otherwise, and they have informed my career and my practice within the field.

I am sincerely grateful for the opportunity to attend this meeting, and am looking forward to attending many more.

Sincerely and with deepest gratitude,
Mary Gable, MD
UCLA, Child Psychiatry Division



Reflections from a Life Member

To the American Academy of Child and Adolescent Psychiatry:

I want to thank all of you for sending the Christmas Card to me. It was very much appreciated and very unexpected. I couldn't remember all of the members that signed it, but I surely remember Bennett Leventhal.

After my last teaching position in New Orleans, my wife wanted us to retire where we were born and raised, in a rural area of Ohio. Since there was only one or two psychiatrists in the area, I set up a private practice of both children and adults for perhaps another ten years and enjoyed it but then retired.

After a few years, our children grew and left, which allowed me to begin a model railroad in what used to be a game room.

I have always loved trains since I was a kid. I built a rather decent road, and since the kids were gone, we decided to sell the house and move into a senior citizen program where upon they immediately asked me to start a railroad in a very large basement room they had no use for.

I accepted and started a new railroad with help from several other aged people. I enjoy it.

I really enjoyed my career and have no regrets.

Thank you for remembering me.

Incidentally, I am ninety three years old and enjoy rather good health.

Dean Coddington, MD

COME JOIN US IN SEATTLE!

Mark your calendars for next October 22-27. This is an excellent chance to renew friendships with long-time colleagues and to establish new friendships. Thursday evening of that week will be the Life Members Dinner, which is always the highlight of the week for us Owls. There will be many opportunities to mentor our colleagues in training, letting them benefit from our years of accumulated experience. AACAP's Annual Meeting has become the world's foremost forum for presenting the most advanced research in our specialty as well as numerous institutes, seminars, and workshops to impart the most up-to-date information and skills.

Don't miss this wonderful opportunity!

John Dunne, MD



Donors to AACAP's Life Members Fund

In the last quarter of 2017, our Owls supported the next generation of child and adolescent psychiatrists. As part of this unwavering commitment to the mission of AACAP and its members, over 115 Life Member Contributors raised over \$15,000 between October 1, 2017, and December 31, 2017. This is an inspiring way to end the year. On behalf of our membership, we thank you for the lasting legacy you leave for AACAP.

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Grant Hulse Wagner, MD
Henry K. Watanabe, MD
Jack C. Westman, MD

1953 Society

Anonymous (5)
Steve and Babette Cuffe

James C. Harris, MD and Catherine DeAngelis, MD, MPH
Paramjit T. Joshi, MD
Joan E. Kinlan, MD
Dr. Michael Maloney and Dr. Marta Pisarska
Jack and Sally McDermott (Jack McDermott, MD)•
Patricia A. McKnight, MD
Scott M. Palyo, MD
The Roberto Family
Diane H. Schetky, MD
Gabrielle L. Shapiro, MD
Diane K. Shrier, MD and Adam Louis Shrier, D.Eng., JD

- ¹ Indicates new 1953 Society member
- Indicates an honorarium donation
- Indicates a memorial donation
- ♥ Indicates a Hope Maker recurring monthly donation
- ₂ Indicates a first time gift

Every effort was made to list names correctly. If you find an error, please accept our apologies and contact the Development Department at development@aacap.org or 202.966.7300, ext. 130.

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In Memoriam

In Memoriam

James Boynton, MD

Fadi Haddad, MD

Manuel Lopez-Gomez, MD

From October - December 2017

Jack O'Brien, Assembly Chair, outstanding teacher, teacher of the year, recognized many times, in several institutions - not only did he understand the honor of teaching, he was honored for it.

Before I get to my comments, I want to share that in reaching out to several colleagues, Dick Sarles, Sandra Sexton, Alice Mao, Warren Ng, and others, everyone mentioned how much fun Jack was, and as an indication, about a year ago, Jack called me, very excited. He had bought me a present; his glee was palpable. He wanted me to call him as soon as I received it. It was a tee shirt that read, "So, if a redhead goes crazy, is it called Ginger snaps?" His laughter roared.

So in identifying Jack's core, it was his nuclear family, the opera, and his professional life. His family was his wife, Lois, and son, Jeremiah. Some time, about in Jeremiah's last year in high school, Lois got sick with cancer. Jeremiah made it through one semester away at college and then came home to be with his mother and father, and they shared the intimacy of Lois' dying. Although Jeremiah never went back to Vanderbilt, his one semester had a lasting impact on Jeremiah and Jack as he had met a girl, Julie, who became a rock like his mom and dad. They married, and then Jeremiah got the same cancer as Lois. Through medical advances, Jeremiah beat the cancer, and they had a son, Jack's grandson, Odin.

So family first...and then opera. Jack was an enthusiast like few others. He circled the globe for his enjoyment, and 18 months ago, this passion brought him, Dick Sarles, and David Cline, former President and assembly Chair, to my house for a week as we experienced Wagner's Ring Cycle, which is 18.5 hours of Wagner - 18.5 hours but who's counting... It is performed over six days... Jack adored opera, which might have been a step for this only child of Jersey City parents. He was a Catholic and graduated from St. Peter's College and Seton Hall Medical School, doing his post doc internship at Kansas University, doing adult training at St. Vincent's in New York and child at Columbia. He was an analyst.

Jack was a New Yorker through and through, with

a two-year detour to Menningers as the Cotter Hershberg Chair, but he could not, would not make it in the Midwest, citing it was bad for his New York skin, and as a passion flower, he couldn't last in the corn fields. He needed the city soot. So family, opera, and his professional life.

So here are a few random professional achievements which included being visiting professor in Venezuela.

He originated the triple board program at Mt. Sinai, trained over 300 residents and a myriad of medical students and general psychiatrists.

He served as President of the New York Council, and because of his many leadership efforts in NYC on behalf of children, received AACAP's Catchers in the Rye Award.

He represented NY in the Assembly, serving several terms on Council representing the Assembly and other times freely elected for the at-large seats. He served as Assembly Chair 1995-1997.

He served in academic leadership roles at Mt. Sinai, Elmhurst Queens, Columbia, Beth Israel, and in each was recognized as Teacher of the Year, Outstanding Teacher, or Outstanding Mentor. His role as teacher is the third and final one that I mention. His teaching and mentoring extended into the boards, helping, nurturing, and pushing junior members of his team to do better, want more, and inspiring others to aspire to greatness.

Jack was a bigger than life guy, with a great smile and that roar of laughter that would rock a room. He was thoughtful, and as a clinician, he brought his dignity to his patients. His unassuming nature belied his amazing capacity for astutely summing up situations and, for that matter, life. He was a mature man as he faced the options and odds for his cancer of the bile - even in that he brought valor and was resolute. For those who knew him, and those who would have liked to, I give my condolences. He was a dear friend, and it has been an honor to share a glimpse of him with you.

Thank you,
Virginia Q. Anthony



Throughout the Years...

