American Academy of Child & Adolescent Psychiatry
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LifeMember Owl Newsletter

July 2017 e-Newsletter

Photo by Fred Seligman, MD

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Get involved - submit articles for the Owl Newsletter*!*

We would love to receive your input on the best joke(s) a child/adolescent in therapy ever told you or that you told them in a session.

One of my favorite genres of jokes is the "Doctor, Doctor" jokes. These jokes were very popular during Vaudeville and were perfected by the team of Smith and Dale (AKA Joseph Seltzer and Charles Marks) in their famous routine, "Dr. Kronkheit and his only living patient." My favorite is:

Patient: Doctor, doctor. My arm hurts when I go like that.
Doctor: Well, don't go like that.

These jokes became staples in the stand-up routines of many subsequent comedians, especially Henny Youngman, and were parts of many skits on the radio and in the early days of television. Neil Simon's play, *The Sunshine Boys*, with its subsequent film version with Walter Mathieu and George Burns, was said to be inspired by Smith and Dale.

Patient: I feel like a deck of cards?
Doctor: I'll deal with you later.

Nurse: There's a man out here who says he's invisible.
Doctor: Tell him I can't see him.

Patient: Doctor, I think I'm an auto mechanic.
Doctor: Well then get under the couch.

Patient: Doctor, doctor, I keep thinking I'm a dog.
Doctor: Lie down on the couch and tell me about it.
Patient: I can't. I'm not allowed on the furniture.

Patient: Doctor, doctor, I keep thinking I'm a dog.
Doctor: And how long have you had these thoughts?
Patient: Since I was a puppy.

Patient: I think I'm a pair of curtains.
Doctor: Well then, pull yourself together.

Please send jokes or other materials to mdrell@lsuhsc.edu. The deadline for the next issue is September 15.

Martin Drell, MD

Smiling While Reviewing the Life Review

"An unexamined life is not worth living."
-Plato

It has been recounted that a friend visited W.C. Fields on his death bed in 1946 and was amazed to find him, a professed atheist, thumbing through the Bible. Upon seeing this, the friend wondered aloud if W.C. had not found religion as death came calling. Fields replied, "Hell no! I'm looking for loop-holes."

Martin Drell, MD

Part of Erik Erikson's Eighth Stage (Integrity vs. Despair) involves a "Life Review." This concept makes sense to me as part of the process of aging. I think of it as a naturally occurring, universal mental process during which one recalls and synthesizes segments of one's life into an integrated, coherent, and understandable picture that has meaning and the power to stave off despair. Robert Butler, in his classic 1963 article that probably influenced my thought processes, felt that the Life Review:

1. Is a naturally occurring, normal developmental task.
2. Is facilitated by the normal disengagement from life as one ages, which conveniently allows time for the life review.
3. Is more than just reminiscing. It is a process that allows for a final integrating and organization that allows one a chance at closure. Yumiko Sato, a music therapist, adds that as opposed to the process of reminiscing, life review tends to be more planned, structured, and deep.
4. Can be a conscious or unconscious process that may include and be enriched by attention to dreams and slips of the tongue.
5. Allows for the potential uncovering, understanding, and resolution of past conflicts and regrets.
6. Has potential therapeutic outcomes, such as feeling more integrated, individuated, and prepared for death. A successful process dispels fear and despair. It can lessen depression and lead to not only wisdom, but serenity.
7. Can allow for imparting a legacy of history lessons to future generations.

Not only does this sound wonderful, but it sounds too good to be true. As I thought about it, my mind negatively turned to what seems a logical question: What if one does a life review and realizes that one's life was unsuccessful, less than exemplary, and that there is no time to undue the mess you have created? In such cases, is despair, depression, disappointment, and doom inevitable?

Butler covers this question in his article. He relates that those that fail their life reviews are, indeed, prone to guilt, depression, and anxiety, and in some cases "terror" at the specter of death and suicide. He describes three often interrelated groups "at risk" for such bad outcomes.

1. Those that are always focused on the future as a way of avoiding the past and the present. These people use Kleinian "manic defenses" to escape their conflicts. Butler points out that old age weakens and undermines these defenses, which work better in the short run than the long run. As boxer Joe Lewis said of his 1946 opponent Billy Corn who planned a "hit and run" strategy, "He can run, but he can't hide." Similarly, I joke that my strategy to outlive all of my enemies works less and less well as I grow older.
2. Those that have severely and consciously

injured others. For this group, the guilt is tangible and real.
3. Those narcissistic people who consider death as the ultimate narcissistic injury. For them, extreme depression awaits.

What then are these poor "at risk" souls to do? The literature suggests that whereas most people can handle their life reviews alone or with the support of friends and family, some may need more formal professional help. This help can come in the form of a more structured and facilitated life review process. Cecilia Black, Board Certified Coach (BCC), describes such a review that can be performed by institutional staff, chaplains, or university staff. This potentially therapeutic review occurs in the context of a trusting relationship that includes confidentiality, caring, empathic listening, responsiveness, encouragement, and acceptance. Black details the process that includes a process of questioning one's past, with questions covering every stage of Eriksonian development. Special attention is focused on issues of spirituality and religion.

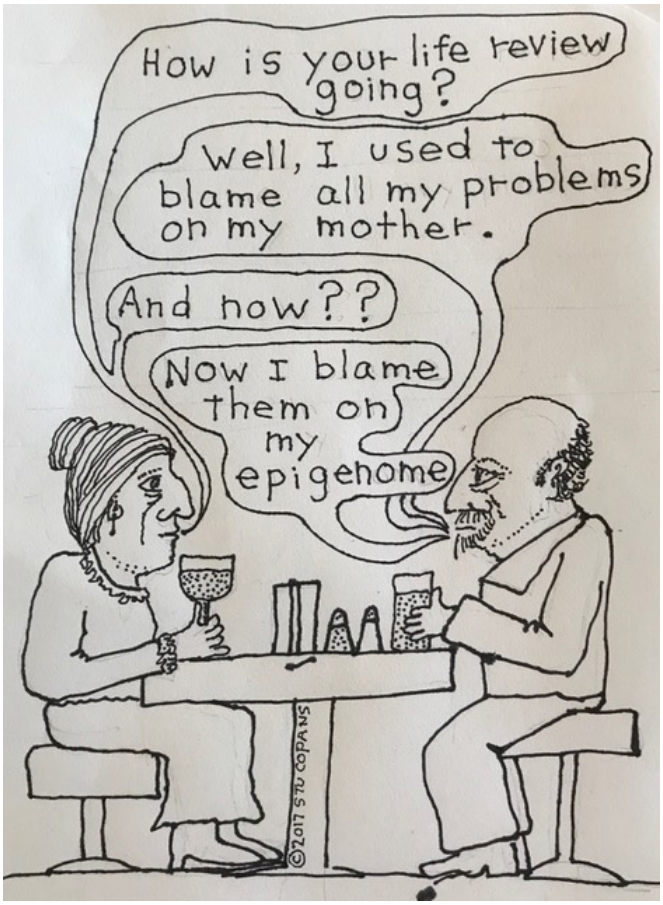
Black's description seems conspicuously like therapy with the identification of problematic themes and conflicts that are clarified, confronted, and worked through over time with the goal of identifying and valuing the positives in one's past life while coming to terms with the negatives. Haber, in comments on Life Reviews, makes it clear that there will be some cases in which such reviews identify problems beyond the abilities and training of those performing them. In such cases, he suggests that referral to more trained professionals should occur. Haber warns that some life reviews can prove harmful. Because of this, he calls for more training, and more research focusing on enhanced screening and early identification of those who might not benefit or will have problems with their life reviews.

As I read the literature, I kept associating to the Rolling Stones song "19th Nervous Breakdown" with its refrain: "You'd better stop, look around, here it comes. Here comes your 19th nervous breakdown." These lyrics reminded me that life reviews occur throughout one's life – from the questioning of adolescents who wonder what they will be to the questioning of those during midlife who ask similar questions. Each stage has its own questions which can often be quite similar to those of other stages. These earlier reviews can be likened to quizzes and mid-term exams compared to the "final" exams that we associate with the Life Review. They are all part of the same course. The Life Review is usually not one's first exam, but it may be one's last.

LITERARY ADDENDUM
As I prepared to write this column, I ran across a video by Joan Borysenko, PhD, an expert on integrative medicine and the mind-body interface. She spoke about her interest in Dante, who's Divine Comedy speaks about a journey during which Dante enters a dark woods and falls into purgatory. While there, between "no longer" and "not yet," he has to reflect on his own life and challenge his old beliefs. Only after doing so does he achieve

the transformative narrative that allows him to ascent to paradise. Borysenko whimsically remarks that the trajectories of Dante's journey and other similar journeys are in the shape of a smile.

With regards to this issue of the *Owl Newsletter*, I call your attention to Cynthia Pfeffer's co-chair colum, Bill Swift's interesting article describing his years as a Regional Medical Officer/Psychiatrist in the Foreign Service, and Doug Kramer's article on his admirable involvement with Break the Cycle.



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Legacy and Innovations

Cynthia Pfeffer, MD

Recently, I attended a family wedding and was reminded and smitten by the degree of tradition expressed in the ceremonial process. Beautiful, peaceful, and joyous chamber music provided the background as the happy relatives and friends walked down the aisle toward the wedding canopy bedecked with flowers. First was the groom, who looked pleased and happy, yet serious, as he was about to change and add new chapters to his life in this marriage ceremony. Bridesmaids and groomsmen followed, showing support for the bride and groom and approval of their betrothal. Some were married, and others may be pondering their own matrimonial future. Next were the grandparents, followed by the groom's parents, who moved slowly down the aisle looking radiantly happy and proud, and I wondered what they were thinking and how their presence at this momentous family ceremony reflected their bestowing family legacies of tradition and optimism onto the bride and groom. At moments like these, one inevitably reviews one's life. Following were young children, who were relatives of the bride and groom, carrying flowers and the marriage rings, symbolizing the importance of children in family life and society and who are harbingers of innovations that the bride and groom will experience as they embark on married life together. Finally, there was a pause in the action as the bride and her parents appeared at the entry of the aisle. Everyone stood to honor her and her parents and demonstrate respect, joy, and well wishes for the bride and groom. The bride looked blissful and assured in accepting this innovative moment of her life. Needless to say, the "aisle" ceremoniously represented the path to new ventures as this bride and groom unite in marriage.

Robert Frost wrote in
1915 *The Road Not Taken:*
"I shall be telling this with a sigh
Somewhere ages and ages hence:
Two roads diverge in a wood, and I----
I took the one less travelled by,
And that has made all the difference."

Frost indicated that in one's lifetime one must make choices whose outcomes are not known but often are reviewed at other times of one's life. Just ten years ago, some of our wise AACAP elder statesmen members innovated AACAP's Life Membership. Their aims were clear: to provide paths for communication among Life Members, maintain their active participation in AACAP, and help AACAP's efforts of making our field of child and adolescent psychiatry a strong advocate for the welfare of children and adolescents. Life Members certainly have been succeeding in their contributions to these aims. While these ten years since the inception of the Life Membership seem remarkably long, it is now a time to review what has been accomplished and consider developing innovations that are relevant to the original well-stated and important goals of Life Membership. The Life Members Committee is addressing this issue,

and I am asking for all Life Members to actively help us in this endeavor as we consider the next ten years of Life Members' activities. The Life Members Committee depends on the Life Members to assist us so that we will continue to shine as a beacon for innovation for our field of child and adolescent psychiatry. We believe that some of the younger and more recently enrolled Life Members may provide innovative notions about new Life Membership activities, but we are not neglecting the long-standing Life Members' wisdom and experience in this process. I hope that any Life Member, who wishes to suggest innovative ideas, please submit this in a brief letter to AACAP and reference that it be delivered to the Life Members Committee.

I also believe that Life Members need to focus on themselves because being at the eligibility stage of Life Membership has many unique life attributes. As Frost proposed, outcomes of one's life's endeavors often cannot be forecasted. For example, I have spoken with many Life Members about what they plan for themselves professionally. Most have or are considering retiring; it is a major life transition. Some are pleased to look at this as an innovative phase of life, but others are bewildered about what they will do and how they will devote their time that previously focused on child and adolescent psychiatry activities. The Life Members Committee wishes to support Life Members, who may need guidance in planning their retirement time. I suggest that Life Members write a brief paragraph and submit it to the current Editor, Martin Drell, of the Owl Newsletter on their experiences in retirement. I am sure that this will be very valuable as a new "mentorship approach" between Life Members. While we pride Life Members in mentoring those medical students and residents who wish to enter the field of child and adolescent psychiatry, we also do not lose sight of the lifelong process of mentorship that occurs. Life Member Mentor to Life Member Mentee relationships are innovative and important activities. Please participate in this helpful activity for Life Members.

I wish all Life Members a restful, enjoyable summer season and that resonates with some of the sentiments of wonders of summer expressed in excerpts of Robert Stevenson's poem, *Summer Sun*, written in 1885:
"Great is the sun, and wide he goes
Through empty heaven without repose….
To please the child, to paint the rose,
The gardener of the World, he goes.

Cordially,

My Life as a Regional Medical Officer/Psychiatrist (RMO/P) in the Foreign Service

"All War Represents a Failure of Diplomacy"
Tony Benn, British Politician

"Diplomacy is the Art of Letting Someone Else Have Your Way"
Daniele Vare, Italian Diplomat and Novelist

William J. Swift, MD

Marty Drell inveigled me to write a two-part article about my experiences as a Regional Medical Officer/Psychiatrist (RMO/P) with the U.S. Department of State (DoS). (As you know, Dr. Drell is a hard man to say no to, so I reluctantly agreed, knowing that once again I would have to face the terror of writer's block.) I would have to face the terror of writer's block.)

In this first article, I will describe my 8 years as a RMO/P with the DoS. As an RMO/P, I was a commissioned Foreign Service Officer (FSO), and thus I was simultaneously both a psychiatrist and a diplomat. (This is perhaps best subsumed under the heading of "The Most Unusual Job I Ever Had.") In the second article, I will discuss the phenomenon of Third Culture Kids (TCKs): i.e., children raised in a culture other than their parents for a significant part of their developmental years. Being a TCK, whether the child of a diplomat, international businessman, or military officer, has enormous ramifications for the development of personal identity. In a fast-changing, globalized world, many young people have unique hybrid identities. Clinicians have reported that TCKs often seem to experience "acculturation stress" when they return to the United States to attend college after many years overseas because mainstream American culture is largely unknown to them.

Of course, my interest in the Foreign Service (FS) was rooted in my youth. Burdick and Lederer's political novel *The Ugly American* had a great impact on me in the early 1960s. It depicted the gross failures of the U.S. diplomatic corps in a fictional Southeast Asian country, called Sarkhan. I came-of-age when John F. Kennedy, the creator of the Peace Corps, was president. His inspiring rhetoric called upon Americans to engage energetically with the peoples of the world, emphasizing that America's fortunes were inextricably tied to our role as leader of the free world. I was an undergraduate at Georgetown University from 1962-1966, but I didn't study in the School of Foreign Service, though it was an attractive option. The siren call of medicine was simply too strong. My father and paternal grandfather were both physicians and that ultimately determined my career choice.

I had a twenty-four-year academic career at the University of Wisconsin. For 14 years, I was Director of the Division of Child and Adolescent Psychiatry. Finally, at age 57, I was ready for a change and eager to join the FS, knowing that State had had a small psychiatric corps of officers since the 1970s. Like any major life change, my decision was overdetermined. On one level, I started to hear the "clock ticking" as I aged, knowing that there is only so much time to fulfill one's aspirations. And frankly, I had a classic case of academic burn-out that I could not figure out how to reverse. My job had become a burden with an ever-increasing workload and ever-diminishing resources. (Sound familiar!) Another factor: The 9/11 attack spurred my interest in national service. I had been exempted from military service during the Vietnam era, and I had always felt slightly guilty about that. The FS represented an

opportunity, somehow, to make amends. Fortunately, my wife, Edie, is an enthusiastic traveler. She wholeheartedly signed onto the FS adventure which would have been impossible without her companionship and support.

Let me provide a little background on the DoS and the FS. DoS is a vast cabinet level agency headquartered in Washington, DC. It has an annual budget of $47 billion. There are 13,000 commissioned FSOs, of which about 25 are psychiatrists. (There are also 11,000 civil servants which hold down the administrative fort in Washington.) State is a centrifugal, far-flung enterprise with FSOs deployed to 270 diplomatic missions in 180 countries. Remarkably, about 95 percent of the FSOs are posted overseas at any one time, with only five percent in Washington. The de-centered nature of the workforce makes administering DoS competently an extremely daunting proposition. (I heard tales, hopefully apocryphal, of Washington having lost track of the whereabouts of an individual FSO for weeks at a time--is he in Ulan Bator [Mongolia]? Or Bishek [Kyrgyzstan]? Or Luanda [Angola]?) How does the FS interdigitate with DoS? Basically, the FS is the diplomatic corps of DoS consisting of commissioned, professional officers who formulate and implement the foreign policy of the United States.

I officially joined the FS on June 24, 2002. That afternoon in the company of 100 new FS inductees, I raised my right hand and swore to "protect and defend the Constitution of the United States from all enemies, foreign and domestic." (Please note that I did not swear fealty to the President of the United States.)

The swearing-in ceremony was followed by six weeks of orientation in Washington. During that time, I was told about the all-important WAPO (Washington Post) Test: Before you make any sort of tough decision at DoS--whether policy, administrative, or even a controversial clinical one--would you feel comfortable seeing its report in the pages of the Post. In August 2002, my wife and I boarded a plane for our first posting in Pretoria, South Africa. We really had only the vaguest idea of what we were getting into, but like all neophytes, we had pluck.

During my tenure as a RMO/P, I was posted for 2 years to Pretoria, followed by 4 years in Mexico City, and finally two years in Washington as Deputy Director of Mental Health Services. By then, I was 65-years-old, and mandatory retirement (in that sense the FS is like the military) from the FS awaited me. (Incidentally, my foreign tours were much more rewarding than my time in Washington. An adage heard in the FS is that you are a diplomat overseas, but just another bureaucrat in DC. It couldn't be truer.)

What did I do as a RMO/P while posted overseas? My principal mission was to psychiatrically support FSOs and their dependents whether at my home post or the outlying regional posts. I was given considerable freedom in shaping my clinical practice. I ended up doing about 60 percent child psychiatry and 40 percent general psychiatry. While in Pretoria, I also covered 14 outlying diplomatic posts (using Pretoria as my secure base) in Southern Africa--from Angola, in the far northwest corner of the region, to Mauritius, a small island nation far out in the

Indian Ocean, at the east end. I travelled every third or fourth week to visit an outlying post. This worked out surprising well for my wife and myself. For instance, when I travelled to the embassy in Gaborone, Botswana, Edie came along with me. After completing my clinical work at the embassy Health Unit (HU), we took five vacation days to visit the world-famous Okavango Delta, one of Africa's greatest nature reserves for a safari. (If you are wondering, we paid for Edie's travel, not the U.S. taxpayer.)

The professional work I did while at post might be described as "psychiatry lite" in comparison to a stateside practice. FSOs and family members with more severe manifestations of psychiatric disorders are not cleared to go overseas until they have been stabilized in Washington, DC. For children and teens, the most frequently seen disorders were attention-deficit/hyperactivity disorder (ADHD), oppositional defiant disorder (ODD), learning disorders, adjustment disorders, depression and anxiety, parent-child relational problems, and high-functioning autism spectrum disorder (ASD). There were periodically crises when I had to step lively--like the evacuation of a depressed, suicidal teen from Pretoria back to Washington for secure inpatient care. A unique feature of my RMO/P role was the opportunity to consult with the international schools spread throughout my region. About nine percent of FS kids receive a special needs allowance from DoS so that parents can purchase professional services (e.g., speech therapy for a child with a language disorder) at post that would be roughly equivalent to those provided by their public-school district in Virginia or Wisconsin. Most international schools were eager for psychiatric input in relation to special needs youth as they had so little expertise available locally.

U.S. Embassies are by no means hermetically sealed from their host countries. I had many opportunities for contact with local people in South Africa and Mexico. For instance, one of my duties was to reach out to local psychiatrists at all the diplomatic posts I covered. I was looking for mental health providers with the skills and expertise to work successfully with FSOs and family members; the need was simply too great for me to handle all the clinical work myself. My connections with the local docs provided an entrée into the host cultures. Some of them remain friends today.

In retrospect, I realize that I had a curious relationship with the Foreign Service. I adapted, wittingly and unwittingly, by becoming a Sullivanian participant-observer. As a participant, I learned the customs, norms, and procedures of the FS, conducted my administrative and patient duties, and even managed to be promoted up the ranks. But I always held part of myself in reserve. I became a dedicated observer of FS life, a cultural anthropologist as it were. I attribute this to the fact that I did not join the FS until late middle-age when my identity, as a physician and psychiatrist, was firmly established. The majority of FSOs join in their twenties or early thirties when personal identity is much more pliable.

I made more than a few diplomatic blunders during my overseas tours. When my wife and I had settled comfortably in Pretoria, we threw a party at our house for a senior medical

My Life as a Regional Medical Officer/Psychiatrist (RMO/P) in the Foreign Service

officer, a colleague in the HU, who was departing post. I screwed up my courage and invited the Ambassador. In a moment of unguarded relaxation (incited by a little wine), I called him by his first name in public. Moments later, one of colleagues pulled me off to the side and sharply reprimanded me: "The Ambassador is never called by his first name in public, he is only addressed as Mr. Ambassador or Ambassador Smith." I wanted to dig a hole in my living room floor and crawl into it. In my defense, I was a year into the FS and had never been instructed in matters of protocol. To invoke Donald Trump, "Who knew it was so complicated."

Another faux pas occurred when I got the brilliant idea of concluding a visit to the diplomatic mission in Havana by attending an international meeting in Cuba on social aspects of psychiatry. This, of course, would likely mean professional interchanges with Cuban psychiatrists. I asked my superior in Mexico City permission to do so. Within a few minutes, the CIA Chief of Station joined the conversation. He vetoed the meeting for fear that as a FSO I would be targeted by the Cuban intelligence services. I was dumbfounded. Could I be duped or suborned by a clever enemy agent? Maybe. Nor did I understand then, at a visceral level, how utterly toxic (this was in the mid-2000s) the relationship between Washington and Havana was. As they say in Washington, I "ripped my trousers" on that one.

Paraphrasing Mark Twain, I have more stories to tell about life in the FS, some of them even true. (Beware. I may succumb to the urge to talk your ear off at the next Owls' meeting.)

My time in the FS flew by. The most stressful part for my Edie and myself was four relocation moves in eight years. At the worst moments, the FS seemed like an overexciting roller coaster ride that would never end. When I retired at age 65, the return to Madison was rough. I really missed the "Big Stage" of Foreign Service life--living in a foreign land, constant travel, meeting all sorts of new and extraordinary people in the embassies and host countries, emergency duty in Haiti immediately after the 2010 earthquake, unique vacations, representing my country to the world, etc. I still manage to have an oar in the waters of that world as my youngest son is a FSO with the United States Agency for International Development in Yangon, Myanmar. Earlier this year, we flew to Myanmar and visited him and his family for two weeks. Our granddaughters, 6 and 4-years-of age, are well on their way to becoming Third Culture Kids, the topic of the next article in this two-part undertaking.

Finally, travel well and safely, as they say in the Foreign Service!

Dr. Swift is Emeritus Professor of Psychiatry at the University of Wisconsin-Madison. He is also Emeritus Senior Foreign Service Officer, U.S. Department of State, Washington. He now resides on the small stage of semi-retirement in Madison, WI. He works part-time as a child psychiatry consultant to Sauk County Human Services in Baraboo WI, forty miles northwest of Madison. Email wjswift@wisc.edu.

Ride a Cycle - Break the Cycle: An AACAP Response to America's Epidemic of Child Developmental Decay

Douglas A. Kramer, MD, MS

Introduction

I first heard about this ride for children's mental health two years ago at the Spring Retreat of AACAP Council. Maybe it was only an idea at the time. Was it even called "Break the Cycle" during its intrauterine gestation? Nevertheless, I decided right then that I wanted to participate.

The main reason was that I wanted to support Andrés Martin, the outgoing editor of *JAACAP*. Andrés was planning something very special to raise awareness of children's mental health, devoting a huge chunk of time for a cross-country ride, and even more time and effort in training and preparation. Plus, he was going to sit on that skinny unpadded seat every day for 60 days and 4,604 grueling, ridiculous, impossible miles. The least I could do was ride a few miles in support.

Admittedly, there may have been a bit of mid-life crisis in play for Andrés as he approached the final year of his ten-year lead editorship, but these so-called crises are nothing more than opportunities for growth. They are sub-stages of Erikson's Eight Ages of Man, a series of opportunities to confront multiple "generativity versus stagnation" episodes in the service of a full and meaningful life.

The multigenerational crisis in America today

However, there is a crisis, a real crisis, in this country regarding children's mental health. It is multi-generational to the point where there are not competent parental role models in a family's memory to guide future generations. I don't even know if there is a solution – maybe not, but if there is one, child and adolescent psychiatrists need to be at the forefront of service, policy, and leadership. Child psychiatrists are the most comprehensive of all physicians today. Always with a developmental perspective, they take a biological, psychological, social, family, cultural, and sometimes spiritual approach to patients, families, and leadership positions. And child psychiatrists are physicians — the one profession that takes responsibility for the entirety of the treatment necessary for each patient.

There are economic aspects of the children's mental health crisis, but the sickness is much deeper than financial. I grew up in the '40s and '50s in a medium-sized industrial community in the Midwest. Poor people had homes, occasionally in the 'projects,' where I sometimes went to play after school, and poor children had two parents. The biggest social problem was teenage pregnancy, but almost all of those boys and girls had "shotgun weddings," and most made it work. Two years ago, incorrectly believing that I had not been overly sheltered from 21st century realities, I began working in the women's prison in Wisconsin. The patients are a mixture of small town and rural working class women — similar to the people J. D. Vance describes in *Hillbilly Elegy*, here discussed in *The New Yorker* — and poor inner city women primarily from the Milwaukee area. This *Milwaukee Journal Sentinel* investigative report, *Generation to Generation*, ought to be in the curriculum of every child psychiatry training program.

An epidemic of developmental decay

The children of the 21st century are not the children of the 20th century. I was interested initially in supporting what Andrés was doing,

Ride a Cycle - Break the Cycle: An AACAP Response to America's Epidemic of Child Developmental Decay

and doing a little cycling for a good cause. I actually do enjoy cycling distances measured in no more than two digits. What drives me now are the young men and women who as little boys and girls never had a chance. Adverse Childhood Experiences (ACEs) change the brain and body forever.

At a minimum, we need twice as many child and adolescent psychiatrists as we currently have, and a proportional number of other child mental health professionals. Our work is direct patient care, including integrated care, but our work is also designing comprehensive programs for these children, as well as training the medical students, residents, and child fellows who will implement the changes, educate the public, work with legislators, and advise the agencies responsible for the various components needed to interrupt this *epidemic of child developmental decay*.

Conclusion

That is why I made a donation to Break the Cycle, and why I am riding a few miles for the cause – hopefully generating some additional contributions by so doing. My own ride will not actually be with Andrés, but I plan to ride a dedicated distance in support of the effort.

AACAP Life Members who would like more information about Break the Cycle, visit breakthecycle.aacap.org. From this website, you can sign up to ride, set up a personal fundraising page, donate in support of someone who is riding, and more.

Let us use this opportunity to begin a Marshall Plan for America's youth! We could call it the ... Martin Plan. I'll be riding. I'll be soliciting donations through my personal fundraising page. Thus, I'll be talking about what you read above to as many people as I can. I'll be adding to the donation I already made. Please join me! Please join Andrés! Thanks very much!

Dr. Kramer is emeritus clinical professor, University of Wisconsin School of Medicine and Public Health; AACAP Council counselor-at-large; member AACAP Life Members Committee; and chair, Research Committee, Group for the Advancement of Psychiatry. Dr. Kramer may be reached at dakrame1@wisc.edu.

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(Dr. Jack McDermott, in memoriam)
Patricia A. McKnight, MD
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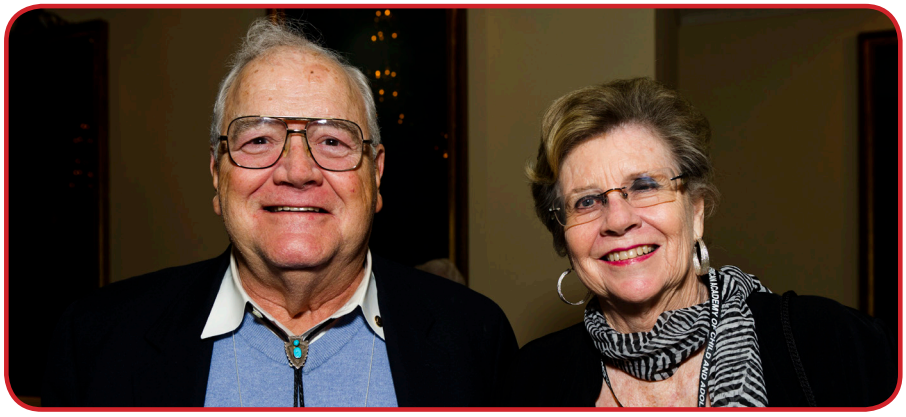
**From April 1, 2017, to June 31, 2017*

In Memoriam

John Meeks, MD
John O'Brien, MD
Harry Wright, MD

From April 2017 - July 2017

Throughout the Years...



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