

PSYCHIATRIST

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Newsletter of the Southern California Psychiatric Society

President's Column

Signs that Stigma is Diminishing?

Joseph Simpson, M.D.



It goes without saying that stigma is a huge challenge in the mental health field. In recent years there have been a number of efforts by government agencies and private groups (including the APA and a number of other not-for-profit entities) to combat stigma and to reduce the public's ignorance about mental illness, which is both cause and result of that stigma. However, with all due respect to these approaches, the effectiveness of Public Service Announcement-type messages is often fairly limited.

What really drives changes in the attitudes of the public is often much more indirect - culture in general and so-called "pop culture" in particular. Recently, discussions of mental health conditions, symptoms and treatments have begun to enter popular culture in a more organic way. For example, on the venerable "Saturday Night Live" comedy show, one of the regular performers is Pete Davidson, a young comedian whose New York City firefighter father was killed on September 11th, 2001. Mr. Davidson has spoken publicly about his real-life mental health issues in interviews as well as in comedy routines on the show.

Even casual consumers of American popular culture would have no difficulty identifying many other examples of mental health being discussed in a more frank and realistic way in the past few years, with a reduction of the wild exaggerations, outright falsehoods, clichés and stereotypes so commonly seen in past decades. Though controversial and perhaps flawed in its portrayal of mental illness, the movie *Silver Linings Playbook*, starring Bradley Cooper and Jennifer Lawrence, was a box office hit. On the long-running Showtime series *Homeland*, the main character, played by Claire Danes, is a brilliant CIA agent with bipolar disorder who can become delusional when she stops her medication. Television comedies such as "The Unbreakable Kimmy Schmidt" (Netflix) and "Crazy Ex-Girlfriend" (broadcast on the CW Network (and incidentally, created by and starring a Manhattan Beach native)) feature topics such as PTSD and borderline personality disorder. In the past six years, blogger Jenny Lawson has had two *New York Times* No. 1 bestsellers with humorous autobiographical books that prominently feature her challenges with depression and anxiety (*Let's Pretend This Never Happened* and *Furiously Happy*).

The willingness of people to speak honestly about their mental health symptoms, of the "gatekeepers" in the entertainment industry (i.e., producers, editors, and so on) to market those discussions, and of the public to consume them seem to bode well for future strides in the public's understanding of our field and, as importantly, the gradual disappearance of the still-powerful stigmas that surround it.

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I am certainly not suggesting that mental health professionals or government agencies should suspend their efforts to combat stigma on the assumption that changes in popular culture will be sufficient. But consider this example from the last century: in the 1930's and 1940's the Ku Klux Klan was on the rise in many parts of the U.S. In 1946, the popular radio show *The Adventures of Superman* featured a story arc in which Superman battled the Klan. As a result of those episodes, the mystique of the KKK was significantly eroded, and to many people, including some who may have once considered joining, it now appeared ridiculous. This is a simple but powerful example of the great influence that entertainment can wield on a society. In the Superman vs. the KKK case, it was a positive influence. Although it is still early, it seems as though a growing trend towards more realistic and humanizing portrayals of mental illness and treatment in entertainment media could also have a positive influence on society. For those of us who may be connected to the entertainment field in some way, it would seem that now there is a great opportunity to offer advice, support and encouragement to the creators of entertainment "content," as the battle against stigma continues.

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“Do you think I am going crazy?”

By: Matthew Goldenberg D.O.

SCPS Newsletter Editor



“Does this make me crazy?” or “Are you worried about it too?” Questions like these are being asked of me by my patients more and more. From school shootings, to President Trump’s executive orders, to The Wall, to possible nuclear war with North Korea... the list goes on....

It is typical for a patient who is new to my practice to come in for an initial consultation. Some report increased anxiety since November 2016, and on a near daily basis, report experiencing negative and intrusive thoughts, fears about their safety and security, and depression and sadness. These symptoms are often triggered by watching the news, and worsen when discussing politics with friends. The sudden onset of these symptoms have occurred upon waking up on November 9th, 2016 to find out that then presidential candi-

date Trump had won the election.

This is just one example of types of symptom complaints that my patients have described over the last 18 or so months. Diagnosing them with dysthymia, an anxiety disorder [unspecified], panic attacks or an adjustment disorder was part of our training as psychiatrists.

What my training did not prepare me for is how to handle the common questions I get from these patients. “Do you think I am going crazy?” “Do you ever worry about the future?” “I don’t know what your politics are but it would be reassuring to know that you too are concerned about us going to war again...” etc...

It seems obvious to me that our most vulnerable patients, those who are LGBTQ, immigrants, “brown”, in lower socio-economic states and the elderly (who may be on fixed incomes and dependent on government assistance) are those that seem to be the most impacted. There seems to be a noticeable rise of [white supremacy](#), anti-immigrant, [anti-Semitic](#), anti-minority and anti-gay/lesbian rhetoric and [hate crimes](#). With the 24-hour news cycle it is impossible to avoid [these types of stories](#).

We are trained to be empathic, supportive and reflective psychiatrists. I remember learning in residency not to reflexively say “I’m so sorry to hear that” when a patient discloses they have suffered from death or loss in their life. The rationale is that the patient might be happy or relieved the person has passed and they should feel safe to express their true feelings, without the common social constraint of a reflexive expression of condolences. Once the patient expressed their sadness and bereavement, we are then trained to help them work through their grief. Additionally, I learned in residency training that unlike an untrained friend or family member, our work is to be done with boundaries, careful documentation and without unnecessary self-disclosure.

However, self-disclosure is often invited or encouraged by our patients. Disclosing our personal worries and concerns with the current political climate (if we have such concerns), could be reassuring to our patient. It may help to build rapport and provide a supportive therapeutic environment. On the other hand, patients can get that type of support from any layman. Conversely, a psychiatrist who feels comforted having President Trump leading our country may want to reassure their patient that everything is okay. Either way, we know that if reassurance was enough, our would likely not need to see a psychiatrist. So self-disclosure alone, is likely not to be the magic bullet our patients are looking for.

Some psychiatrists likely feel more comfortable than others in providing self-disclosure of this type. An even more difficult question to answer is when a patient asks “what do you think is wrong with President Trump?” or “do you think Present Trump is crazy [has mental illness]?”.

Honestly, I do not have the answers here. The increased request of my patients to offer self-disclosure and pro-

fessional assessment of President Trump has me thinking... what would Dr. McLoone my psychiatry residency program director say?

I am eager to hear if others are getting these types of questions from their patients and how are you handling them?

If you are open to sharing please send your comments to my email below...

Email: docgoldenber@gmail.com

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Caring for Immigrants

by: Nubia Chong, M.D.,

PGY3 Harbor UCLA Medical Center, Department of Psychiatry



According to the U.S. Census Bureau, about 1 in 7 people, are foreign-born (1). Los Angeles County more than doubles this national average with a striking 36.5% of its population being foreign-born, and approximately half of these residents are undocumented (2). To provide the most effective treatment to patients in this large group, their unique experiences and stressors should be considered as part of providing culturally competent care. Pulling from my personal experience as an immigrant, my clinical experience with this population at Harbor UCLA, and my experience with Public Counsel providing pro bono psychiatric assessments for asylum seekers, I've learned it can be helpful for psychiatrists to take into consideration changing immigration policies while understanding the process of immigration.

Immigrants comprise a vast range of ethnicities, cultures, and experiences that require a diverse set of skills in the practice of psychiatry. Their legal situation can vary as well; they can be undocumented immigrants, refugees or asylum seekers, or voluntary immigrants who come to join relatives already settled in the United States. Even the term "undocumented immigrant" comprises people in a variety of situations: people who are being held in a detention center; asylum seekers who received an adverse decision on their application; people who legally entered and remained after their visa or permit expired; people who used fraudulent documents to enter the country; and people who were smuggled or trafficked into the country (3). Understanding these diverse immigration categories helps better guide clinicians in what questions to ask and can certainly aid in developing trust and rapport with patients.

The immigration process is itself stressful, and an essential factor to consider when assessing trauma and sources of stress in this population. Common stressors experienced during the immigration process include pre-migration stress (e.g., failure to succeed in the country of origin, trauma in the land of birth), and in-transit trauma (e.g., dangerous border crossings, violence, and abuse) (4). Significant stressors continue even after the immigration process is complete. Immigrants must often endure separation from their family and support system while simultaneously confronted with learning to navigate a new environment with a foreign language and new customs. After arrival into the United States, immigrants face challenges of acculturation, limited resources, employment issues, change in socio-economic status, and discrimination (5).

Acculturation is a dynamic process that begins when immigrants who have grown-up in one cultural context start to re-establish themselves in another one (6). During this process, immigrants may feel pressure to assimilate into the new mainstream culture but often continue to maintain a secure identification with their culture of origin. The psychological effects of acculturation are highly variable and depend on elements in the two societies that the person is attempting to integrate (6). Acculturation stress develops when values from the two cultures conflict. Additionally, acculturation stress may arise when there are intergenerational conflicts due to a gap in acculturation between children and parents. Acculturation stress has the potential to exacerbate already established mental health issues, and even trigger the development of a variety of psychological problems (5). It should be noted however that while these conflicts may be detrimental, acculturation also has the potential to be protective as it provides the ability to access support from different kinds of resources.

The current anti-immigrant narrative in the United States frames immigration as an economic and social problem that needs to be solved. As a result, the United States has seen an increase in xenophobia and discrimination, which negatively impacts immigrants' lives (5). Studies have linked restrictive immigration policies in the local political climate to mental health issues of undocumented immigrants (7,8). The United States' current political climate should be considered during treatment. Some immigrants experience racism for the first time in the United States, and those who are racially different from the majority are at higher risk for this. Clinicians should bear in mind that all forms of discrimination and racism (from micro-aggressions to racial profiling) impact mental health negatively. Xenophobia and racism can lead immigrants to feel unwelcome in their new community and potentially develop distrust, which in turn affects their willingness to seek mental health care (5). To this end, if a person is worried about being confronted by immigration agents on their way to a hospital or at a clinic, they are not likely to seek out care.

Since immigrants underutilize mental health services, it is important to reach out to this community and market your office or organization as welcoming for immigrants, regardless of their immigration status. For example, last year L.A. County Department of Mental Health increased outreach to Spanish-speaking communities by collaborating with the leading Spanish-language network, Univision. The two worked together to produce segments on mental health and DMH clinics were marketed as “safe zones” for undocumented people. To this end, it is ideal to familiarize oneself with policies in place at your clinic regarding I.C.E. agents. Keep in mind that other significant factors associated with disparities include inferior access to health care and lack of health insurance (9).

As psychiatrists, we can make an enormous impact on the lives of our immigrant patients by keeping some key ideas in mind. It is essential to be aware of our own biases and micro-aggressions and to keep in mind that the presence of anti-immigration rhetoric can impact the attitude of healthcare providers towards serving the needs of immigrants (7). A wise supervisor once shared with me that when we acknowledge our countertransference reactions towards a patient, we can then have control over it. This can surely be applied when working with immigrant patients. In caring for our immigrant patients, we must take to heart the importance of social support, spirituality, and family as they relate to well-being and recovery (5). Practicing trauma-informed care, and always screening for trauma in this population is vital since many immigrants have experienced trauma in their past, especially asylum seekers and detainees (10). It is also critical to remain aware of the unique challenges outlined above so that you can discuss their impact with your immigrant patients.

Consider staying informed of the current laws and local resources in your community so that you may serve as a trusted source of information for your patients. Please see the attached a list of local resources for you and your immigrant patients. One helpful way to serve this community while also developing familiarity with the populations’ needs is by volunteering to perform psychiatric evaluations for asylum seekers. Psychiatric evaluations provide an extra level of validity to an asylum seeker’s case. Physicians for Human Rights (PHR) and the Weil Cornell Center for Human Rights(WCCHR) hold free training sessions to learn how to complete these evaluations effectively. As someone who enjoys working with this population, I can attest to the rewarding nature of this work.

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Resources:

LA County Office of Immigrant Affairs: <http://oia.la-county.gov/know-your-rights/>
 Coalition for Humane Immigrant Rights (CHIRLA): <http://www.chirla.org/resources>
 Public Counsel: http://www.publiccounsel.org/practice_areas?id=0001
 Legal Aid Foundation of Los Angeles: <https://lafla.org/help/services/immigration/>
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The Sun and Her Flowers

By Rupi Kaur

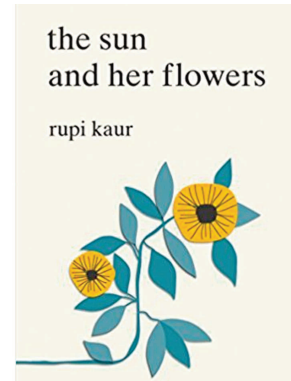
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ISBN 9781449488901



Book Reviewed by Kavita Khajuria MD



The Sun and Her Flowers is Rupi Kaur's second book; a collection of poetry and prose.

Themes include love, trauma, grief, self- exploration, heritage, sexuality, self- acceptance and joy, all conveyed in often stark and simple terms.

The book is divided into five chapters, each a simultaneous journey in sync with the titles: wilting, falling, rooting, rising and blooming.

Wilting: These poems speak to the pain of heartbreak, loss and grief, yearning and inadequacy, & dilemmas and conflict. 'What love looks like' is an intriguing and touching poem wherein the therapist asks the question: *What does love look like* ? The author's response conveys honesty and frustration, but eventually insight, evolution and wisdom.

Falling: communicates about trauma, the price of abuse, depression, cognitive distortions, painful efforts to impress the 'other', the quest to fill a void, the struggle for perfection, and ultimately survival. It's a story of one who reclaims her body, soul and her will to celebrate life, with a recognition that growth is a process. These poems contain messages of hope, empathy, sexuality, sisterhood and compassion, illustrated with brave and simplistic expressions of pain.

Rooting: is perhaps one of the most powerful chapters in this book, which describes the risk, courage, and realities of Indian/Asian immigrants, with a reminder to honor one's cultural roots. It's a description of the conflict and yearning for community and connection. Rupi offers dedication and devotion to the sacrifices of immigrant parents "they worked too hard", "there are no words in the english language that can articulate that kind of beauty", "the adjectives needed to describe them don't even exist".

Rising: Refers to overcoming the grips of old flames and the development of self- acceptance and respect. It's a reality check from idealization, with a reminder to "laugh at the indecisiveness of love". An enjoyable read of passion and celebration of new love, with its tantalizing effects and dilemmas.

Blooming: Evolves into a journey of self- love, gratitude, grace, celebration, expression and wholeness. Rupi embraces age and what it beholds, including all aspects of womanhood. She welcomes and encourages future generations.

Rupi Kaur's style includes simple phrases, line drawings, fragmented free verse, short confessional pieces, storytelling and essays. The poems convey a rainbow of emotions and feelings, including anger at mistreatment, defiance, sadness, sensuality, joy, hope and love. Her tones are unapologetically frank, spontaneous and raw, perhaps not geared for the sexually shy or inhibited.

The power of Rupi Kaur's poetry lies in her simplicity, yet she conveys experience and insight far beyond her years.

*despite knowing
they won't be here for long
they still choose to live
their brightest lives*

-sunflowers

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On Body and Soul

Film Review by Tim Thelen



Ildiko Enyedi, a veteran filmmaker from Hungary had not made a feature film for 17 years. She now returns with the unique and bizarre, **On Body and Soul**, a love story which underlines the strange interconnectedness of life. Much of this film takes place at a slaughterhouse where Maria, a young and shy quality control inspector (played by Czech actor, Alexandra Borbely) has recently been hired. Her apparent antisocial behavior is immediately

shunned by her fellow employees - with the exception of the older financial director, Endre (Geza Morcsany) who unsuccessfully attempts to befriend Maria over lunch at the cafeteria. When a robbery occurs at the plant, the police suggest a psychologist to interview the employees in hopes of finding unusual behavior patterns that could lead to an arrest. The psychologist asks each employee to recount their dreams from the previous evening, and we learn that Maria and Endre have shared the same dream – as the characters of a doe and a stud in the snowy wilderness. This begins the mysterious and unlikely relationship of these two very different people.



It becomes apparent that not only does Maria have the “gift” of a perfect memory, she also suffers from severe OCD, and although not specifically addressed, she is possibly a high functioning autistic. Her reference to the advantages and disadvantages of remembering everything in her life suggest that she may also have endured some sort of trauma at an early age.

Maria’s only personal contact outside the plant is the child psychiatrist she has been seeing for years. He has difficulty treating her complex personality and explains that it is time to see an adult therapist. Although the child psychiatrist is quite compassionate, the film’s depiction of the psychologist brought in to question the workers is unfortunately negative. She is suspicious and later jealous of Endre and Maria’s connection. Her manner and attire are highly sexualized and her questions to the employees are cold and appear to be drawn from a long-dated textbook. But there is something slightly removed from reality about this entire drama and we can perhaps forgive a few lapses of logic.

As the shared dreams evolve, so does the unusual relationship of our two protagonists. Enyedi’s footage of the 2 deer in the snowy mountains contrasts beautifully with the stark images of real life at the slaughterhouse. The film is by turns funny, sad, sweet and violent - a true emotional workout. **On Body and Soul** was Hungary’s entry for Best Foreign Film at this year’s Academy Awards. It is currently streaming on Netflix.

Score: 5/5

Art of Storytelling: The Human Experience of Being a Psychiatrist Available on Vimeo

By: Mindi Thelen, Executive Director



Since the documentary, *Art of Storytelling: The Human Experience of Being a Psychiatrist* has recently been made available on Vimeo we thought it would be nice to share the recent progress of the film. <https://vimeo.com/ondemand/artofstorytelling>

The film highlights six members of the SCPS Art of Psychiatric Medicine Committee who interview twelve psychiatrists from diverse backgrounds who span over 60 years in age. The story of who psychiatrists are is told by everyone but them. The media distorts the image of psychiatrists, but the media is not the only source of this stigma. The goal of the film is to tell the individual stories of the interviewees and thereby reduce stigma against psychiatrists and their patients. This is accomplished well in the final product.

What is felt through these stories is deeply touching and authentic. A strong value of connection, personal resilience, transformation, a commitment to service and compassion for others, an openness and embrace of differences, and a deep love for people and the work they do are some of the themes we see emerge. It changes the old narratives and debunks the stereotypes. It challenges non-psychiatrists to rethink their views of Psychiatrists and Psychiatry, but it also challenges Psychiatrists to consider their own narratives - to update and courageously tell their own stories. It is a touching, relevant, and provocative film.

The film was a labor of love for the committee members, myself, and my husband, Tim, who edited the film. Everyone involved donated countless hours and energy. The film was produced with possibly the smallest budget in film history: \$3,600. Not knowing how this would turn out, the Council held to its fiduciary responsibility to its members. Since the film has been completed additional expenses have come up, but any money spent on the film at that point has been raised by the APMC in the form of grants and donations. We'd also like to thank our twelve psychiatrists who agreed to be interviewed and gave up a day off to do so.

As we have previously announced, the film debuted at the APA annual meeting in 2016. Since then it has been screened at the World Psychiatric Congress in Berlin (2017); for the Black Psychiatrists of America in New Delhi, India (2017); at Harbor UCLA Grand Rounds (2017); for the Senior Psychiatrists at the annual APA meeting (2017); the Central California Psychiatric Society annual meeting (2017), a free screening for SCPS members at NCP (2017), the PER Foundation annual educational gala (2017); the California Psychiatric Association annual meeting (2016), and several screenings for PsychSign, the association of medical students with an interest in psychiatry. The Berlin screening opened the door to a screening that will take place in Lebanon in October 2018. Our member, and film interviewee, Haig Goenjian, M.D., will represent us at the Lebanon screening.

We are grateful to PK Fonsworth, M.D., for his active role in bringing the film to medical students. Besides the anti-stigma qualities of the film, it gives a glimpse of why the field of psychiatry might be compelling. We are thrilled that so many medical students are getting the opportunity to see the film. Currently, Dr. Fonsworth has a screening scheduled at UC Irvine for the UCI SOM, UCI Latino Medical Student Association, UCI PRIME-LC (Program in Medical Education for the Latino Community), and the Art of Doctoring Seminar at UCI. It's the first time we will showcase the film to target the entire student body. UCI Psychiatry and residents will also be invited. The Program Director for PRIME-LC, Dr. Chuck Vega, also suggested marketing the film to SOM faculty, Nursing faculty and students, the UCI Psychiatry Interest Group, and UCI premed groups to increase attendance. Hopefully the screening will be of interest to all of these groups and the screening will be a success.

I have just returned from Napa, CA., where the documentary was shown at the Northern California Psychiatric Society's annual meeting. There were about 30 psychiatrists in attendance and it was well received.

We will keep you informed of the ongoing progress of the film. For those of you who have not yet had the opportunity to make it to a screening, I hope you will consider watching it on Vimeo. If you do, send us a note and let us know of any feedback you might have for us.

<https://vimeo.com/ondemand/artofstorytelling>

The film was a group project of the Art of Psychiatric Medicine Committee – Michelle Furuta, MD (Director and Committee Chair), Linda Do, DO, Arsalan Malik, MD, Elizabeth McGuire, MD, Steve Soldinger, MD, and Devin Stroman, MD. Cast members/Interviewees: Michael Gales, MD, Jaime Garcia, MD, Haig Goenjian, MD, Charles Grob, MD, Ijeoma Ijeaku, MD, Martha Kirkpatrick, MD, Maria Lymberis, MD, Joseph Natterson, MD, Kristen Ochoa, MD, Robert Ross, MD, Mary Ann Schaepper, MD, and Kimberly Shapiro, MD. It was produced by Mindi Thelen for the Southern California Psychiatric Society and edited by Tim Thelen.



On March 3rd, the Women's Committee held its Spring Lunch. The topic was Sexual Harassment in the Psychiatric Workplace. Our speakers were Karen Miotto, M.D., Kavita Khajuria, M.D., and Alicia Oeser. The event was held at the historically preserved A. Quincy Jones home of Elizabeth Galton, M.D.



Council Highlights

February 2018

Michelle Meshman, M.D., *Acting Secretary*



PRESIDENT'S REPORT Dr. Simpson

A. Awards Meeting: Dr Lawrence

Distinguished Service - Curley Bonds

Outstanding Achievement - Ed Pi

Outstanding Residents - Michelle Meshman, Katherine Unverferth, PK Fonsworth

Appreciation: Matt Goldenberg

Bruno Lima Award - Michale Blumenfeld

PER residency awards- Not yet decided, individual residencies will decide

If anyone you think should be a distinguished fellow candidates, please let the committee know
Motion to approve awards approved unanimously

B. Follow Up Council Venue Mindi: Daily Grill in Santa Monica proposed new venue. Difficulty that the venue requires 4 day notification of number of people attending. Cost would be \$45/person. 3hrs free parking with validation. Dr Fogelson proposes motion for council to meet at Daily Grill. Motion 2nded. Motion carries for next month only

C. AB 1795 Dr Cheung: Bill by Assembly member Gibson advised investigating alternate destinations for mental health (as well as medical) for EMS agents such as Exodus Urgent Care. (Currently EMS can only transport to emergency room) Most EMS agencies in support. Bill faces opposition from American College of Emergency Physicians.

Dr Shaner adds concerns raised by CPA including that bill does not specify issues including what would happen in terms of transfer of custody for 5150 cases and what training EMT/paramedics would have for mental health cases. CPA willing to support bill with appropriate amendments

D. CPA Grant Mindi: APA innovative grant 10k. CPA decided to apply for such a grant involving resident participation in resident process. CPA obtained this grant. CPA would like to create digital way to keep residents involved and interacting on advocacy issues. CPA would like feedback from residents. Mindi suggested that part of money go towards sending more residents to Advocacy Day.

E. CPA Advocacy Day Mindi: SCPS budgets 5k for promoting resident activities at CPA, including Advocacy Day (April 16th). SCPS would pay for travel and hotel. Interest to attend expressed from Drs. Unverferth and Fonsworth. Council also discussed encouraging encourage training directors to allow residents to attend the Advocacy Event.

Council discussed ways in which residents can be involved more locally, including possibility for advocacy events locally. Motion for SCPS to pay for 7 residents to attend Advocacy Day. Motion approved.

F. Women's Lunch Dr Do: Event on March 3rd focusing on topic of sexual harassment. 2 speakers will be speaking on panel. 20 members can attend.

G. SCPS Logo Dr Unverferth: Discussed new resident facebook group. Dr Unverferth also elicited council feedback about idea of updating council logo. Council voiced differing views. Per Mindi, changing color and font can be done cheaply. Digitalizing (including making lines more crisp) would be more expensive. Dr. Unverferth to get bids for new logo.

H. Newsletter Dr Goldenberg:

Members are encouraged to sign up and contribute to the newsletter.

TREASURER'S REPORT Dr. Cheung

SCPS is financially stable for January 2018.

Motion to accept treasurer's report. Motion passed unanimously

Of note, meetings expenses will increase starting next month in light of new venue

MEMBERSHIP REPORT Ms Thelen

Membership Report

Current Active Membership —981 (January - 973).

Total Membership 1054

Motion to approve members approved

Dr Ijeaku (Member's Committee) proposes below recommendation based on guidelines establishes at last meeting:

-Deny 2 requests for dues relief as individuals do not qualify based on income

-Approve 1 request for full dues relief as individual qualifies based on medical hardship

-Approve 1 request for permanent inactive status as individual qualifies based on early practice inactive status

Motion to approve above recommendations removed

LEGISLATIVE REPORT Dr. Shaner

No news

PROGRAM COMMITTEE REPORT Mindi

-Psychopharmacology Update held January 27, 2018

155 participants.

Mindi proposes (for next year) raising price of at door sign up to encourage people to sign up ahead. (Many people showed up at the door)

Dr Lawrence proposes (for next year) discount for those who sign up for SCPS membership on the day of the Psychopharmacology Update

-Upcoming Spring meeting (April 21st) on Opioid Epidemic. Event will be held at Marriott in Marina Del Ray. Dr Goldenberg will be talking about pharmacologic tx of opioid addiction. Other speakers TBD

-Installation will take place April 28th

NEW BUSINESS Dr. Simpson

- Dr Simpson proposes to have minutes published in newsletter after approved by council. (Now minutes are being published in newsletter before being reviewed by council.) Council in agreement with this plan.

- Dr Schaepper encourages committee members to write action papers to be presented at upcoming May APA assembly. Dr Schaepper offers to help those who are interested in submitting an action paper.

ADJOURNMENT Dr. Simpson

8:30pm

CLASSIFIED ADVERTISEMENTS

Position Available

INTERESTED IN MEDICAL EDUCATION?

Looking for psychiatrists who are interested in accepting 3rd and 4th year medical students for clinical clerkships experiences in your office and/or group practice. Benefits: Honorarium, CME, academic rank offered, access to on-line e-library resources, faculty development. Please contact Anette G. Gawelko, D.O. 623-572-3837 or agawel@midwestern.edu

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 Santa Barbara vacant
 South Bay Michelle Furuta, M.D. (2019)
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SCPS Newsletter

Editor Matthew Goldenberg, D.O.

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