Southern California

PSYCHIATRIST

Volume 60, Number 1 September 2011 Newsletter of the Southern California Psychiatric Society

President's Column

9/11: Where Are We Now?

Mary Ann Schaepper, M.D.

Yesterday I boarded a US Airways Flight to Ohio at 6:30am on September 11, 2011. Security was thick in the airport; passengers were tired and quiet as we buckled up. The stewardess started the safety talk, and I looked at the person beside me. He was reading the LA Times headlines, '9/11, TEN YEARS AFTER'. As he turned the pages I read the subtitles 'A Legacy of resilience and fear', 'Get smarter on security', 'Amends to Iraq', 'All that we have lost', and 'An even bigger threat'. In the Reader's Section the question "Where were you?" had been asked. Interviewees ranged from a new employee on the 79th floor of the South Tower to an adolescent at intermediate school in Santa Ana, California. All interviewees expressed that having witnessed that day, directly or indirectly, that 'Nothing would ever be the same'.

Where were you? What was your experience?

I remember awakening to a call from a colleague in the local ER. "Wake up and turn on your TV. The Twin Towers in New York have been hit!" I watched with horror. Were the people being evacuated? How could this be happening? Most of us saw the tragic scenes in New York City, in Washington, DC and in Pennsylvania played over and over again. All flights were grounded. America was paralyzed and in crisis.

In the following days heroes emerged everywhere. Mayor Giuliani showed tremendous compassion and competence in his response. He sought guidance from psychiatrists in New York City to deal effectively with the emotional trauma. President Bush assured Americans they would be protected. Firefighters, policemen, mental health specialists, churches, political and community leaders, volunteers and individuals all came together, united, to surround the victims and their families.

The APA leadership and membership responded rapidly with generous giving of expertise and care. Programs for emotional trauma were offered, training programs focused on educating residents in trauma relief, our military members and Veterans Administration membership went to work to prevent and treat acute stress disorder and post traumatic stress disorder.

So where are we now?

This decade has challenged us with unbelievable natural and man-made disasters including economic and political ones. I hear daily stories of loss from adolescents whose parents have lost their jobs, their homes and their marriages. We are working relentlessly to ensure that the promise of parity is fulfilled: supporting full parity (i.e. expanding to all DSM disorders) in

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Jim Beall's legislation; supporting extension of Parity to a broader arrange of treatments for autism; working to educate the California Health Exchange board to the mandates in both state and federal parity laws that will apply to the new insurance market under the ACA. Mental health care providers, including hospitals are challenged with reimbursement woes, strategizing how accountable care organizations (ACO) will affect their bottom line all while striving to deliver quality mental health care. Our seven psychiatry residency training programs are implementing national duty hour and supervision regulations, which are making "out of the box" thinking absolutely essential.

Of most urgency is the elimination of the state Department of Mental Health. Leveling the leadership may be a strategy in management. We at SCPS demand transparency. We want to collaborate and partner in developing a just, excellent and viable mental health system, capable of addressing the ever growing burden of fear and uncertainty in the population. Please read below in the newsletter the Statement of Principles for Administrative Re-organization of Healthcare Services prepared by the California Psychiatric Association (CPA) Government Affairs Committee, which our members participated in. Our challenge is to come up with sustainable, meaningful solutions regardless of our state's economic limitations.

Where are we going? What is it going to take?

It takes all of us, with all our strengths and expertise to transform our current system. Our members on the government affairs (GA) committee along with CPA lobbyists are working tirelessly to be the voice of patients and practitioners in this time of change. Our membership spans all practice settings, populations, and expertise in mental health. With each of you communicating to SCPS the needs of your patients and systems of care, while being willing to come up with innovative solution we will continue to not only be resilient, we will continue to serve our constituents with honor.

Statement of Principles for Administrative Re-organization of Healthcare Services*

1. Mental Health Services should retain coherence and strong leadership.
2. Mental Health Services should report directly to the Health & Human Services Agency.
3. Mental Health Services, and health services generally, should maintain institutional support for physician leadership.
4. Mental Health Services should have a psychiatrist director, preferably with addiction medicine experience, selected with stakeholder involvement.
5. Alcohol and Drug Programs should be merged with Mental Health Services.
6. State Hospitals should remain a component of Mental Health Services or, at minimum, maintain continuous service coordination.
7. Any separate department of state hospitals should maintain institutional support for physician leadership and have a psychiatrist director.
8. Mental Health Services planning must maintain stakeholder engagement.
9. All state agencies and departments must develop regulations with transparency and public accountability in full compliance with the Administrative Procedures Act.
10. California Mental Health Planning Council & Mental Health Services Act Commission mission, functions and composition must be re-evaluated.
11. The fate of all DMH functions must be monitored to ensure that valuable services are maintained and improved.
12. Services provided by the Healthy Families program must be maintained in the contemplated merger of this program with Medi-Cal.
13. Integration of mental health and alcohol and drug services with general medical services is established policy of the California Psychiatric Association.

Adopted by CPA Council June 18, 2011.

Letter from the Editor

Dateline: Paris

Colleen Copelan, M.D.

Nous sommes en vacance. We're on vacation. I feel I owe everyone a report, so here goes.

Paris is a wonderful city and the people are cheerful, friendly and helpful--contrary to reports you may have heard in years past. And most Parisians let me stumble with my French rather than rolling over me with their---almost universally---better English.

Gasoline costs twice as much so cars and trucks are half as big. I only saw one genuine SUV in 10 days! Like New York, Paris is densely populated city with good public transportation. Unlike New York, bicycles are common and can even be rented one place and left another. We saw many men in business suits and women in skirts---and heels---maintaining dignity, balance and aplomb in the notoriously freewheeling Gallic traffic.

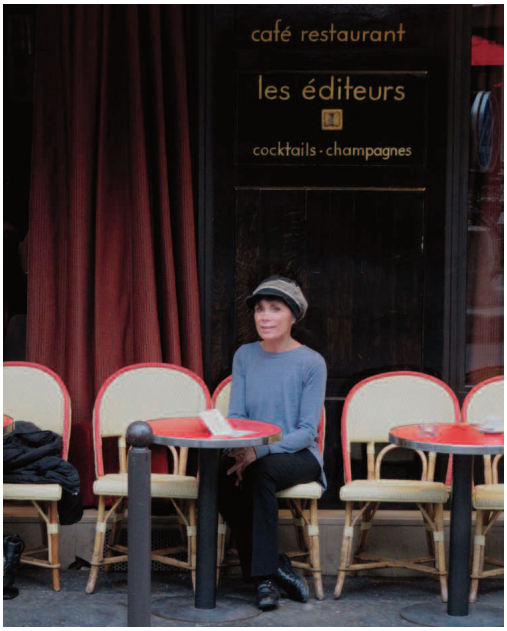
Cigarette smoke seems everywhere, but it's not. France banned indoor smoking in public places including finally---by January 2008---bars and cafes. But people---especially young people---smoke at the ubiquitous sidewalk tables, and plenty more smoke while walking. Ironically, the government has a monopoly on cigarette manufacture and also pays---more than it makes---for the related health problems.

It was Jean Nicot who introduced the drug to France and to whom we owe the term nicotine. And cigarette is, well, French.

Haute couture is très, très chic, and très, très expensive. Little bookstores are everywhere. Evidently the French have not heard Amazon---and I didn't tell them!

On a final, sadder note, the Francs are gone. Everything is Euro, and sadder still, they're much bigger than dollars.

We'll be back soon. I'll show you the pictures. cocopelan@aol.com



Save the Date!

SCPS' Premiere Psychopharmacology Update
Saturday, January 28, 2012
The Olympic Collection, west Los Angeles

Speakers:
Thomas Strouse, M.D.
Mark Rapaport, M.D.
Deborah Yaeger, M.D.
Lorrin Koran, M.D.
John Oldham, M.D.

Technology, Professionalism and Psychiatry

Saturday, October 29, 2011
The Olympic Collection
11301 Olympic Blvd.
Los Angeles, CA 90064
310-575-4585

8:15 a.m. - Registration, Continental Breakfast, Booth Exhibits
8:55 a.m - Opening Remarks

9:00 a.m. - **Psychiatry in the Facebook Age, Friendly or Unfriendly - John Luo, M.D.**
Physician Informaticist, UCLA Health System; Associate Clinical Professor of Psychiatry, Semel Institute for Neuroscience and Human Behavior, Department of Psychiatry
This talk will highlight the boundary and ethical issues with regards to social media and professionalism in the age of Facebook, blogs, and physician ratings. Clinicians will learn about privacy issues on the Internet and how to navigate this new frontier.

9:30 a.m. - **Use and Abuse of Technology: Impact on Behavior and Development - Kaveri Subrahmanyam, Ph.D.**
Professor, Department of Psychology California State University, Los Angeles; Associate Director, Children's Digital Media Center @ Los Angeles (UCLA/CSULA)
This talk will focus on adolescents' and emerging adults' use of newer forms of digital technologies. After briefly surveying the digital landscape, I will examine the issue of extreme and excessive technology use, with a focus on four areas (1) online gaming, (2) online relationships (communication), (3) virtual sexual behavior, and (4) online gambling. In the second part of my talk, I will describe other implications of youth technology use – including risks, such as cyber bullying, stranger interaction, predatory adults, sleep interference, access to aggressive content, and new opportunities including access to health resources, and beneficial interactions with strangers. I will show that like any other tool, technology, can be used in both positive and negative ways.

10:00 a.m. - **Clinical Virtual Reality: A Brief Review of the Future! - Albert "Skip" Rizzo, Ph.D.**
Associate Director, Institute for Creative Technologies; Research Professor, Dept. of Psychiatry and School of Gerontology, University of Southern California
This presentation will provide an overview of the many forms of Virtual Reality that have been applied across a diverse range of clinical disorders and research questions. I will start with an overview of the use of VR for Exposure Therapy for anxiety disorders, addictive behaviors and with OIF/OEF military personnel with PTSD. This will be followed by brief overviews of research and clinical applications of VR for cognitive assessment/rehabilitation, motor rehabilitation, pain distraction and social interaction. The social interaction overview will conclude with the detailing of an emerging project area that involves the creation of artificially intelligent virtual human "patients" for clinical training and as online healthcare support guides.

11:00 a.m. - Break

11:15 a.m. - **Open mHealth – Envisioning the Future of Mobile Health - Michael Swiernik, M.D.**
Senior Director of Medical Informatics, UCLA Health Sciences
Open mHealth is a novel concept for the design and implementation of mobile phone-based mobile health solutions, and this talk will discuss the potential for improving health and wellness that Open mHealth has. Open mHealth is comprised of standardized, available interfaces used as the framework for mHealth applications that can support a wide variety of solutions in a variety of settings. Dr. Swiernik will discuss several use cases for Open mHealth, as well as progress that is being made in mHealth, and Open mHealth in particular.

11:45 a.m. - **The Use of the Internet and Mobile App-based Technology in the Treatment of Anxiety Disorders - Alexander Bystritsky, M.D., Ph.D.**
Professor of Psychiatry and Biobehavioral Sciences; Director, Anxiety Disorder Program, The Semel Institute for Neuroscience and Human Behavior Stewart and Lynda Resnick Neuropsychiatric Hospital David Geffen School of Medicine University of California, Los Angeles
Jason Eric Schiffman, M.D., M.A., M.B.A.
Chief Resident, UCLA Anxiety Disorders Program, Editor in Chief, Anxiety.org, Stewart & Lynda Resnick Neuropsychiatric Hospital, David Geffen School of Medicine at UCLA
Use of the internet as a medium through which to provide mental health care presents new challenges and opportunities. Among psychotherapies, Cognitive Behavioral Therapy (CBT) may be particularly well suited for internet delivery, and several recent studies have demonstrated the efficacy of internet-based CBT in the treatment of depressive and anxiety disorders. As a next step, the integration of mobile-app technology into internet-based CBT programs will allow patients to "take their therapy with them" and may help to improve treatment outcomes.

12:15 p.m. - 1:00 p.m. - Booth Exhibits

Overview:
SCPS is pleased to present a distinguished panel of experts to address topics of practical importance for clinical practice. The program begins with an overview of boundary, ethical, and privacy issues as they relate to social media. The second presentation addresses the use and abuse of digital technology and how youth behavior and development may be affected. The next presentation reviews the multiple applications of virtual reality to clinical work and research. Following the break we will hear about the potential of Open mHealth: the use of mobile phone based treatments to improve health and wellness. The program rounds up with two presentations on highly specific clinical interventions: the first on the use of the internet and mobile app-based technology in the treatment of anxiety disorders and the second on the internet delivery of Cognitive Behavioral Therapy.

Objectives:
At the end of this seminar, participants will: 1) Gain understanding of professional boundary, ethical, and privacy issues in relation to social media. 2) Learn specifics as to how digital technology is affecting youth, behaviorally and developmentally. 3) Identify future directions of treatment via the application of virtual reality. 4) Understand Open mHealth as a novel concept for the design and implementation of mobile phone based mobile health solutions. 5) Learn how the use of the Internet and Mobile App-based technology can be used in the treatment of anxiety disorders. 6) Gain familiarity with the use of the internet for delivery of Cognitive Behavioral Therapy.

The Southern California Psychiatric Society (SCPS) is accredited by the Institute of Medical Quality/California Medical Association (IMQ/CMA) to provide continuing medical education for physicians. SCPS takes responsibility for the content, quality and scientific integrity of this CME activity.

SCPS designates this educational activity for a maximum of 3 AMA PRA Category 1 Credit(s)TM. Physicians should only claim credit commensurate with the extent of their participation in the activity. This credit may also be applied to the CMA Certification in Continuing Medical Education.

To register, folow this link for brochure:
http://www.socalpsych.org/TechMeeting-Brochure.pdf

Guest Article: To be included

Raymon Reyes, M.D., President, NCPS

My family returned to the Philippines in 1958. Being an anaesthesiologist at that time in the Philippines meant my father spent time explaining the discipline to medical graduates who neither knew nor understood that medical specialty. A few years would pass until his professional identity would achieve full expression. Meanwhile he maintained lifetime AMA membership.

1983 I was home in San Francisco having just completed my medical studies. One of the rejection letters I received from a prospective residency went like this, “Mr. Reyes: at this time this university is not offering residency training positions to foreigners.”

The U.S. Air Force hired me in mid-1985 when I finished my transitional internship. In eleven years on active duty the issue of where I attended medical school never arose and I was never challenged on my professional credentials.

From late 1989 through 1997 I was an Air Force AMA delegate, first to the Residents’ Section, later the Young Physicians Section. Even after a year on the YPS’ Governing Council we did not qualify for a seat in the House of Delegates, the so-called “Big House.”
Belonging to various Sections, representing minorities, foreign medical graduates, members in training and early career physicians made it abundantly clear what inclusion and exclusion were all about.

Inclusion and a service mentality inform my presidency in this organization. Some might ask why I find it important to extend opportunities for participation and leadership to “underrepresented” members: women, IMGs, LGBT, psychiatrists in recovery and in particular to younger physicians. The idea is to strengthen NCPS in such a way that, perhaps in a decade or so, no one will need to say, “This Filipino president-elect” or “that trans MIT with an illness.”

Surely these changes will evolve gradually and not occur overnight. Asking to increase the number of Resident Councilors is one aspect of this initiative. One need only look at a picture of our current Council to appreciate the diversity that is one of our strengths.
Somehow I hope we can use images like these to capture the imagination of new and retained members as if to declare, “You will need to find your voice. You, too have something very important to contribute.”

Events rather than individual will define presidencies. Shakespeare reminds us how “the good is oft interred with their (our) bones.” Five years ago when I was treasurer it was uncertain whether NCPS would continue existing. It’s my hope to celebrate Psychiatry by inviting any and all who might contribute to its identity.

Don’t forget the LA NAMIWalk on October 1, 2011 at the 3rd Street Promenade.

To join SCPS’ walkteam go to:

http://www.nami.org/namiwalks11/LOS/scpssuperteam

The New APA-Endorsed Medical Malpractice Program

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FOR IDIATE RELEASE
September 9, 2011

Contact: Bill Brenneman
(951) 955-7123
bhbrenneman@rcmhd.org

- News Release -
MEDIA CAMPAIGN TO FIGHT STIGMA AND DISCRIMINATION

"It's Up To Us" – every one of us – to speak up, read up and step up for those who are experiencing mental health problems. This is the call to action of the media campaign launched by the Riverside County Department of Mental Health. The goal of the "It's Up to Us" campaign is to reduce stigma and discrimination, the main barriers that prevent people from getting the help they need.

One in four adults and one in five children suffer from a mental health disorder, but fortunately more than 80 percent of people affected can recover and lead active and healthy lives with the appropriate treatment. In fact, about 41,470 children, adults, and older adults benefit from county mental health services each year. It is estimated that many more are in need of help, but don't seek help as a result of stigma and discrimination. "People are afraid of losing their job and friends, or they fear that they will bring shame to their families. Stigma and discrimination also prevent many people living with mental illness in the county from pursuing life opportunities such as a job, home, family and hobby," explains Bill Brenneman, Mental Health Services Act Manager, Riverside County Mental Health Department.

Campaign messages encourage individuals to talk openly about mental illness, recognize symptoms, seek help and support those who may be experiencing mental health challenges. "Support from friends and family as well as opportunities to work or have a place to call home play essential roles in the road to recovery and staying well. We want to initiate a change in the way people perceive and behave towards those experiencing mental illness in our communities," continues Brenneman. "Almost every one of us knows someone experiencing mental illness – a friend, neighbor, teacher or co-worker. It is no different than having diabetes, heart disease or cancer – to recover people need appropriate treatment and, just as importantly, support from their family, their friends and their community. But stigma makes it that much tougher to seek help and begin the road to recovery."

English and Spanish messages will appear in television, radio, newspapers, billboards, movie theaters, bus shelters and buses throughout the county; social media, online advertising and community-based outreach will also be utilized.

The campaign is utilizing research, messages and materials from the successful "It's Up To Us" media campaign implemented in San Diego County, which has shown promising results in increasing help-seeking and reducing stigma related to mental illness.

The campaign is funded by the Mental Health Services Act, a millionaires' tax which specifically designates funds for mental health services. The measure was approved by voters in 2004.

Help is available by calling the county's CARES Line at (800) 706-7500. Information about the campaign can be accessed at www.Up2Riverside.org

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Informed Consent[i]

Kristen Lambert, JD, MSW, LICSW

One fundamental legal issue in psychiatry is that of informed consent. Informed consent is an interactive process culminating in an agreement between a patient and a physician on a particular course of treatment. This process spans across all medical disciplines, including psychiatry.

A claim for failure to obtain informed consent can be alleged in malpractice cases against psychiatrists. Failure to obtain informed consent occurs when a physician does not provide adequate information to the patient to allow him to make an informed decision. The patient must show that if adequate information had been provided, he would have made a different decision.

The informed consent process provides legal protection to psychiatrists when faced with a failure to obtain informed consent claim. Additionally, psychiatrists should embrace the informed consent process as a way to demonstrate concern for their patients. A well-performed consent process will make patients feel both informed and involved in their care and may help avoid a claim.

It is generally accepted that it is the physician's duty to obtain the informed consent from each patient for each recommended course of treatment. To satisfy this duty, the physician must disclose sufficient information in each of the following areas:

The patient's diagnosis;
The patient's prognosis;
The proposed/recommended treatment;
The risks and benefits associated with the proposed/recommended treatment;
Alternative treatments;
The risks and benefits of the alternative treatments and;
The risks of the forgoing treatment should the patient refuse.

Note: If you are recommending medications which are FDA approved but have black box warnings or the medications prescribed are considered "off-label," this should also be thoroughly discussed with the patient. The risks and benefits associated should be discussed and you should document that the patient is aware of the warnings associated with the use of the proposed medication.

Minors

When treating minors, these same steps should be discussed with the parent or guardian. Consent should be obtained from the person who is legally responsible for the minor. If the minor is of such an age and maturity that he would understand the proposed treatment and the risks/benefits of the proposed treatment, the physician should also discuss these issues with the minor as well as the parent/guardian. Involving the minor in the treatment decision process is critical to forming an alliance with the patient and allows him to express his wishes despite his legal inability to choose.

Special Situations

There are other special situations which should be disclosed to patients and also require his informed consent. These situations include: the use of students, audio recordings, the taking of any photographs or videos or any experimental treatment including clinical trials or institutional review board consents.

Documentation of the Informed Consent Process

In litigation, when dealing with a claim for failure to obtain informed consent, usually the context of the documentation is what is at issue rather than the format of the documentation itself. Documentation of informed consent should be included in the medical record either in a separate consent form or within the medical record itself. Although informed consent documentation is evaluated on a case-by-case basis, generally the amount of documentation provided parallels the amount of protection gained.

The informed consent process spans the entire continuum of care. As such, the informed consent process is crucial in protecting you from liability in the event that a claim is brought against you. This process should not be taken lightly and is an important step in the overall treatment of the patient.

Author Profile: Kristen Lambert, JD, MSW, LICSW is the Vice President of Healthcare Risk Management for AWAC Services, a Member Company of Allied World Assurance Company. She leads risk management services for psychiatrists who are Allied World policy holders and has a background in litigation and clinical social work.

[i] This information is not intended to be and should not be used as a substitute for legal advice. Rather it is intended to provide general risk management information only. Legal advice should be obtained from qualified counsel to address specific facts and circumstances and to ensure compliance with applicable laws and standards of care.

2012 dues bills will be mailed October 1, 2011. Memberships may be something one considers during these stressful economic times. Likewise, more is at risk for your profession and your patients. Organized psychiatry (APA, CPA, and SCPS) has your back, but the organization is only as strong as the members it supports.

We hope that you will happily renew your membership. Please contact the SCPS office, or any of the Council members, if you would like more information about our ongoing efforts on your behalf.

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Positions Available

MEDICAL DIRECTOR - $121,052 – $221,234
Santa Barbara County - Alcohol, Drug & Mental Health Services Department (ADMHS): Santa Barbara County seeks a highly qualified psychiatrist to serve as Medical Director. ADMHS and a network of community-based organizations (CBOs) provide treatment, rehabilitation and support services to over 2,500 children and adolescents and 5,000 adults each year. This position leads and supervises the Department's overall clinical and medical care, including the work of over 20 psychiatrists. **Go to** www.sbcountyjobs.com **to see the full job description and apply. Contact Wendi Brown at 541-858-0376, or email at** wendi@wbrowncreative.com **with questions.**

Space Available

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SCPS website address: www.socalpsych.org

Southern California PSYCHIATRIST, (ISSN #10476334), is published monthly, except August by the Southern California Psychiatric Society, 2999 Overland Ave., Suite 208, Los Angeles, CA 90064, (310) 815-3650, FAX (310) 815-3653. The $30 for annual subscriptions to the Southern California PSYCHIATRIST for members is taken from member's dues; subscriptions to others are $30 annually or $3.50 per individual copy. Periodical rates are paid at Los Angeles, California and additional mailing offices.

POSTMASTER: Send address changes to Southern California PSYCHIATRIST, Southern California Psychiatric Society, 2999 Overland Ave., Suite 208, Los Angeles, CA 90064. Requests for subscriptions should be mailed to Southern California Psychiatric Society, 2999 Overland Ave., Suite 208, Los Angeles, CA 90064.

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