

PSYCHIATRIST

Volume 66, Number 10

June 2018

Newsletter of the Southern California Psychiatric Society

President's Column

My SCPS History

Anita Red, M.D.



The Southern California Psychiatric Society brings people together. We advocate, teach, and mentor one another. We help each other.

As a resident, I had a psychotherapy supervisor who encouraged me to get involved in the SCPS. Another attending nominated me for one of the resident/ fellow positions. After becoming involved, our SCPS women's committee hosted a mentor program. The mentor I met then is still the mentor I have today.

Since that time, I've met many along the way. These people are my friends now, my family really. It takes a village so to speak. It takes all of us working together to make a difference. It's important to be connected.

To continue the connection of residents to the SCPS, I would like to extend an invitation to the residents: The first resident to email the scps at scps2999@earthlink.net, I will give a 2 night stay at a The Canopy, a Hilton Resort in Washington D.C. This was a raffle prize from the American Psychiatric Association Foundation, and I would like to pay it forward to a resident.



It is privilege, and I am honored to serve as your new president. It's going to be a great year.

In This Issue...	
Letter from the Editor	3
Stress Resilience	7
Your Online Reputation: What you should know and what you can do about it!	9
Book Review: The Glass Eye	11
Book Review: Heart Talk	13
Installation and Awards Photo Gallery	16
Poetry Workshop Photo Gallery	18

Looking for a Psychiatrist?

Please visit the secure SCPS Directory of Psychiatrists
<http://socialpsych.org/directory.html>

Search for SCPS Members based on Location and
Special Interests.

If you would like assistance updating your profile,
please contact us at scps2999@earthlink.net.

SCPS provides this directory as a service to its members. Information in this directory is provided by each member listed and has not been verified by SCPS. Further information about doctors licensed to practice in California may be found at: <https://search.dca.ca.gov/>. SCPS does not operate a referral service for psychiatrists.

The APA and the American Telemedicine Association (ATA) this week released “[Best Practices in Videoconferencing-Based Telemental Health](#),” a guide for mental health providers who want to begin using interactive videoconferencing to offer services to their patients.

The guide was written by a group of members from APA’s Committee on Telepsychiatry and the ATA’s Telemental Health Specialist Interest Group. The document is a consolidated update of previously published APA and ATA resources in telemental health and provides an overview of the use of clinical videoconferencing as a treatment medium.

This guide is the latest telepsychiatry resource to join APA’s ever-expanding [Telepsychiatry Toolkit](#). The guide broadly considers three essential components of videoconferencing-based telemental health practice:

Administrative considerations, including information on program development, legal and regulatory issues (including information on licensure and prescribing), and standard operating procedures.

Technical considerations, including videoconferencing platform requirements, HIPAA and state privacy requirements, and appropriate room set-up for telemental health sessions.

Clinical considerations, including patient and setting selection, ethical issues, and factors to consider when treating specific populations (children and adolescents, patients in correctional settings, military, and more).

It should be noted that the guide is not intended to be an exhaustive list of the do’s and don’ts of telemental health; it is to be used as a practical starting point when setting up and using clinical videoconferencing in a practice. Psychiatrists may wish to contact their malpractice insurer regarding coverage for telepsychiatry and best practices.

If you have any questions about this resource, please feel free to contact Nathan Tatro, Health Information Technology Specialist, at ntatro@psych.org.

Integrity Matters

By: Matthew Goldenberg D.O.
SCPS Newsletter Editor



Before every academic medical presentation, there is an expectation that all disclosures are given. The presenters are expected to list any relationships with entities producing, marketing, re-selling, or distributing healthcare goods or services, related to the research they are presenting and/or consumed by, or used on, patients. It is not uncommon for physician presentations to list consulting work, pharmaceutical industry funding and grants they have received. There is no question that this information helps an educated audience understand any potential sources of commercial bias.

As an addiction psychiatrist, many of the conferences I attend focus on the evaluation and treatment of substance use disorders. A disclosure slide, as described above, is expected to precede every workshop and talk given at these conferences.

Academic addiction medicine and addiction psychiatry is evidence-based like every other specialty in medicine. However, much of the addiction and recovery community are not. Unlike cardiology, or endocrine or pediatrics, many patients' first encounter with an "addiction specialist" may be an interventionalist, a certified alcohol and drug abuse counselor (CADC), sober living owner, life coach, sponsor, outpatient treatment program owner, sober companion etc. Some of these addiction "experts" have more training, certifications and education than others. When it comes to treatment programs, there are few regulations or ways to verify a program's claims. This was discussed at length on a recent [Last Weekend Tonight by John Oliver](#).

In my opinion, this creates a double standard. Physicians who specialize in the field of addiction, must disclose any potential conflict of interest before presenting their work and research. In academic addiction psychiatry and addiction medicine, my experience has been that a researcher's work is viewed with a level of skepticism if they have done work for a pharmaceutical company or other agency that they would need to list on their disclosures.

This also limits entrepreneurship for physicians. For example, non-physicians are able to have ownership in companies or be a consultant to those that provide services to patients and there is no expectation that they would disclose that. [John Oliver](#) points out that several of the rating websites for addiction rehab treatment programs are owned by the same rehabs that they are reviewing. On the other hand, if a physician wanted to invest their own money to research, develop and market a novel medication or treatment, they would need to disclose that before presenting their data at every conference they were accepted to present. Some would view their disclosure of financial incentives to present such data in a very negative light.

Thus, in some ways, physicians must remain pure. Pure of any connections to financial rewards outside of their clinical practice in order to avoid the skepticism and judgement of their peers and the public. Disclosures are not inherently bad. They are a needed and vital part of the audience being able to determine bias (as I mentioned previously). The problem is that physicians, who I would argue, are in the best possible position to develop, research, consult and educate about novel, and potentially lifesaving, addiction treatment options, are discouraged from doing so.

I suggest three courses of action the field of addiction must take to uniformly increase integrity:

First, all addiction "experts" should be held to the same standard. This is a life and death field and we are losing patients every day to overdoses. Everyone should be expected to make evidence-based claims and recommendations. If the industry is unwilling or unable to police itself, an oversight agency must be formed to certify and verify programs and the claims that they make. "[Patient Brokering](#)" and "[Bed Vouchering](#)" should be illegal and vigorously enforced. Both are considered to be insurance fraud and, as [John Oliver](#) points out, put patients' lives at risk. In this light, last month, the American Society of Addiction Medicine (ASAM) released a "[Public Policy](#)

[Statement on Ethical Promotion and Patient Recruitment by Addiction Treatment Programs](#)". They outline [15 ethical and clinically oriented recommendations](#) to improve patient care.

Second, a national standard needs to be established regarding the best practices of outpatient and residential treatment programs. This will help patients and their families better understand what the best evidence-based treatments are. [John Oliver](#) discusses "liquid gold". This is the practice of addiction treatment programs providing excessive drug testing of their patients in order to profit off of insurance reimbursement for such testing. A national set of guidelines created by physicians would help to raise the standard of treatment for every American and also decrease fraud and abuse. Directing private pay and insurance dollars to the very best treatment options and practices will without question save lives.

Third, physicians need to be unafraid to be leaders and entrepreneurs. If you have developed and researched a tool, protocol or medication and you have empirical evidence and research to back up its effectiveness, you should be applauded for your efforts. We should change our view of disclosure slides on presentations and on research papers from a negative, to at least a neutral. Can a physician have a financial stake in a company that develops a life improving or lifesaving product and maintain integrity? I strongly believe they can. The data should speak for itself. In an industry where, non-physicians are currently enriching themselves by profiting off of patients with unverified claims and sometimes with fraudulent billing of insurance, I believe we are much better off if physicians take the lead as soon as possible. However, there are well-established laws which regulate such entrepreneurship and care must be taken to comply to those laws.

The field of medicine as a whole has become much less financially rewarding than it was for the last generation of physicians, or the generation before that. We do not even need to discuss the medical school and college debt that most young physicians are burdened with. So, if the promises of financial reward motivates the best and brightest of the next generation into the field of addiction medicine and addiction psychiatry, I believe that is a strongly positive prospect. It might just save some lives.

My question to you is, do you agree? Should physicians be permitted to have a financial stake in the companies and products that they own or consult and provide evidence-based information while retaining our academic and professional integrity? Please email me your thoughts and if you consent, I will share your feedback in next month's newsletter...

Best,

Matthew Goldenberg D.O.
Board Certified, General and Addiction Psychiatry
SCPS Newsletter Editor

Email: docgoldenberg@gmail.com

We announced the sad news about the passing of Marcia Goin, M.D., in last month's newsletter. In addition to her service to organized psychiatry through APA, she also served as SCPS President. We know that many SCPS members knew Dr. Goin personally and may wish to read more about her. You may find more information about Marcia [here](#).



EMERGING RISKS REQUIRE ENHANCED COVERAGE

**AS THE PRACTICE OF PSYCHIATRY EVOLVES,
SO SHOULD YOUR MALPRACTICE COVERAGE.**

The dedicated experts at PRMS® are pleased to bring you an enhanced insurance policy that protects you from the emerging risks in psychiatry.

MEDICAL LICENSE PROCEEDINGS

Psychiatrists are more likely to face an administrative action than a lawsuit.

Separate limits up to \$150,000

HIPAA VIOLATIONS

HIPAA enforcement continues to increase at the federal and state levels.

Separate limits up to \$50,000

DATA BREACH

The use of electronic media in psychiatric practice has increased.

Separate limits up to \$30,000

ASSAULT BY A PATIENT

Violence by patients against psychiatrists is more common than against other physicians.

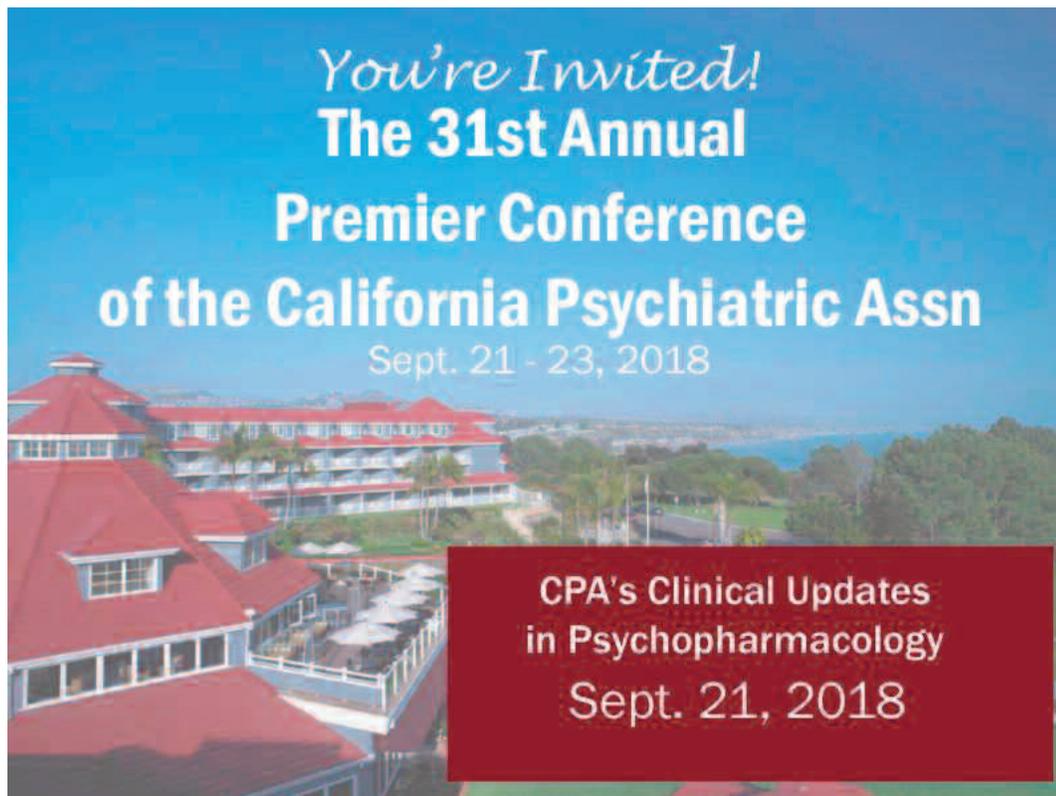
Separate limits up to \$30,000

**These are just a few of our enhanced coverages included at no additional cost.
Visit us online or call to learn more and receive a free personalized quote.**

More than an insurance policy

(800) 245-3333 | PsychProgram.com/EnhancedPolicy | TheProgram@prms.com





For more information visit the CPA website:

<http://www.calpsych.org/conferences>

Advertisement



More Than Healthcare, *Correct Care Solutions.*

WHO WE ARE

CCRS is a national public healthcare leader caring for underserved patients in correctional settings, psychiatric hospitals and residential treatment facilities.

..... Opportunities for:

Psychiatrist

Kern County AES Center in Bakersfield, CA

Full-time available

\$15,000 SIGN-ON BONUS!

Great Schedule- 8 a.m. to 4:30 p.m. M-F

- No Evenings - No Weekends -

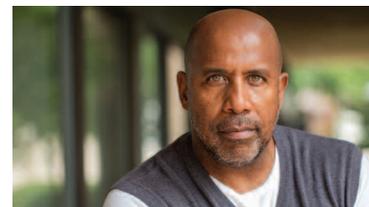
.....
Comprehensive Benefits • 401K • Tuition Reimbursement • Competitive Compensation • So Much More...

CALL TODAY OR APPLY ONLINE _____

Ann Hopper (256) 282-3013 or email Ahopper@CorrectCareSolutions.com

ccrs.careers

CCRS IS PROUDLY AN EQUAL OPPORTUNITY EMPLOYER



Empathy

Care



Stress Resilience

Kavita Khajuria, M.D.



All living creatures are subject to stress at various points in their lives. Stress is defined as a state of mental or emotional strain or tension resulting from adverse or demanding circumstances (1) or, a physical, chemical, or emotional factor that causes bodily or mental tension and may be a factor in disease causation (2). Five professions cited to have higher rates of stress or professional burn out include medicine, social work, teaching, counseling, and nursing (3).

Resilience, on the other hand, refers to psychological *sturdiness* and the ability to get back on ones feet. It's the ability to recover from misfortune and change, *adapt* and grow. Building resilience includes the ability to regulate emotions and take on challenges. When faced with adversity, people tend to note an increased sense of compassion and a realization that they are stronger than they originally thought.

On a regular day, the body responds to stress with a release of adrenaline and norepinephrine, cortisol, increased energy, and an elevated cardiac output so that one can tackle the issue. Recurrent or prolonged stress, however, can contribute to an overactive fight or flight response, threaten the amygdala, cause confusion, anxiety, mood swings, immune suppression, chronic inflammation, and metabolic syndrome. The problem with the amygdala is the propensity to false alarms. Many people have triggers i.e being judged, criticized, rejected, abandoned, shamed, humiliated, a fear of anger etc. Resilient people figure out their triggers and make sense of the origin.

Toxic levels of stress are associated with excessive adrenaline, norepinephrine, cortisol, decreased BDNF (brain derived neurotrophic factor), and can result in chronic inflammation. Hypercortisolemia can be associated with major depression, & chronic and inescapable stress (i.e in war zones). Consequences include arterial corrosion, an increased risk of heart attacks, strokes, osteoporosis, immunosuppression, memory problems and emotional dysregulation. Chronic inflammation can result in lethargy and low motivation (collectively known as 'sickness behavior'), frequent UTIs, chronic gum disease, and disrupted deep sleep.

Solutions

Anti-inflammatory options include antidepressants if appropriate (via reduction of pro-inflammatory cytokines), omega 3 fatty acids, exercise, and an anti-inflammatory diet, which can include fruit, vegetables, fish, walnuts, flax, whole grains, and spices like sage, turmeric, black pepper and chili peppers (3).

Maximizing brain functioning includes the need to address sleep, light exposure and exercise. The more common and treatable causes of impaired sleep include mild hypothyroidism, primary sleep disorders, and substance use. Avoidance of substances that impair sleep (caffeine, alcohol, tranquilizers) and certain sleeping pills can be helpful. Sleeping 'cool' (room temperature of 68 degrees) and reduction of blue light, TV and computers for an hour before bedtime also improve sleep. Bright light exposure for 10-20 mins/day improves the mood. A 10 minute brisk walk increases energy and reduces anxiety. Behavioral activation therapy has been cited to be the most effective psychological therapy for depressed socially withdrawn persons (3).

Affect regulation techniques include relaxation techniques to reduce muscle tension. A 'good cry' with emotional tears eliminate more ACTH; its external release is preferable to that of adrenal secretion of cortisol into the body. Voluntary regulated breathing practices include diaphragmatic breathing which activate the PNS response via stretch receptors. Hydration levels can exert a noticeable impact on cognition and mood.

Stress management strategies include a re-evaluation of the situation and its control, reframing thoughts to calm the overactive brain, utilization of outlets for pent up frustration, and reality checks i.e in the big picture, how important is this? How am I to likely to feel in 48 hours about this? Or next month? Or next year? Resilient people learn how to maintain perspective and keep clear about what matters. Painful emotional states are amplified by negative bias which can create tunnel vision.

Other tools include a daily question: *What 3 things went well today?* Gratitude is considered one of the most positive healing experiences. Acceptance, permission to experience normal human emotions, empathy 'in this moment...I am doing the best I can' - can all help fend off judgement and criticism, as criticism intensifies depression. Other techniques include the practice of happiness-enhancing experiences, daily positive emotions (4), humor, viewing stressors as challenges and accepting limitations in oneself and others. Active listening can help reduce anger & anxiety and resolves conflicts in close relationships. Mindfulness refers to focusing on the pres-

ent moment (focused awareness) and witnessing thoughts without judgement. This helps calm the mind.

Anxiety can be curbed by confronting fear related solutions i.e with exposure based therapy. Overcoming fears, anxiety and inhibitions are keys to building resilience. Other expert cited recommendations include expression of emotions, realistic management of expectations, reversing the numbing effects of burnout by identifying “what did I learn about myself?”, cultivation of self-compassion and self-nurturing activities, optimism, and balance. Joyful states can be recaptured with photos, scrapbooks, digital photo frames and by reminiscing with old friends. That being said, resilient people know how to set limits and avoid toxic people and obligations.

In sum, it seems best to practice stress resilience techniques rather than wait for trauma recovery. Adaptation is the key to survival (5). The tools can vary, but the building blocks can be relatively simple – social support (6,7), self-efficacy reminders, understanding personal motivations, and consistent practice of health & fitness (6). While adverse childhood experiences can have long-term negative consequences, under the right circumstances, the brain can re-enter plastic states, and negative outcomes may be mitigated, even later in life (5).

References & Bibliography:

1. <https://en.oxforddictionaries.com/definition/stress>. Accessed 4/10/18.
2. <https://www.merriam-webster.com/dictionary/stress>. Accessed 4/10/18.
3. Preston, JD, Psy.D. The Habits of Stress Resilient People. Seminar. Institute for Brain Potential. Long Beach, California. April 5, 2018.
4. Ong et al. Psychological resilience, positive emotions, and successful adaptation to stress in later life. *Journal of Personality and Social Psychology*. 2006; 9(4): 730-749.
5. Karatsoreos IN, McEwen. Annual Research Review: The neurobiology and physiology of resilience and adaptation across the life course. *J Child Psychol Psychiatry*. 2013; 54 (7):812.
6. Guy JD, PhD. How to Maintain Personal Resilience. Seminar. Los Angeles, California. April 11, 2018.
7. Ozbay F et al. Social Support and Resilience to stress across the lifespan: A Neurobiologic Framework. *Current Psychiatry Reports*. 2008: 10:304.
8. Beasley M et al. Resilience in response to Life stress. *Personality and Individual Differences*. 2003; 34(1): 77-95.
9. Ong AD, Bergeman CS. Resilience and adaptation to stress in later life: Empirical perspectives and conceptual implications. *Aging International*. 2004; 29 (3): 219-246.
10. Franklin TB et al. Neural Mechanisms of Stress Resilience and Vulnerability. *Neuron 75 Review, Cell Press*. 2012:747-761.

New Requirements: Mandatory Use of CURES

The Controlled Substance Utilization Review and Evaluation System (CURES) was certified for statewide use by the Department of Justice (DOJ) on April 2, 2018. Therefore, the mandate to consult CURES prior to prescribing, ordering, administering, or furnishing a Schedule II–IV controlled substance becomes effective on October 2, 2018. Here is everything you need to know to prepare for October:

http://www.mbc.ca.gov/Licensees/Prescribing/CURES/CURES_Mandatory_Flyer.pdf

For additional information and frequently asked questions regarding the CURES system, visit the Medical Board's website at:

<http://www.mbc.ca.gov/Licensees/Prescribing/CURES/>

Your Online Reputation: What you should know and what you can do about it!

John Luo, M.D.



In today's practice of medicine, information technology has transformed the way patients and providers alike access health information, ranging from symptoms, diagnosis, treatment options, and outcomes. In particular, the Internet has shifted from merely providing links to different information, such as a different part of a website to now incorporate social aspects such as postings, comments, and reviews. YouTube first began as a site for people to upload their videos so that they could be shared. Its tremendous growth was part of the rise of social media websites, such as MySpace.com and now FaceBook.com. Social sites such as Yelp.com have grown tremendously, as they provide reviews of many different restaurants and other services.

It has not taken long for health providers to now be rated on websites such as Yelp or RateMDs.com. These sites and others now provide easily accessible information about a health provider and are the cornerstone of their online reputation. This article will review what sites shape one's online reputation and what can be done to improve that reputation.

RateMDs.com, Vitals.com, and HealthGrades.com are amongst the most popular physician ratings sites online. Using the search terms 'physician ratings' in Google.com, will come up with a number of additional sites, including USNews.com, ConsumerReports.com, and WebMD.com, which are websites that carry provider ratings in addition to their usual content. Many of these sites rate providers based on parameters such as how easy it is to make an appointment, friendliness of staff, promptness of the provider, and how much time the provider spends with the patient. In addition, many of the websites also list information such as where the provider trained for medical school, hospital affiliations, board certifications, and what insurances are accepted. Some of this information comes from the American Medical Association while other information comes from partner websites such as Doximity.com. One caveat is that the rating scales are not created equal, and many providers have only been reviewed one or two times. Physician rating sites mostly provide professional information, but they are just part of the picture that shapes what patients view online and form their opinion on providers.

It only takes a search for your name on Google.com or other search engine to dig up a plethora of information that patients can review and determine their opinion of your reputation. These sites include photo sharing sites, such as Google Photos, PhotoBucket.com, and Flickr.com. Shopping sites such as Amazon.com can reveal your profile, which includes information such as gifts you desire, your home city, and date of birth. Social media sites such as Facebook.com may potentially reveal personal information that you preferred to keep private from your patients, but only if you chose the right security settings and your Twitter.com tweets may reveal interesting information about you and your opinions. It may even be a video of you uploaded onto YouTube.com, not uploaded by you personally, but someone else who has tagged you in the video. Even your review comments on a variety of sites selling merchandise can reveal information about you based on your tone and comments. Last but not least, personal information revealed about you from people search engines such as Pipl.com and Spokeo.com might provide information about where you live or with whom you are associated, and that information not only impacts your professional reputation but essential eradicates any sense of privacy that you may have online.

What can you do when a couple of poor ratings or nasty comments on a physician rating site threaten your online reputation? Specifically, on that website, not much. Many of these physician rating sites will cite free speech as a reason they will not take down any comments, and they will not remove any negative reviews unless the comments use many expletives and are just a rant that would diminish the reputation of the website. In the past, some companies have kindly offered their 'subscription model' to provide the ability to put negative reviews lower in the profile at a substantial cost according to a few providers who wanted to see a change. There are professional services online such as ReputationDefender.com, who help customers with their strategies to manage negative reviews; however, these services may be quite expensive for an individual practice.

On a more practical basis, there are several ways to manage your online reputation. First of all, the most common way patients may determine their opinion of you before meeting you is a Google.com search. Creating your own website, with links to articles that you have written or to professional organizations that you have leadership

positions in, will help push the sites with negative reviews lower in the search. Claiming your physician rating site profile and editing the information helps push that site higher in the search. Even though there may be a negative review on that site, that information is preferable to any searches that show your personal information such as your Amazon.com wish list. While there is 'wisdom of the masses', there may be a big difference in trust for a multitude of reviews of a wireless router on Amazon.com compared to sparse reviews of professional services. Lastly, consider how you get your new patient referrals. Most come from colleagues or other patients who have a positive view towards your work, and that will likely remain as the primary way patients discern your reputation. The majority of people know that the tendency is for few people to post positive reviews of their providers, and mostly those with a gripe will post their negative reviews. Any patient who decides against coming to your practice based on one sniping comment is likely a patient you really don't want anyway!

From CMA Newswire

[Thank you physician members – we defeated AB 3087!](#)

On Friday, the California Medical Association killed Assembly Bill 3087 (Kalra) – dangerous legislation that would have created a commission of unelected political appointees empowered to arbitrarily cap rates for all health care services in all clinics, hospitals and physician practices in California. [Read More.](#)

Advertisement

Join our Dynamic Team of Psychiatrists

Cedars-Sinai Medical Center has outstanding opportunities in Consultation-Liaison Psychiatry and related specialties. Consider joining a team of psychiatrists who are committed to excellence in compassionate patient care, are driven towards continuous learning, and are effective communicators that thrive in team based settings.

Available opportunities include:

- Director, Consultation-Liaison Psychiatry
- Faculty Psychiatrist, Psychosocial Oncology
- Per Diem Psychiatrists, Consultation-Liaison Psychiatry



CEDARS-SINAI®

To learn more about working at Cedars-Sinai or to apply, contact:
psychiatry@cedars-sinai.edu

Book Review by Joe Simpson

The Glass Eye
By Jeannie Vanasco



The Glass Eye is a memoir by a talented young writer. It is written in a fast-paced, staccato style: most of the paragraphs are very short, sometimes only two or three sentences. At times, the chapters seem to rush by. The book examines her relationship with her mother and especially with her father, who was 62 years old when she was born, and the impact his death when she was 18 had on her. Other elements include the fact that one of her father's daughters from his first marriage had died in a car accident many years earlier and her mother's difficulties coping with the death of her husband after over 20 years of marriage.

Ms. Vanasco has been immersed in writing since she founded her high school's newspaper; she studied in a graduate program in memoir and has written professionally in various venues throughout her adult life. She currently teaches writing at a university. As a result, though at times uneven (it was written over the course of years), this memoir is for the most part highly polished, full of literary devices and flourishes, some of which she points out, or even debates the merits of, in the ironic, self-referencing style that is common today.

The book is written for a general audience, and includes many elements involving her relationships with her parents and with her father's family which will hold the reader's interest in their own right. But it is her descriptions of her episodes of psychiatric illness and treatment which are particularly valuable for those of us in the mental health field, for at least two reasons. First, when an intelligent, expressive person who has spent years honing her craft describes her own experiences with pathological extremes of mood, the intensity of those experiences and their aftermath is conveyed in an especially impactful, and relatable, way. The experience of psychosis can seem so foreign that even for trained professionals it can sometimes be difficult to empathize and to appreciate what the patient is contending with. Second, her accounts of her interactions with a variety of psychiatrists and other medical professionals serve as reminders that the person sitting across from you in your office or at the hospital is a complex, thinking, feeling human being. As we have all learned but can sometimes lose sight of, many dynamics are implicated in the interaction: there is transference and countertransference, strategic reporting and underreporting of symptoms, partial, selective adherence to our advice and recommendations – but sometimes also, blind obedience to the same.

Although she never explicitly says so, Ms. Vanasco's account serves as an indictment of the competency of several of the psychiatrists who treated her, at a time (2006 and after) when they really should have known better. For example, as a college senior she was prescribed her first antidepressant. “[A] month later I came back full of energy – uncomfortable, restless energy. ‘I feel on edge,’ I told him. ‘I go running in the middle of the night. And I hate running.’ ‘That’s not the antidepressant doing that,’ he said. He told me to keep taking the pills, so I did.” Later, after telling a professor to go to Hell during a lecture (and experiencing accusatory auditory hallucinations), she went to see the psychiatrist. “‘Something is wrong with the medicine,’ I told my psychiatrist. ‘You have to want to get better,’ he said. His voice sounded strange. I didn’t know how to explain to him that his voice sounded strange. ‘Let’s try a higher dose,’ he said.”

After ten free sessions with that psychiatrist, she was transferred to another campus psychiatrist. At their first visit, the new psychiatrist asked her if she was sleeping. “‘Not really,’ I said. ‘Could it be the medicine?’ ‘It’s not the medicine.’” After this interaction, she went to her dorm room and overdosed on her medication, resulting in the first hospitalization of several she would have in her 20's. “That afternoon I’d told her my medication made my thoughts move too fast, and she’d replied, ‘That’s impossible.’”

The Glass Eye, though accessible, is complex, and I suspect that I would notice new facets of it were I to read it again. An expert in psychodynamics could have a field day peeling back the layers of this memoir. But even without delving too deeply into the literary techniques or the author's family history, the book serves to remind of us of the humanity of our patients, and the need to remain both humble and curious as we use our knowledge and skills to help them manage their conditions and achieve recovery.

Psychiatrists Professional Liability Insurance



Discounts Offered Include:

- ✓ **15% NEW POLICYHOLDER DISCOUNT***
(must be claims free for the last 6 months)
- ✓ **Up to 50% New Doctor Discount** (for those who qualify)
- ✓ **10% Claims Free Discount** (for those practicing 10 years, after completion of training, and remain claims free)
- ✓ **50% Resident-Fellow Member Discount**
- ✓ **15% Child and Adolescent Psychiatrist Discount** (for those whose patient base is more than 50% children and adolescents)
- ✓ **50% Part-time Discount** (for up to 20 client hours a week or less)
- ✓ **5% Risk Management Discount** (for 3 hours of CME)

*Where allowable by law and currently not available in AK or NY.
(Above Discounts and Coverage Features are subject to individual state approval.)

40
YEARS

For over 40 years we have provided exceptional protection and have a reputation for outstanding customer service. Our extensive years of experience and industry knowledge allows us to help you by providing worry free coverage so you can concentrate on what you do best – helping people help themselves. When it comes to caring about people, we have a lot in common.

Our Psychiatrists Professional Liability Program Provides:

- Limits up to \$150,000 in Defense Expenses related to Licensing Board Hearings and other Proceedings
- Up to \$150,000 in Fire Legal Liability Coverage
- Up to \$100,000 in Medical Payments for Bodily Injury
- Up to \$25,000 for First Party Assault and Battery Coverage
- Up to \$25,000 for Information Privacy Coverage (HIPAA)
- Up to \$15,000 in Emergency Aid Coverage
- Insured's Consent to Settle required in the settlement of any claim – No arbitration clause
- Telepsychiatry, ECT, Forensic Psychiatry Coverage
- Risk Management Hotline with 24/7 Service for Emergencies

Visit us at apamalpractice.com or call **877.740.1777** to learn more.



American Professional Agency

LEADERS IN PSYCHIATRIC MEDICAL LIABILITY INSURANCE

ONLY PROGRAM ENDORSED
BY THE AMERICAN
PSYCHIATRIC ASSOCIATION

Heart Talk

By Cleo Wade

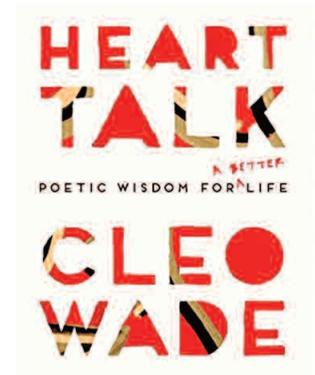
March, 2018

37Ink/Atria, an Imprint of Simon & Shuster, Inc

\$17.99 paperback

224 pages

ISBN 9781501177347



Book Reviewed by Kavita Khajuria, MD



Heart Talk is Cleo Wade's first book: a collection of > 120 poems, mantras, affirmations and inspirational notes. Referred to by some as an 'Instagram poet', Wade brings her pep talk and practical advice to a large new generation of followers. Inspired by repercussions of recent cultural and political shifts, Wade has created an easy to read, fluid book she refers to as a companion, or a 'warm blanket on cold days'.

The book is youthfully unstructured in format and style, intentionally done with the purpose of encouraging readers to treat the book with ease and comfort, so that pages can be ripped out to 'stick on your fridge or mirror, or spill pasta sauce on it'. The font is similarly untraditional and unstructured, with a variety of sizes and styles.

Themes include an emphasis on self- love, self-development, acceptance, kindness, gratitude and support.

Wade encourages us to live with intention, clarity and ambition, and to enjoy and appreciate the journey. She stresses the importance of defining and developing oneself, and warns against the need for external validation, or confining self -definitions to 'check boxes'. Collaboration is a remedy for comparison or competition, and unhelpful behavior is recommended to be unlearned.

Wade acknowledges the universality of conflict, and encourages us to get good at disagreement. Her concept of oneness seems to stem straight out of yogic philosophy, and she urges us to support each other and continually refresh the energy of our relationships. She explains the concept of vision in simple terms.

Wade champions self- worth, which she refreshingly refers to as 'magic'. She reminds us of the individuality of each self, which deserves daily validation, dedication and devotion. Joy is described as a radical form of self-care, which she encourages us to embrace. At one point, Wade makes reference to the superficial falsity and impact of commercial beauty standards on self- esteem, and the farce of perceived 'flaws' that disallow true self- acceptance.

Wade stresses the power and simplicity of gratitude, to others and to oneself, including the physical body given all it endures. The reminder of reciprocity is useful, reminding us that giving gives back. Wade cites forgiveness as a spiritual concept much larger than an individual moment, which consequently invites freedom. She rallies us on to compound our strength, and to 'enjoy the sun without worrying about the rain'.

In order to grow, Wade encourages us to speak up, live life, stand up in the present moment, and step outside of our comfort zones.

Perhaps most striking was her simple advice on self- love and self- development: get to *truly know and love yourself*.

And best of all: *Learn to be your own best friend*.

CPA Sponsored Bill Scorecard

Youth SUD Treatment Continuum. Sadly, [AB 2328 \(Nazarian\)](#) never emerged from the graveyard for many bills, the Appropriations Committee. Yet, other bills address pieces of the problem of lack of SUD services for youth. CPA will play a part in promoting them.

IN PLAY. Loan Repayment Incentive Bills [AB 2018 \(Maienschein\)](#) and [AB 2143 \(Caballero\)](#) both passed the Assembly by unanimous consent and are waiting in the Senate. AB 2018 will be heard in Senate Health Committee on June 6.

IN PLAY. Online Psychiatric Bed Registry. Set aside last year because of opposition from the state Department of Public Health, [AB 1136 \(Eggman\)](#) is back in play. A recent meeting with DPH made some small progress outlining strategies for addressing current obstacles that could lead to success. AB 1136 waits in the Senate.

IN PLAY IN A BIG WAY. CPA requested \$1 million in state funds to support fellowships for psychiatric education of primary care physicians which was approved last week by the Assembly. It now waits in the Joint Budget Conference Committee which reconciles differences in the proposed budgets from the two houses. The final product must be presented to the Governor for his signature by midnight June 15.

IN PLAY IN A BIG WAY. Changes in involuntary treatment laws always stir up strong feelings in the Capitol. [AB 1971 \(Santiago\)](#) is a perfect example. Who would have thought that trying to prevent people with severe mental illness from dying on the streets from preventable health conditions would engender fierce opposition? Despite a coalition of patient rights and client groups opposed to AB 1971 it received a vote of confidence when it passed off the floor of the Assembly 75-0 on Wednesday.

Advertisement

**EXPERIENCED FORENSIC PSYCHIATRIST
IN LOS ANGELES
SEEKING A PSYCHIATRIST**
***for part time or full time services**

- ✓ **Must have been deposed as an expert witness at least five times.**
- ✓ **Has written at least 15 evaluation ("Medical-Legal") reports.**

EXPECT TO BE TRAINED TO PERFECT THE ART OF FORENSIC PSYCHIATRY
IN CIVIL MATTERS.

RECENT GRADUATES OF FORENSIC FELLOWSHIPS IDEAL BUT NOT NECESSARY.
SOLID COMPENSATION AND POSSIBILITY FOR PROFESSIONAL GROWTH.

~ If interested please contact Barbara @ 818-625-9638 ~

Recent Policy Developments

[Letter of support](#) to Sen. Jim Beall regarding SB 215, Diversion of Persons with Mental Disorders. Read CPA's letter [HERE](#).

AB 2018 - Early loan repayment Bill for public psychiatry bill was introduced on February 5, and is now available in print and online [HERE](#).

Loan repayment legislation for mental health professionals pursuing PA and NP training legislation was introduced. Assemblymember Anna Caballero, formerly Governor Brown's immediate-past Secretary for the Business, Consumer Services and Housing Agency, agreed to author the bill. In her former position, Asm. Caballero had oversight of all health and mental health care professional licensing boards.

At the suggestion of CPA, **Los Angeles County** requested that Assemblymember Laura Friedman author the County's bill to expand the **Grave Disability Standard** in the LPS Act. Asm. Friedman agreed to carry the bill. She is the Assistant Speaker Pro Tem for the Assembly. She recently assumed a position as co-chair of the Joint Committee on Harassment Prevention and Response.

Advertisement

Our Work Matters

Hope. Recovery. Wellbeing.

Join us and make a difference for those who need it the most.

Los Angeles County Department of Mental Health is a nationally recognized leader providing a wide range of services to one of the largest populations in the country. We invite you to join our team as we help the most vulnerable in our community find a path to independence and personal recovery.

Starting annual salary immediately post residency completion is **\$233,784** with **potential bonuses of \$32,000 annually**. Student **loan repayment** and recruitment incentives available.



www.psychiatristjobs.la



Installation and Awards Photo Gallery



Joe Simpson, M.D., Outgoing President



Anita Red, M.D., Incoming President



Erick Cheung, President-elect



Dr. Red and Dr. Simpson



Galya Rees, M.D., Treasurer



Ijeoma Ijeaku, M.D., Secretary



Larry Lawrence, M.D., outgoing Assembly Rep, after 13 years of service!



Edmond Pi, M.D., Outstanding Achievement Award recipient



Matthew Goldenberg, D.O., receives the Appreciation and Presidential Commendation Awards



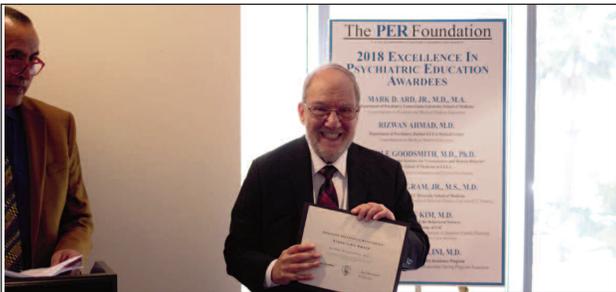
Ira Lesser, M.D., presents award to PK Fonsworth, III., M.D.



Ira Lesser, M.D., presents award to Katherine Unverferth, M.D.



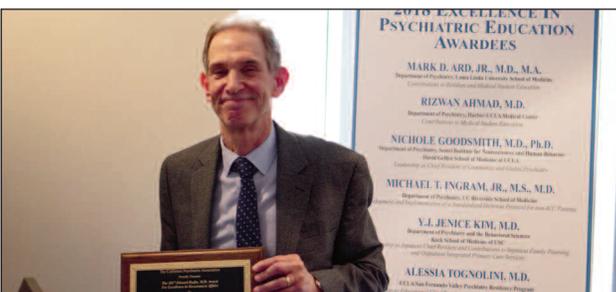
Michelle Meshman, M.D.



William Arroyo, M.D. and Michael Blumenfeld, M.D.



Joe Simpson, M.D. and Curly Bonds, M.D.



Lawrence Gross, M.D., Rudin Award recipient



Attendees listen to Edmond Pi, M.D.

On May 20th, the Art of Psychiatric Medicine Committee held its Poetry Workshop at the home of Curly Bonds, M.D. Kita Curry, Ph.D. was the poet facilitator. Here is the photo gallery.



Our poets



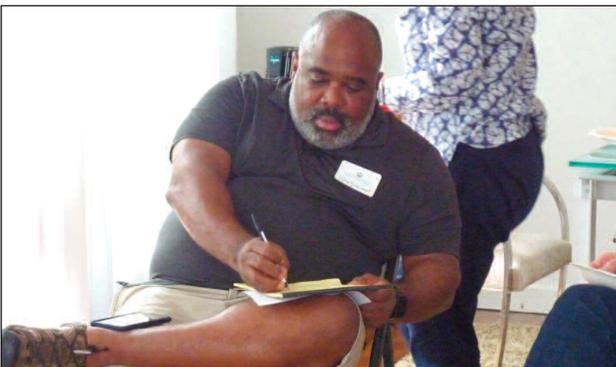
Elizabeth Maguire, M.D.



Kita Curry, Ph.D., our poet facilitator



Sophie Duriez, M.D. and Steve Soldinger, M.D. - collaborate



Curly Bonds, M.D.



Our poets

CLASSIFIED ADVERTISEMENTS

Position Available

Didi Hirsch Mental Health Services

SCHEDULE FT – MON – FRI - EXEMPT

Title Medical Director

City Culver City

REQUIRED MD or Equiv. Board Cert. of Psychology & Neurology

Scope of Position

As part of the Executive Team, the Medical Director oversees a team of approximately 25 Psychiatrists, Psychiatric Nurse Practitioners and Nurses (LVNs and RNs) who provide Psychiatric evaluation and medication management services in a person-centered recovery oriented environment. He or she will work closely with a team of non-medical clinicians who provide therapy, case management and crisis intervention services to ensure the seamless integration of all aspects of care. The ideal Medical Director will be familiar with industry best practices and data driven analytics to monitor outcomes using a population health management approach

Essential Function

- Foster an environment of innovation in clinical delivery models
- As a part of Executive Team, participate in developing strategic goals and making ongoing recommendations to maximize the Agency's success
- Maximize opportunities for collaboration with academic partners to provide training experiences for Psychiatric Residents, Nurse Practitioners and Physician Assistants
- Foster career development and ongoing educational opportunities for the medical providers
- Deepen and expand relationships with community primary care providers
- Work closely with other departments within the agency to ensure the highest quality of care possible through ongoing quality assurance and peer review activities
- Evaluate opportunities for the agency to participate in clinical research activities and oversee the implementation and conduct of research protocols
- Ensure that the medical department meets or exceeds program goals using quality metrics and population health management tools

Required Qualifications

- MD or equivalent, Board Certification in Psychiatry from the American Board of Psychiatry and Neurology
- Licensed to practice medicine in California at time of hire
- At least three (3) years of progressively responsible experience as a Psychiatrist, one (1) year of which must have included management experience planning, directing, and coordinating the activities of a Psychiatric outpatient clinic, hospital or other facility that provides interdisciplinary medical and mental health care
- Demonstrated excellence in clinical care
- Demonstrated strategic focus as well as commitment to hands-on day-to-day department management
- History of finding creative solutions to attract, motivate and retain top talent
- Dynamic leadership skills and ability to lead change in a complex system of care that delivers whole person care for people with chronic mental illness, substance use disorders and social disadvantage
- Current or best evidence-based diagnostic and treatment practices for a culturally diverse client population
- Critical thinker with the ability to provide real-time analysis and solutions
- Skilled at building collaborative, team-oriented work environments
- Ability to support multiple work sites
- Strong strategic planning skills and the ability to advocate for the best evidence-based service delivery within a safety-net environment

-Self-motivated and passionate

Contact Information:

Gabby Warnick
Gwarnick@didihirsch.org
310-751-5414
www.didihirsch.org
4760 S. Sepulveda Blvd
Culver City, CA 90230

Miscellaneous

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

ALL EDITORIAL MATERIALS TO BE CONSIDERED FOR PUBLICATION IN THE NEWSLETTER MUST BE RECEIVED BY SCPS NO LATER THAN THE 1ST OF THE MONTH.
NO AUGUST PUBLICATION. ALL PAID ADVERTISEMENTS AND PRESS RELEASES MUST BE RECEIVED NO LATER THAN THE 1ST OF THE MONTH.

SCPS Officers

President Anita Red, M.D.
President-Elect Erick H. Cheung, M.D.
Secretary Ijeoma Ijeaku, M.D.
Treasurer Galya Rees, M.D.
Treasurer-Elect Michelle Furuta, M.D.

Councillors by Region (Terms Expiring)

Inland David Seigler, M.D. (2021)
. Vacant
San Fernando Valley Marc Cohen, M.D. (2020)
. Matthew Goldenberg, D.O. (2019)
San Gabriel Valley/Los Angeles-East Zaheib Idrees, D.O. (2021)
. Steve Khachi, M.D. (2019)
Santa Barbara vacant
South Bay Linda Do, D.O. (2019)
South L.A. County Haig Goenjian, M.D. (2020)
Ventura Julia Krankl, M.D. (2019)
West Los Angeles Zoe Aron, M.D. (2019)
. Sophie Duriez, M.D. (2020)
. Zeb Little, M.D. (2021)
. Ariel Seroussi, M.D. (2019)
ECP Representative Patrick Wiita, M.D. (2019)
ECP Deputy Representative Michelle Meshman M.D. (2020)
RFM Representative Katherine Unverferth, M.D. (2019)
. Eric Wagreich, M.D. (2019)

Past Presidents Heather Silverman, M.D.
. Curley Bonds, M.D.
. Joseph Simpson, M.D.
Federal Legislative Representative Steve Soldinger, M.D.
State Legislative Representative Roderick Shaner, M.D.
Public Affairs Representative Nadia Haddad, M.D.

Assembly Representatives
David Fogelson, M.D. (20120) Mary Ann Schaepper, M.D. (2020)
Heather Silverman, M.D. (2022) Steve Soldinger, M.D. (2021)

Executive Director Mindi Thelen

Desktop Publishing Mindi Thelen

CPA Officers

President Robert McCarron, M.D.
President-Elect Mary Ann Schaepper, M.D., M.D.
Treasurer Steve Koh, M.D.
Trustee Melinda Young, M.D.
Government Affairs Consultant Randall Hagar

SCPS Newsletter

Editor Matthew Goldenberg, D.O.

Recurring Featured Writer Kavita Khajuria, M.D.

SCPS website address: www.socalpsych.org

© Copyright 2018 by Southern California Psychiatric Society

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) 815-3650.

POSTMASTER: Send address changes to Southern California PSYCHIATRIST, Southern California Psychiatric Society, 2999 Overland Ave., Suite 208, Los Angeles, CA 90064.

Permission to quote or report any part of this publication must be obtained in advance from the Editor.

Opinions expressed throughout this publication are those of the writers and do not necessarily reflect the view of the Society or the Editorial Committee as a whole. The Editor should be informed at the time of the Submission of any article that has been submitted to or published in another publication.

DISCLAIMER

Advertisements in this newsletter do not represent endorsement by the Southern California Psychiatric Society (SCPS), and contain information submitted for advertising which has not been verified for accuracy by the SCPS.