

PSYCHIATRIST

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Newsletter of the Southern California Psychiatric Society

President's Column

Welcome to the Future

Curley Bonds, M.D.



I am honored to take the reins as president of our organization and excited about the challenge of leading us into the future. Spring is always a busy time for SCPS and this year was no exception. The season kicked off in mid-April with a well-attended CME meeting entitled **Substance Abuse: Contemporary Approaches to a Time-less Problem**. SCPS member Timothy Fong of UCLA educated us about the rapidly growing opioid epidemic in the United States and new pharmacologic tools available to psychiatrists to treat addiction. The meeting was followed by our annual Installation and Awards Program held at Le Merigot in Santa Monica on April 30th. As always this event was a wonderful opportunity to recognize the labor of seasoned members like past presidents Steve Sol-dinger, Roderick Shaner and Lawrence Gross all of whom received Presidential Commendation Awards from outgoing president Heather Silverman. All of these individuals have made generous contributions of time and wisdom to help advance our field and ensure our ability to practice psychiatry in an environment that is ever evolving and expanding. In addition, we recognized the hard work of new talent in the form of residents, fellows and early career psychiatrists like Michelle Furuta who chaired the Art of Psychiatric Medicine Committee and UCLA resident Gayla Rees who organized the very successful Career Day for trainees. We also recognized the service of outgoing officers like Ron Thurston (Ventura Region Councillor) who has led our team brilliantly in the task of monitoring government initiatives, propositions and other threats that pop up at a moment's notice in the end-less game of legislative whack-a-mole. Lastly we congratulated our newest crop of Distinguished Fellows Laurie Casaus, Christopher Thompson and Hanumantah Damerla.

In May the APA returned to Atlanta, birthplace of our nations' Civil Rights movement and its leader Dr. Martin Luther King, Jr. Judging from the broad smiles on the faces of colleagues I encountered both at the convention center and at southern cuisine restaurants around the city, the meeting was well attended and successful. A wide array of emerging evidence based clinical practices and scientific reports populated the plethora of sessions. Highlights included a day long Integrated Care summit offered at no cost to members interested

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in the intersection between primary care and psychiatric practice and an innovative series of community focused events that took attendees into the city of Atlanta to visit institutions like the Yerkes Primate Center, Morehouse School of Medicine and Grady Hospital. My personal favorite was a symposium on Food and the Brain chaired by Dr. Drew Ramsey of Columbia – it combined two of my favorite topics and educated us about how even small nutritional choices can have a measurable impact on mood and cognitive functioning. The meeting also was the setting for the screening of SCPS's stunning documentary **The Art of Storytelling: The Experience of Being a Psychiatrist**. The 130 attendees gave the film overwhelmingly positive feedback. At our June meeting Council members will investigate next steps to ensure that it receives wider distribution. The film is beautifully done and it sends a powerful message combating stigmatizing media stereotypes about psychiatry and psychiatrists through interviews with and by members of our district branch. Washington D.C. will host the Institute for Psychiatric Services in early October and then San Diego will be the location for the annual conference in May 2017.

During my term as president, I call upon you to join me in addressing a variety of initiatives. These include (1) Increasing the number of resident and fellow members who are engaged in the organization's advocacy and community outreach efforts (2) Reviewing and revitalizing our committee structure to ensure that the committees are functional and effective with adequate members and leaders (3) Improving awareness of all members about the benefits available to them through the APA and SCPS. This item is crucial to our ongoing growth and survival as an organization. If you need a refresher, visit psychiatry.org/mybenefits and enter your login details to see national member benefits. While there, you'll find a wealth of resources ranging from book discounts to free CME modules and member's only Practice Management tools, and lastly (4) Supporting and promoting diversity within our organization so that it accurately reflects the wide range of psychiatrists practicing in our region. To borrow an acronym from the fashion industry, the SCPS can and should be a "FUBU" organization, one that is For Us/By Us! Our influence increases when we have input from members from many different practice settings, cultural backgrounds and life experiences. Make sure that your voice is heard!

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This is a small 9 suite office building that was built for psychoanalysts in 1984 has received numerous awards by the award winning team of Scott Carde and Wade Killefer. The architect and design team collaborated with doctors who were originally occupying the space to determine the criteria for both the therapist and the patient. The lighting is perfect as its southern exposure to the sun. The hallway separates the building office/ breakroom, waiting rooms and lounge and restrooms. The interior design was a response to the emotional sensitivities of the patient. Each suit is approximately 400sq feet with decks, 15 foot ceilings lots of natural light. The building has two waiting rooms, two common area bathrooms and an office of the building.
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Letter from the Editor

Heads Up on CMA Changes

Colleen Copelan, M.D.



The California Medical Association has changed the way it develops policy, and that's important for specialty organizations to understand.

In the new system, policy options are considered on a quarterly basis with two 30-day comment periods. Members and member organizations who do not track and keep up with this pace will be left out.

In the old system, elected delegates met once a year to vote on resolutions—usually more than 200—to establish policy and priority. The process was rendered manageable by Reference Committees that took testimony and “massaged” the resolutions for the House. The House would either accept the Committee recommendations or “extract” items for further “massage,” an often messy process that sometimes led to referral to the Board of Trustees for study and return or simply study and decision.

In the new system, any member can submit a resolution anytime. The Speaker assigns resolutions to one of six Councils. The Councils function like the old Reference Committees but their members are selected with an eye to their subject expertise. Each Council sends its recommendations to the Board of Trustees for final action, on a quarterly basis.

The 30-day online comment periods happen before and after Council review, the first on the resolutions themselves and the second on the Council's recommendations. All this goes to the Board of Trustees for final action.

Yes, in case you didn't notice, CMA's most substantial governance change is that final action—the authority for policy decisions—now lies with the BOT, not the HOD. cocopelan@aol.com

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Katherine Smith-White, MD
Child and Adolescent
Psychiatrist



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David Kidwell, MD
Jail Mental Health Supervising
Psychiatrist



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President's Column from the *SCSCAP 2016 Newsletter*
(Southern California Society of Child and Adolescent Psychiatry)

Brooke H. Spanos, MD

Reprinted with permission

I saw a mom in my practice today. She's successful and highly educated, yet she is struggling. "It wasn't supposed to be this hard. I never thought I would feel like a failure when it comes to parenting." Sound familiar? Yet another example of the isolation, anxiety, and feelings of insecurity that seem to go hand-in-hand with parenting these days. There are a plethora of newspaper articles, blog posts, and even a new reality show about the subject popping up. Do you practice "attachment" parenting? Or maybe you subscribe to "free range" parenting? There is not a right or wrong way to parent, but it is clear that people are searching. Parents feel insecure in their abilities and overwhelmed by their responsibilities. Throwing poverty or violence into the mix complicates the picture even more. Raising a child is difficult for people with resources, not to mention families without means. As child psychiatrists, where do we fit in to this complex societal system?

I find we do a poor job of educating the public about the role and expertise of a child psychiatrist. There is a shortage in our field and demand is high, yet our voice is not always on the forefront. In general, the public is not aware of our knowledge about family dynamics, child development, parenting, medical diseases, emotion regulation, and neurodevelopmental variations, to name a few. When the public is not well informed, it is easy for alternative or misleading narratives about child psychiatrists to develop. A perfect example is the Sacramento Bee articles written last year about foster youth being overmedicated. It is, no doubt, a complex issue. What should have been a discussion about how to fix the broken foster system - by creating legislation to provide increased support, parent training, and behavioral treatments - became a discussion about how to stop psychiatrists from indiscriminately overmedicating children with "dangerous" and "mind-altering" psychotropics. Now there is legislation that will create even more obstacles for treatment. For the psychiatrist, it means more roadblocks and increased paperwork. For these at-risk and often traumatized youth, however, the stakes are higher. They risk destabilization, re-hospitalization, and the potential for yet another break in their sense of long term security and attachment. (I'm not even going to get into how it can lead to skyrocketing healthcare costs and taxpayer burdens...)

Recently I started working part time in an adolescent partial hospital program setting. Again, the bureaucracy hit me like a brick. I find it insane that unless I am starting new meds or increasing current doses of their meds, an insurance company will threaten to discharge the patient. It's a guaranteed time consuming fight with insurance. The purpose of treating children at a higher level of care is to provide structure, improve skill building, educate the family, and maintain safety. It is not to encourage polypharmacy. And yet, polypharmacy is what is rewarded.

At the most basic level, our job is to connect and support. We have to make sure to keep it that way. As child psychiatrists, we need to continue to advocate for emphasizing **prevention** of mental illness with parenting, education, and support for all families. We need to find ways to reinstate the proverbial "village." Moreover, let's ensure we can use medications only as we feel appropriate – not so the

insurance company thinks we are “doing something.” Otherwise, we might end up feeling like the mom I saw in my office – highly educated but struggling with where we went wrong, all while buried in paperwork and bureaucracy.

Have ideas? Feeling inspired? Need support? I encourage you to reach out to your local child psychiatry village (SCSCAP).

The SCPS documentary, *Art of Storytelling: The Human Experience of Being a Psychiatrist*, was shown as a media workshop at the APA annual meeting on May 18, 2016. Here are some photos from the workshop. (Photos taken by Samuel Miles, M.D.)



Panel members: Steve Soldinger, M.D., Linda Do, D.O., Mindi Thelen, and Michelle Furuta, M.D.



Michelle Furuta, M.D.



Linda Do, D.O. and Steve Soldinger, M.D.



Steve Soldinger, M.D.



A very appreciative audience of 130!

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Council Highlights

May 5, 2016

Erick Cheung, M.D., *Secretary*



The meeting was called to order with quorum at 7:12pm by Dr. Heather Silverman.

SURGE UNIT: Sandra Shields, from EMS Disaster preparedness. Runs LA County Surge Unit and disaster volunteer program. The origin of the LA Surge unit was via funding that became available after 9/11. Federal mandate to start disaster volunteer program. The program is managed by the EMS agency

There are 3 disaster programs in LA County:

Hospital surge program – efforts to support hospitals and clinics. Meets annually for a conference, volunteers are invited. No current training requirements. The physician or provider would be expected to perform within their current scope of duties.

LA medical reserve corps – DPH, public health preparedness, coordination of dispensing medications. Has higher level of training requirements.

Long Beach medical reserve corps

Further details on disaster healthcare volunteer (DHV) program: 100% volunteer, operationally called by telephone and volunteer then provides a yes/no answer to whether her/she is available. DHV seeks to recruit any physician with a license, particularly in need of mental health volunteers (physicians, nurses, social workers, etc...). The mission is primarily medical. 3000 volunteers currently in the system, unknown number of mental health providers. Current laws (such as good Samaritan laws) provide ample protections for participants in the surge program. website: joinsurgeteam.org

RED CROSS: Connie Ortiz and Sandra Shields presented on the Red Cross operations for recovery programs following a disaster. Sandra Shields performs co-lead for Red Cross. Mental health as a component of Red Cross was initiated about 30 years ago. Red Cross is unaffiliated with the government and is not funded by government dollars. To be a volunteer with Red Cross, must be professionally licensed. Mental health response is embedded within the Red Cross response, providing crisis intervention and psychological first aid (no crisis de-briefing). Volunteers can be deployed state-side.

There are multiple trainings available including psychological first aid, which is required by all volunteers. There is a 20 hour / year commitment. Total training required online/webinar and in-person is approximately 1 day equivalent. There is an international response team, which has extensive training requirements.

A suggestion was made to SCPS to consider defining the role of psychiatrists / psychiatry in the role of disaster response.

COPIER: discussed not purchasing the currently leased/contracted copier in the SCPS office, and seeking to purchase a new one without a lease or contract.

APA GROUP DISCOUNT: discussed the proposal for discounts for APA membership for enrollment of groups of new members and reduction of fees with an aim to increase membership. Council discussed the pros and cons of engaging in this membership strategy. Dr. Schaepper made a motion for SCPS to participate in the APA membership recruitment pilot program. The motion was seconded. 2 councilmembers opposed, the remainder (majority) approved, the motion passed.

NAMI / Walk: Council discussed the level of financial support from SCPS to the LA NAMI / Walk, including members' various opinions about keeping support as equitable as possible.

Dr. Thurston made a motion to increase the level of financial support to \$2,500 for the LA NAMI Walk. The motion was seconded as Dr. Furuta. The motion passed unanimously.

PRESIDENT ELECT REPORT: Dr. Bonds reported that the election resulted in a few spots unfilled. Dr. Bonds asked Council to consider appointing Dr. Matt Goldenberg to SFV councilor, and Dr. Ricardo Restrepo to South Bay Councillor. A motion was made, seconded, and unanimously approved to appoint Dr. Restrepo as South Bay Councillor. Council discussed the uncertainty about Dr. Goldenberg's upcoming change in place of business, once he completes residency at UCLA/SFV, and therefore he may not be able to represent that geographical area in accordance with bylaws. Motion made to appoint Dr. Goldenberg to SFV Councillor. There was no second. Motion was withdrawn. Dr. Bonds will get clarity on Dr. Goldenberg's plans and can appoint for one year if appropriate.

MEMBERSHIP REPORT:

Mindi Thelen reported that two new member applications were recommended for approval:

Danielle Chang, MD (SFV)

Hannah Roggenkamp, MD (WLA)

A motion was made, seconded, and unanimously approved

TREASURER REPORT:

Dr. Red reported on the 2015 tax report. A motion was made to approve April financial report and the tax return.

LEGISLATIVE REPORT: Dr. Thurston reported that there are several bills that have made access to tobacco products and e-cigarettes more difficult (increasing legal age to purchase tobacco to 21).

Hawaii psychologist prescribing bill has been defeated. Iowa just passed a psychologist prescribing bill, now the fourth state with (Louisiana, New Mexico, Illinois). June 9th, the CA aid in dying law will take effect. Refer to Bill Arroyo's article from last newsletter that addresses the role of psychiatrists. "Compassionate choices" organization is beginning a process of educating physicians.

PROGRAM COMMITTEE: Dr. Gales reported that the committee is on hiatus until the summer when there will be future planning for the next psychopharm meeting.

NEW BUSINESS: None

OLD BUSINESS: None

Meeting was adjourned at 9:35PM

Save the Date!

SCPS Career Day - Sunday, October 16, 2016

Didi Hirsch, Culver City

More details to follow



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APA's June Course of the Month

Advances in Psychodynamic Psychiatry: The Classification of Personality Disorders

Despite good understanding of how to best classify personality disorders, there are new developments based on changes in our understanding, new nosological systems and new evidence. For example, borderline personality disorder (BPD) can be better distinguished from narcissistic personality disorder (NPD), leading to changes in our understanding as well as our therapeutic technique.

URL:<http://apapsy.ch/June-Course-of-the-Month>

Each month, APA members have access to free CME course on the APA Learning Center. Less than 30 minutes in length, this course can help you brush up on a trending topic over lunch.

Expand Your Practice with Telepsychiatry

APA's new video-based Telepsychiatry Toolkit provides training for doctors new to telepsychiatry, as well comprehensive overviews of practice, clinical, legal and reimbursement issues. We'll help you get started so you can meet your patients' needs for convenient, readily-accessible service.

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