

This issue of *JAACAP Connect* offers a sampling of the diversity within child and adolescent psychiatry. Levy (p. 6) reviews how the default mode network, better known for its association with mind-wandering, may hold promise for the conceptualization, diagnosis, and clinical monitoring of certain psychiatric disorders in youth. Miller (p. 9) invites us to consider popular culture superheroes and their potential roles in influencing perceptions of mental illness and facilitating clinical interactions. Charoensook and Cooper (p. 13) review and discuss the literature exploring our current limited understanding of the relationship between medications used to treat attention-deficit/hyperactivity disorder (ADHD) and aggressive behavior. The authors ask, are these behaviors best thought of as medication-related adverse events? Finally, Zelenak and Getz (p. 19) provide a clinically relevant update of several new stimulant prepara-

tions for the treatment of ADHD, outlining characteristics that may prove advantageous in particular clinical scenarios.

Particularly given the summer season and its accompanying cadres of new trainees and graduates being equally welcomed into our field, I thought I'd forgo a more typical introduction and, instead, share the one that Professor Richard Livingston prepared to welcome this year's new child and adolescent psychiatry residents to the University of Arkansas for Medical Sciences. *Connect* is proud to publish his comments here for the first time. Given the breadth of our work as mental health professionals working with youth, we really do have what Livingston aptly calls "the coolest job in the world."

– Oliver M. Stroeh, MD, Editor, *JAACAP Connect*

The Coolest Job in the World

Richard Livingston, MD

My class from Little Rock Central High will celebrate our fiftieth reunion this fall. After completing college and a Teacher Corps program, I became a biology teacher at my alma mater. I had considered medical school, but frankly was tired of the student role.

One academic year, "G," one of my high-achieving sophomores from the last class hour of the day, missed a couple of days of school in the fall. I heard from another teacher that, while on a hunting trip, G had tripped on a root, accidentally discharged his rifle, and killed his best friend. The day he returned to school, he lingered after class and seemed to want to chat, volunteering to help me set up lab for the next day. Thereafter, most days for about a month, he hung around. I listened a lot. The content he shared only got really serious once or twice. He went back to his normal routines, and a couple of weeks later, he left me a note of thanks. It

ended, "I know hanging around with you helped me. I have no idea how or why. But, thank you."

Being a science geek, I tried to read up on the science of helping relationships. What was readily available was kind of interesting, but seemed, well, not very scientific. But, when I decided to apply to medical school, I was already considering child and adolescent psychiatry. (By the way, G is still doing well in the world.)

The first year of medical school included full-immersion laboratories and hundreds of lecture hours. I remember three specific lectures. One was the physiology of flatus; one was the physics of coronary artery narrowing. The third was titled "Multiple Causality," by John Peters, the first child psychiatrist at the University of Arkansas for Medical Sciences (UAMS). Dr. Peters explained that, when he was trained, every psychiatric