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

LifeMember Owl Newsletter

October 2014 e-Newsletter

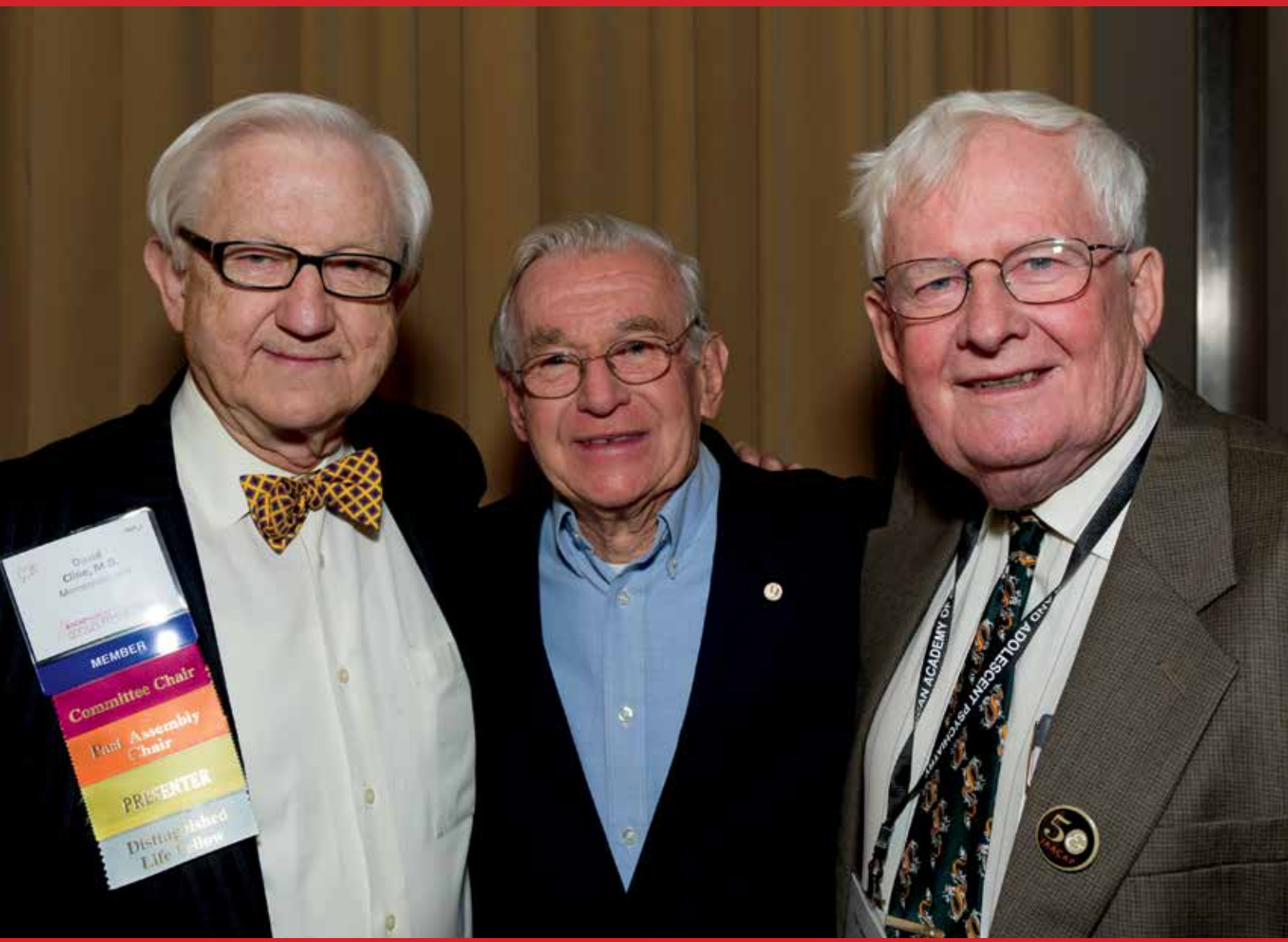

Photo by Fred Seligam, MD

Inside...

Thoughts from the Editors

Dick & Carol Gross

Leaves are beginning to change color and nights have become cool! The summer is fleeting much too fast. It has been an especially beautiful summer in New England.

While Carol and I still have a couple weeks before returning to Washington, D.C. our grandchildren and their parents are all already back to school and work. All signs of fall indicate that it is time for us Owls to anticipate the AACAP meeting in beautiful San Diego. We are looking forward to greeting fellow Owls and catching up on the year's activities in person.

We hope the content of this newsletter will hopefully inspire you to submit your reminiscences, interesting experiences, personal feelings about someone significant to you, or thoughts about an issue you want to bring to your colleagues' attention. Those of you who are still working could have other ideas about what to write as well! Submit articles to: **rlgrossmd@gmail.com**.

We have a combination of thoughts in this edition. Looking back from his recent retirement, long-time friend Bill Licamele submits his memories on his development as a child and adolescent psychiatrist. Other long-time friends Bill Bernet and Ted Petti look for your wise responses to their concerns as they write on issues meant to stimulate your thinking. Please be sure to submit your thoughts on Bill and Ted's articles for the next edition of the newsletter.

This edition cannot be completed without our expressing our thanks to our visiting grandsons Jared and Ethen. Without their computer skills we could not have prepared this edition. We hope some of you Life Members are more computer-literate than we are. Who knows how to "cut and paste," anyway?

Dick and Carol

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Calling All LIFERS!!!

The Journal of Child and Adolescent Psychopharmacology, Developmental Psychopathology and Therapeutics (JCAP) is looking for reviewers:

This is a great opportunity for Owls—especially those who are retired or semi-retired, and interested in reviewing scientific submissions, or reviewing the books we get! (Not that I expect you have tons of time on your hands – but if you have some, I can put it to use!) We will even mail you a copy of the book to keep!

If you are interested in doing either or both, please email **Gabrielle.Carlson@StonyBrook.edu** to learn more details.

Thanks!

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The Greatest Owl Show on Earth

by John Schowalter

There is no need to add a question mark to this title. It is the Academy's Annual Meeting. In our June e-Newsletter, I commented on the preliminary plans for **The Life Member Wisdom Perspective and The Owl Annual Dinner**. I will not repeat myself. These are special opportunities to love. The Academy Program Committee's entire educational menu, plus the Academy Meeting and the Local Arrangements Committee's activities, provide a range of experiences that are both inviting and exciting. So, if you are able, San Diego is the greatest place to be this month. To mix with old friends and to learn new things continues to be a winning combination, no matter what our age. For any of you who have registered or who plan to register for the Meeting, but who have not also registered for the Owl Dinner, please do so **now**. Online registration closes on October 8!

Since our creation in 2010, the most important change in The Life Member Group is happening now. As I mentioned in the March e-Newsletter, we have been elevated from being a subcommittee as part of the Development Committee to being our own stand-alone Committee. Given that there are more than one thousand LMs, this was right and proper. We have been allowed three additional Committee members, and they will come on board November 1st. They are Tom Anders, Ted Shapiro, and John Sikorski. You may not know or care who the current members are, but I will list them and please feel free to let any of us know if you have suggestions for possible new Owl flight patterns. Cynthia Pfeffer & I are co-chairs, and the other members are Ginger Anthony, Perry Bach, Jackie Etemad, Lois Flaherty, Dick Gross, Jack McDermott, Jack O'Brien, and Rick Ward.

Finally for those of you fortunate enough to go to San Diego, have safe travels and happy meetings. Also, whenever you meet any of our 15 medical student or 17 resident travel grantees, whether attending the Life Member Dinner or elsewhere, please introduce yourself and give them an Owl welcome. I've always been struck by our grantees' great appreciation, and I would guess in return for your greeting you will receive a heartfelt "thank you" for your Owl Fund generosity.

With best wishes,

John Schowalter

John Schowalter

Pearls, People, and Thanks

by Bill Licamele

My teacher, mentor, colleague and friend, Dick Gross called to congratulate me on my retirement and asked me to write an article for The Owl. I asked, "What's that?" Dick explained! Despite feeling not so wise I decided it would be a hoot to try! Here are some thoughts and memories about my developmental history as a child and adolescent psychiatrist and person.

INFANCY. I was born at an early age at 5lbs. 30oz. to a stay at home mom… (Remember those?) and a pharmacist dad who worked 14 hours a day, seven days a week. In addition, there was my now 93 year old Aunt Ida. Everyone should have an Aunt Ida, the most optimistic, caring, and active person I know.

During my third try at kindergarten (school phobic perhaps?) my new teacher Mrs. Wine taught me my first "Pearl": Meet people where they are. The principal of that school later became the Admissions Director of Fairfield University. When I got my acceptance letter to Fairfield the Admissions Director told me that he accepted me in spite of the fact I had kicked him in kindergarten. Lesson: There IS redemption!

LATENCY. When I began to work in my dad's drugstore I was taught many lessons:

1) The customer is always right.
2) Go the extra mile with all people regardless of race, religion, or economic background.
3) It's only change when someone on the street asks you for a little change.
4) The key to life: "Work hard and have fun every day." That was before I learned about Freud's key to a healthy life "to love and work."

EARLY ADOLESCENCE. I attended a Jesuit high school in Fairfield, CT where I learned about being a "Man for Others". That was a great lesson that I continued to learn at Georgetown University. In case you haven't noticed, many "good Catholics" have been very surprised by the first Jesuit pope in history! Most Jesuit trained students aren't surprised at all! At Georgetown I learned that basketball is a wonderful sport but life is about much more than just basketball; life is about academics, helping others, and making a difference in the world.

LATE ADOLESCENCE. Dr. Proc Harvey, renowned cardiologist and great teacher was one of the kindest, wisest, smartest and nicest people I ever met. "Pearl": Ask the patient and they will tell you what is wrong 90% of the time. Examine the patient; you'll get the diagnosis 95% of the time. THEN do tests.

"Pearl" from all of my GU residents: See one, do one, teach one because only by teaching do you really learn.

YOUNG ADULT. I had wonderful teachers and mentors as a resident and fellow at Georgetown:

> "Pearl," Ed Kessler: Get down on the floor with children to meet them where they are, literally and figuratively.
>
> "Pearl," Dr. Milton Rosenbaum: We are so lucky in our profession that we get to hear people's amazing stories."
>
> "Pearl," Judy Rappaport, who was my supervisor on Consultation-Liaison: On a consult, ask the patient and family "How is it going with school, family and friends?" You will have a great idea on their functioning and, perhaps, some clues to psychosomatic illness.

Also, I was supervised by Lucie Jessner, perhaps as her last supervisee. One day she told me that she thought that the patient's mother was fooling around. When I inquired of the mother, she acknowledged that she was. "Pearl": If you do not ask the patient, he or she might never tell you.

MIDDLE AGE. Thanks to all my colleagues, students, fellows and residents for teaching me more than I ever taught them. Early on in practice I referred a young adolescent patient to a hospital inpatient service. My former supervisor, Bill Bernet, with whom I later collaborated on such issues as humor and group therapy, asked me why the patient had been referred. I told him that the patient was very depressed and had anxiety and probably OCD. "Well," Bill Bernet said, "Bill, this young man has Tourette's Syndrome." I literally said, "What is that?"

At the time I had never heard of Tourette's Syndrome. Subsequently I became keenly interested in Tourette's and ran a clinic at Georgetown for seventeen years. Lesson: You can learn a lot from your mistakes if you are open to change.

Thanks to Jim McDermott and Mina Dulcan who for many years gave me the honor of reviewing articles for The Journal. They accepted the content of my work despite my spelling, grammar, and complete inability to use computers for my reviews. Thanks to Dick Cohen and his Sargent at Arms, Mina Dulcan of The ABPN who taught me that Board candidates are our colleagues and we need to be fair, cordial, respectful and organized when examining them. Thanks to my dear friends Dick Sarles and Lois Flaherty for many years of fun and hard work at the Child Boards. From them I learned to work hard at the Boards, but then to eat and drink well to share friendship. (Hmmm, my dad again - work hard and have fun every day!)

The fact that many of life's lessons were repeated to me by so many people actually got me to heed some very important ideas.

OLD (OOPS! MATURE) AGE. Thanks to all of my patients, families, and colleagues who, again, taught me much about life and overcoming great difficulties. Everyone gave me the ability to cope, move forward and accomplish many things. I will never forget an adolescent boy who wrote in his college essay that the most important thing he had ever learned occurred in second grade when a friend told him, "It's ok to eat dessert first!"

RETIREMENT. I have loved the patients and families who allowed me to work with them. I have loved my profession and the many joys it has brought me.

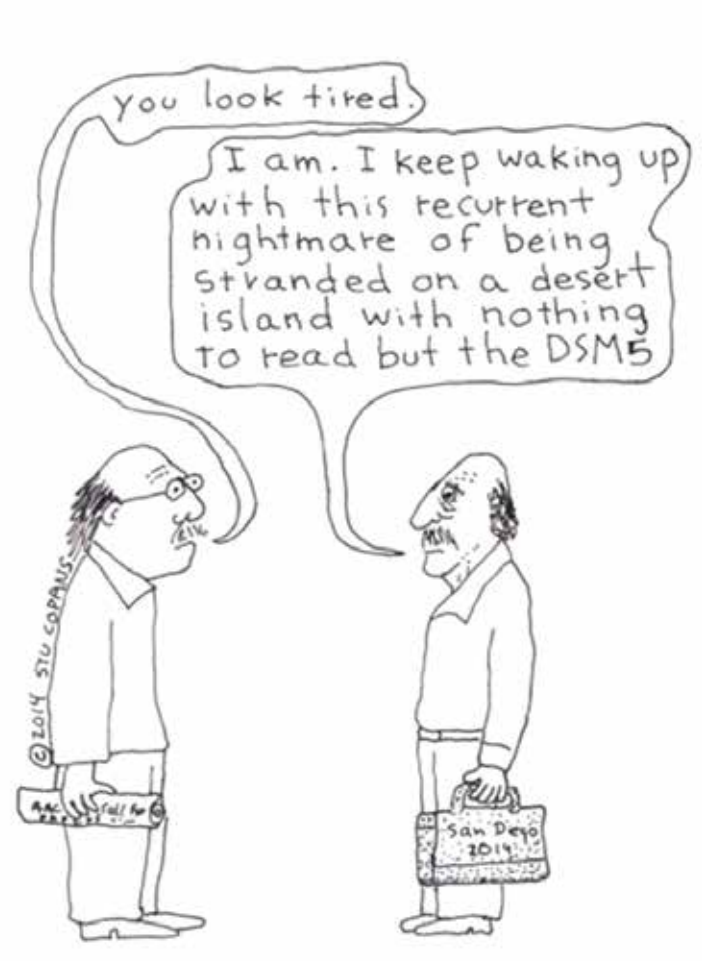
I did not like the Electronic Medical Records, the thousands of CPT codes, the insurance and pharmacy reviews. This last year I had many reviews for Ritalin-LA for patients whose pharmacy plans had changed; I spent hours on the phone to pre-approve a prescription for a college student who had been on the same dose of medicine for ten years and who was doing well on the medication…Working hard but NOT having so much fun!!

Now I am increasing my volunteer teaching at Georgetown and working with the Alumni Association. You might see me traveling around sometime with my longtime friend and colleague John Steg. Thanks to him for our time together as Fellows, Faculty and suitemates in practice for about forty years. I always cherished the many pearls in his curbside consults in the hallway. I am enjoying my three children, their spouses and our four grandchildren. Annamarie and I are NOT sure how it happened but it is very nice that everyone lives close by.

FINAL THANKS. "Pearl": It is about family, friends, relationships, working hard and having fun every day. I am so thankful for my wife, Annamarie, who allowed me to do what I wanted to do; she really raised our kids, all of whom turned out so well!! She is the key person in our family. Annamarie often quoted her mother who said that the kids didn't read the childrearing books! Our children are wonderful young adults who work hard and try to have fun every day. My family is the joy of my life; my wonderful profession is a close second.

Thanks for all the memories; I look forward to seeing all of you Owls around and having a good hoot together!

Bill Licamele, MD
Clinical Prof. in Psychiatry and Pediatrics
Georgetown University School of Medicine



Cartoon Credit: Stuart Copans, MD

Marijuana, Synthetic Cannabis and Public Health: The Time to Act is Now!

by Theodore A Petti

The status of medical marijuana (MED-MJ), the movement to legalize the use of cannabis— thus making it more available— and efforts to decrease the perception of its danger to health by teens continues to be newsworthy. However, insufficient attention is paid to the myriad issues related to marijuana (MJ) products. Cannabis products are easily available, highly dangerous drugs particularly when used by youngsters from the early ages through young adulthood. Senior child and adolescent psychiatrists have a unique and critical role to play. Many of us lived through a period when MJ use was even more prevalent than it is today. The difference was that MJ was far less potent than it currently is, that mainly older teens and young adults were the major users, and that it was not adulterated with formaldehyde, PCP, and synthetic cannabis-like drugs and synthetic MJ did not exist.

Society is arguably well past the tipping point that makes irrelevant arguments about legalization of cannabis products. Seventeen states and the District of Columbia have decriminalized MJ possession, 34 have legalized MED-MJ, with New York about to do so as well, and 2 states have legalized recreational MJ use, with 2 more states considering such.

Statistics from the annual, comprehensive "Monitoring the Future" survey and other highly credible surveys portray a worrisome, evolving picture: Over an eighth of 8th grade students using MJ, 1 in 9 high school seniors using synthetic cannabis, more than any other drug except for MJ, etc. With few if any exceptions the MJ being used is not from the stock of MED-MJ or decriminalized MJ but rather off the street, and too often laced with dangerous, unregulated substances that cause significant morbidity. Risk factors include but are not limited to seizures, agitated, uncontrolled aggression, dissociation, psychotic states, coma— and with synthetic cannabis, severe psychotic agitation, respiratory arrest, and kidney damage.

After several years of promoting the legalization of at least MED-MJ, the *New York Times* presented a more balanced portrait of the multiple facets of legalizing MJ in a recent series of articles. Consideration of synthetic cannabis is notably absent, though this issue has been discussed periodically in the paper. One *Times* editorial cited a 2014 Pew Research study that reports 54% of Americans surveyed favor legalizing MJ use and 42% opposed. The survey also found that 48% of those surveyed reported MJ use in 2013, up from 38% ten years earlier. The handwriting on the wall can't be any clearer when over half of the public is breaking the law! As a seeming afterthought, the Times urged that we must protect adolescents from the terrible side effects that MJ can cause. We know from our experience with the prohibition of alcohol, that making alcohol illegal did not adequately, from a public health perspective, protect the public from drinking. Nor as with tobacco, setting an

age limit for sales did not keep children and teens from smoking. Just the same, keeping MJ illegal has not kept youth from MJ and synthetic cannabis use.

TIME magazine to its credit did a cover story on "The Rise of Fake Pot". "It's Sold Openly in Store, Popular with Kids and Unpredictably Dangerous," the story headlined. The story was limited to Amarillo, Texas but is true across the American landscape from small, rural towns through suburbia. Pot is readily available in urban areas so its impact has been less obvious. Emergency rooms are often where the danger of MJ and the multiple, enticing forms of synthetic cannabis use are most often seen.

The AACAP has taken a position against legalized MJ. It correctly lists reasons that MJ is so dangerous. But in my opinion, this and similar policy statements are futile gestures that may make us feel good and righteous but are totally futile, fail to deal with the reality we face, and irrelevant to where the attention needs to be placed with regard to this clear and present danger to public health.

I have softly argued for many years that we must learn from the mistakes already made with alcohol prohibition and legalize MJ and synthetic cannabis such that they can be regulated, distributed, taxed, researched, and more effectively treated. My thinking has been that with the resurgence of MJ, and now synthetic cannabis' great availability and difficulty in screening for, the danger won't be easily controlled. The price we pay in youth causing irreparable damage to their cognitive and emotional development should not be allowed to persist. Youth and young adults, particularly those of color, incarcerated for long stretches of time and precluded from becoming productive members of our society whether from chronic substance use, brain damage, or labeled as felons thus unable to vote and in many cases getting meaningful employment should not be tolerated. Other well-documented adverse effects of our MJ policy will not be listed for purposes of space.

We should learn from past positive as well as negative experience. There was a highly effective educational campaign that brought down the use of MJ from much higher levels than we currently face and public education efforts that have reduced both alcohol and tobacco current use to levels below those for MJ. As AACAP Life Members, we need to become more actively engaged in the political struggle to educate our medical colleagues, other professionals, policy makers, and the general public about both the benefits and risks of MJ and cannabis use. Until we do this, the perception of youth will be shaped by the adults in their lives—many of whom may have smoked a much less potent, unadulterated pot in college or are current users.

We need to do more than proclaim that these drugs are dangerous and to use our political capital more pragmatically in mobilizing and leading the rest of medicine to deal effectively with marijuana and synthetic cannabis related issues. It is particularly important that we pressure the FDA and DEA to support research on both the appropriate use and the dangers of cannabis for recreational or medical purpose so that we can ultimately speak from a more substantial base of evidence. The complexity of our political and health care systems is reflected in these issues and represents the significant barriers to a

reasonable solution. We must become better informed and address the numerous barriers to a reasonable public health response to the present situation.

Colorado has taken a step in this direction in a way that makes sense to me by including funds for education of youth. There may be other approaches equal or better that should be tried. However, whatever happens, we need to at least have our voices ring out for a rationale and practical direction.

Theodore A Petti, MD, MPH
AACAP Distinguished Member
Professor of Psychiatry
Rutgers-Robert Wood Johnson Medical School

Parental Alienation: Orphan Diagnosis Looking for a Good Home

by William Bernet

After 20 years in the Department of Psychiatry at Vanderbilt University School of Medicine, I retired in June 2012. The University kindly made me an emeritus professor, so I still have a workspace (a carrel in an office shared with other retired faculty), access to all the University libraries, the helpful assistance of a secretary, a giant printer/copier, and the luxury of free parking. I felt good, physically and mentally, so I thought: What should I do with my days, weeks, and years?

A few years ago I decided to learn more about a topic that had intrigued me, parental alienation (PA). I had come across examples of PA while conducting child custody evaluations, and the concept made sense to me. That is, sometimes children, whose parents are engaged in a high-conflict separation or divorce, gravitate strongly to one parent (the preferred parent) and adamantly refuse to see the other parent (the alienated parent) without a good reason. It is dramatic and heartbreaking to see children and teenagers angrily denounce a parent, with whom they had a healthy and mutually satisfying relationship only a few weeks previously.

I was amazed at the amount of controversy and misinformation that surrounded the topic of PA. My friends in psychiatry told me that parental alienation syndrome had been discredited and debunked. When I testified in court regarding PA, opposing attorneys asked me if I knew that Richard Gardner, who coined the term "parental alienation syndrome," advocated for pedophilia. (In case you're not sure, Gardner did not advocate for pedophilia. He was a prolific author and wrote about pedophilia several times. For example, he proffered the notion that pedophilia may have been advantageous in terms of evolution, since pedophiles perhaps would have more offspring than nonpedophiles.) I read articles in professional journals that contended that PA did not exist in real life, but had been invented as a way for child abusers (fathers) to take their children away from protective parents (mothers). After I proposed that parental alienation should be included in DSM-5, a former president of the APA wrote in a psychiatric newspaper that parental alienation syndrome is "junk science." That psychiatrist tried to discredit our work by saying that a group of fathers, "who don't like to be interfered with when they are sexually abusing their children," petitioned that parental alienation syndrome be included in DSM-5. Is there any other aspect of psychiatry – or medical practice in general – in which one group of experts accuses another group of experts of promoting child abuse and pedophilia? (The psychiatrist who made those allegations was subsequently required to retract his statements and apologize.)

As I approached retirement, I decided to put my time and energy into setting the record straight regarding PA. That meant

making presentations and publishing papers regarding the manifestations, causes, and treatment of PA. It also meant attacking statements regarding PA that were blatantly and purposefully misleading. In order to detoxify the concept of PA, I repeatedly brought up the topic in informal discussions with colleagues and also in formal meetings, such as AACAP Council meetings and committee meetings. In recent years, PA has been addressed at annual meetings of AACAP, APA, AAPL, the World Psychiatric Association, the American Psychological Association, the International Council of Psychologists, the American Academy of Forensic Sciences, the Association of Family and Conciliation Courts, the International Society for Interpersonal Acceptance and Rejection, and the International Academy of Law and Mental Health. The results have been gratifying, in that PA is no longer considered a topic to be avoided or suppressed. The results have also been sobering, as I learned that many colleagues and friends have been personally and painfully affected by PA.

My colleagues and I published two books on this topic: *Parental Alienation, DSM-5, and ICD-11* (2010) and *Parental Alienation: The Handbook for Mental Health and Legal Professionals* (2013). We were concerned and annoyed when we repeatedly heard, "There's not enough research regarding parental alienation for it to be included in DSM-5." That's why we developed an extensive international bibliography regarding PA. Our recent book has a comprehensive bibliography of 900 articles, chapters, and books regarding PA from the mental health and legal professional literature of 35 countries on six continents. Of course, not everyone agreed with our proposal regarding PA and DSM-5. One distinguished child and adolescent psychiatrist said, "Including parental alienation in DSM-5 is a spectacularly bad idea." In the end, the words "parental alienation" are not in DSM-5, but the concept of PA is clearly stated. There is a brand new diagnosis in DSM-5, *child affected by parental relationship distress*, which appears to represent PA without actually saying so.

In order to have a more systematic approach to studying and understanding PA, my colleagues and I formed an organization, the Parental Alienation Study Group (PASG). We recently became incorporated as a not-for-profit corporation. PASG has about 160 members from 32 countries, from Chile to Malta to Japan. Several AACAP Owls are members of PASG, and I appreciate very much their interest and support. Ordinarily, I would mention them by name, but I do not want to subject them to unwarranted attacks on their reputations. If you want more information about PA or you want to join the Parental Alienation Study Group, contact me at **william.bernet@vanderbilt.edu**.

In the meantime, I suggest that AACAP Owls find a project and a mission that greatly interests them, so they have a comfortable place to roost. I have found it satisfying and rewarding to maintain scholarly activities, although at a slower pace than in the past. Also, it was helpful to forsake expertise on the broad scope of child and adolescent psychiatry, and to focus on a specific topic that I can still master. As a group, we hold a wealth of skills, experience, and wisdom that can be put to good use!

William Bernet, MD
Emeritus Professor, Department of Psychiatry
Vanderbuilt University School of Medicine

Life Members:
We can't wait to see you in San Diego!

Donate $400 (the amount of your excused dues) or more **Life Members Fund** and receive a special limited edition Owl Pin as a token of our gratitude.

Your donations to the Life Members Fund bring medical students and residents to the Annual Meeting to be mentored by your fellow owls. Together we're helping to grow the field of Child and Adolescent Psychiatry for a new generation. Visit **www.AACAP.org/donate** today! Or call Stephen at 202-966-7300 ext. 140 to learn more.

In Memoriam

Milton Fujita MD, MHA
Saint Louis, MO

Stanley Shapiro, MD
Minnetonka, MN

Ronald K. Filippi, MD
Naples, FL

If you know of a colleague who has passed away, or would like to send condolences to the loved ones of a recently deceased Life Member, please contact Membership at **membership@aacap.org**.