

# PSYCHIATRIST

Volume 66, Number 3

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Newsletter of the Southern California Psychiatric Society

## President's Column

# Publishing for Fun and Profit

Joseph Simpson, M.D.



The CPA Premier Conference at Tenaya Lodge in October featured two fascinating talks by renowned neuropsychiatrist Dr. Sheldon Benjamin. In his first talk, entitled "The Six Neuropsychiatric Cases all Psychiatrists Should Know," he told the audience that the often-maligned case report can in fact be an extremely valuable mechanism for advancing our understanding. He described how some "serious" academics in medicine often suggest to residents that they publish a case report, implying that such work isn't proper for someone on the tenure track, not to mention a tenured professor. He encouraged the audience to ignore this conventional wisdom and learn to appreciate the importance of crafting a solid case report.

In the modern era of research, in which many studies are funded either by huge government grants or the deep pockets of industry, and where anything that is not a randomized, double-blind, placebo-controlled trial is viewed with a high level of skepticism, it is easy to understand how case reports have acquired something of a bad reputation. While it is true that a single case report is unlikely to catapult someone into the forefront of academia, the knowledge base of our field would be well-served by more, not less, such reports.

I have discussed the idea of the case report at some length to set up my main topic, which is that many psychiatrists feel intimidated by the prospect of trying to write something for publication. To many of us, the world of publishing in a scientific journal seems arcane and mysterious. On two occasions in the past several years I have been approached by experienced, hardworking psychiatrists seeking my advice on how to get started in publishing. As a lapsed researcher, I am quite familiar with the world of peer-reviewed journals. But for many psychiatrists, their exposure to publishing consists of either a) getting their name added to an article on a topic they worked on in a lab back in their undergraduate days, or b) none whatsoever. So that intimidated feeling is quite natural.

One of the first steps, if not the first, towards seeing your name in print is getting over the fear of rejection and the doubt that **you** can actually contribute something that an editor will want to put in his or her publication. Producing such a contribution is actually much easier than it may appear. Every psychiatrist has a wealth of knowledge. In many cases, this includes specialized training or experience that many others in the field do not have and could benefit from learning more about – if for no other reason than to realize that a given problematic behavior pattern is studied or treated by someone, somewhere, who has a lot of accumulated wisdom, and a referral could be in order.

Here are a few suggestions for those who have never published before. First, it is important to do

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more reading. Read a few journal articles per month, in a different way than has been your custom. For this purpose, it is not enough to just look at the Abstract, then flip to, and skim, the Discussion. Try reading the entire piece word-for-word. Read the whole Introduction and look closely at the Methods. Try to identify flaws or weaknesses in the research design or follow-through, before you get to the Discussion where the authors point out the ones they thought of (it's good practice to see if you can spot them, and there also may be others that they neglect to mention.) As a simple example, if you're looking at a study that enrolled, say, 100 people, but is presenting data on 35 people because 65 people dropped out early, that can say a lot about various aspects of the study, including their recruitment protocol, the design of their intervention, and how relevant their findings on the minority of subjects who actually completed the study may be for the wider population. Would it have been more informative if instead of ignoring the dropouts they included the data up to the point where they quit?

Also, look at the References section. Get an idea of what prior research the authors relied on. You could even pull up a few of the most interesting of those references, many of which are available free on the Internet, and read those as well. You are not trying to become an expert on whatever the topics are, but if you do this for a few months you will naturally develop a better appreciation of the way authors think when they design a study or put together a case report.

The other benefit to reading studies this way is that you will start to absorb the style of writing that scientific journal articles use. This differs greatly from other forms of writing and has a lot of rules that are fairly rigidly followed. These are not necessarily listed anywhere, but by reading for a few months you will get a much better sense of the conventions of the form.

Once you have immersed yourself in the literature for a while, it's time to start writing. It is a cliché in many or all forms of writing that you should "write what you know." So pick a topic that you already have significant knowledge about, whether it be a particularly unusual and interesting case you spent a lot of time on or some therapeutic niche you are working in, or something else where you have something new and interesting to say. Deciding to go all-out by learning about some field that is completely new to you and then writing a comprehensive review of it is extremely daunting and likely to lead to quitting, so that idea is best avoided.

It is important to start putting your ideas on paper, and not imagine that you are going to create a perfect manuscript at one sitting. Get a bunch of the ideas down, without agonizing over every sentence, and then revise repeatedly. Multiple drafts are the norm. The basic ideas will usually remain the same, but the expression of those ideas, and their conciseness, can be refined through a process that resembles the literal refinement of a metal ore into the pure element.

When you are brand-new to this arena you may want to consider starting out with a publication that is a bit more "friendly." The reviewers for the peer-reviewed journals can be fairly harsh, even when they are blinded to the author's identity and have no information about whether they are a first-timer or a department chair. So when you are just getting your feet wet, you may try for a publication that doesn't send each submission out to two or three independent reviewers, but just has one or two in-house editors make sure the piece is up to snuff. The Newsletter you are reading now is a good example, as is the CPA's quarterly, *California Psychiatrist*. The types of article they accept is broader too. For *Southern California Psychiatrist*, you can submit a case example, a book or movie review, or any type of editorial or reflection you think will be helpful or interesting for your colleagues. This is not necessarily impossible with, say, the *American Journal of Psychiatry*, but will likely be much more difficult if you've never done it before. There are a number of other publications that are either not peer-reviewed or have some peer-reviewed and some single-editor sections. *Current Psychiatry* is a well-known publication seen by many residents and early career psychiatrists. Their "Pearls" section is a good place to offer a brief summary of some clinical wisdom with a catchy mnemonic that you can devise. *The Journal of Psychiatric Practice* has sections on forensic psychiatry, psychotherapy and others which would be good for a guest column, where you only have to work with the section editor and not deal with peer reviewers.

Finally, if all of this seems like a bit too much, consider finding a mentor or a co-author. There are many psychiatrists and other mental health professionals affiliated with our medical schools and other training programs and university research endeavors who would be happy to work with an enthusiastic doctor who may not have a lot

of experience at writing for publication but has a lot of clinical knowledge. This collaboration could take the form of advice and guidance on your first venture into writing, or an arrangement where each party agrees to take on the responsibility for writing a portion of the paper, with both (or all if there's more than two) editing the other authors' sections as well.

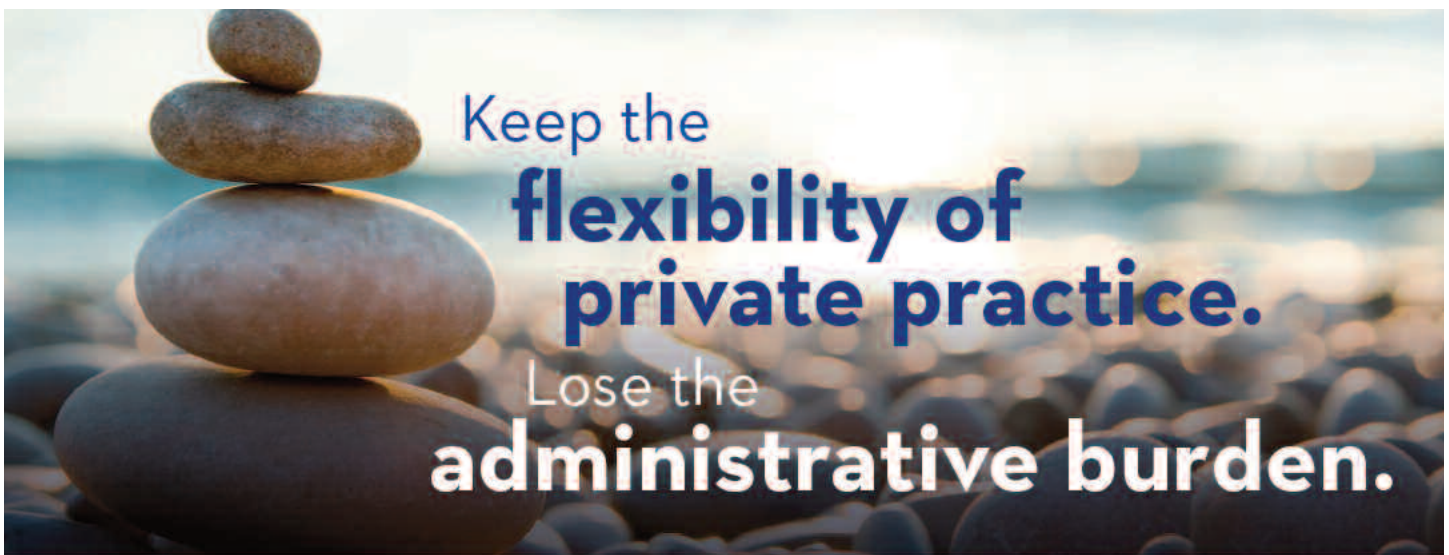
Once you've got your first submission or two into print the process will become easier. You may even find it habit-forming. This Newsletter is extremely eager to add value for our members by printing quality pieces by its members, be they residents, fellows, ECP's, or seasoned veterans of the clinical trenches. So fire up those laptops!



As always, your newsletter is informative and so very well done! I particularly noticed the comments re Yoga, and agree with them. It would be useful to have another such article which takes Tai Chi through a similar discussion and for which there is an even greater number of contributions supporting this over the years. Tai Chi has a special element for physicians, namely the fact that advanced age and physical problems are far more possible in Tai Chi than with Yoga. I speak also from personal experience for the past 6 years, despite my recent 85th!

**Sherwyn M. Woods, MD, PhD; Emeritus Professor, USC Keck School of Medicine**

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## Get to Know Your SCPS Board

By Newsletter Editor  
Matthew Goldenberg D.O.



In what I hope will become a bit of a tradition, what follows is an interview of members of our SCPS Executive Council leadership. My hope is that this will allow our members to get to know their leaders. Understanding the history of SCPS and how our leadership got involved may inspire a new generation of future leaders to join and become active on the council.

For the November edition of our newsletter, I have the pleasure of presenting my brief interview with Mindi Thelen, Executive Director of SCPS:

### **1) How long have you been the Executive Director of SCPS and how did you come into this position?**

I have been with the Psychiatric Society since September 1991 and became the Executive Director in early 1995—so twenty-six years at SCPS. I worked in medical offices after college and liked working in health care but wanted something a little different. When I saw the ad in the LA Times for the job as Membership Coordinator at SCPS it called to me. Lisa, my predecessor, told me that one of the reasons she hired me was because I knew the difference between a psychiatrist and a psychologist. I was offered a job on the same day by the company that developed drug testing using hair, but I could tell that Lisa was a special person and I looked forward to working in association management so I said ‘yes’ to this offer.



### **2) How has the council changed under your tenure?**

Council has grown since I started. In 1991, we did not have residents/fellows serving as permanent voting members nor did we have the two-early career psychiatrist voting positions. Along those lines, we now promote younger members to higher Council positions more quickly.

Secondly, we used to meet at the SCPS office, but that required paying rent on office space that was only used once a month and seemed wasteful. Now we are in a much smaller office and Council is a bit nomadic. Finding the perfect home for our meetings is one of *my* biggest challenges!

### **3) What has stayed the same since you started with the council?**

What has stayed the same is the passion and dedication of the members who volunteer their time and serve on Council. We live in a busy world and there are many worthwhile things that people can spend their free time doing, so I am continually impressed by how much our Officers and Council members give to the organization.

Through Council discussion about policy and challenges I am witness to the compassion our Council members feel for their patients and the ded-



ication to their profession. This is very heart-warming for me and probably what has kept me here for so long. Although I can't personally help people with mental illness, I help people who do, and that is rewarding for me.

### 3) What are two of the biggest challenges you have seen SCPS tackle?

I would have to say the biggest and most obvious challenge that SCPS has been tackling is the push for prescription privileges by non-medical mental health practitioners. This challenge and the organization's response to it has evolved greatly over the years. While we still object to the practice of medicine (and prescribing of medications) by non-medical professionals, we have also become more accepting of the multi-disciplinary approach to treatment and also have a greater understanding of psychiatrists' role as educators and supervisors.

The other challenge is access to care. Really, I should call it, access to quality psychiatry without major insurance company intrusion. As an Executive Director, I am on the front line and often hear about our members' (and their patients') problems with insurance companies and managed care. In many instances, psychiatrists in private practice have just stopped taking insurance and/or Medicare altogether.

### 4) What is your most memorable SCPS moment and what achievement are you most proud of?

My most memorable experience is the very first Psychopharmacology Update that I organized after Lisa left and I had forgotten to order AV! Fortunately, the hotel was able to bring me what I needed in time for the meeting to start, but I still have nightmares about that!

My proudest achievement has been my involvement with the documentary, [Art of Storytelling: The Human Experience of Being a Psychiatrist](http://www.socalpsych.org/art-of-psychiatric-medicine-committee.html).

<http://www.socalpsych.org/art-of-psychiatric-medicine-committee.html>

I immediately loved the idea of the film when the Art of Psychiatric Medicine Committee came up with it, and working on it was a labor of love for my husband and me. The fact that it has been so well received, and screened at the World Psychiatric Congress in Berlin makes me feel very proud.



### 5) What is the biggest challenge you see SCPS and the field of psychiatry facing in the near future?

Unfortunately, I see the ongoing access to quality psychiatric care as the biggest issue. There are so many forces – (politicians and insurance lobbyists) – working against access to care. It really frightens me as a human being, not even wearing my SCPS hat.

### 6) Tell us something about you that we would not have guessed?

Even I wouldn't have guessed this...I have recently become a *very active* political activist (as of January of this year). I don't think that needs any further clarification.

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## Your Brain on Yoga

A Harvard Medical School Guide

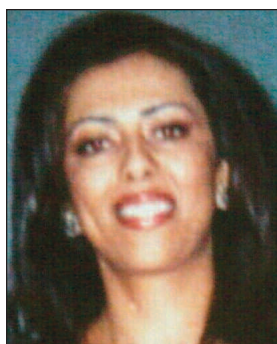
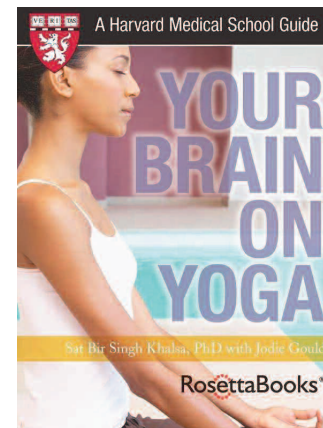
By S.B.S Khalsa, Ph.D. with Julie Gould

Harvard Health Publications, Rosetta Books, 2012

Print length: 52 pages

Free online as a pdf; \$5.99 as a Nook Book on Barnes and Nobles; \$1.99 as Kindle on Amazon.

Book reviewed by Kavita Khajuria, M.D.



Given the recent media attention on physician burnout, this topic would likely be of interest to assist in restoration of wellbeing, despite having been published a few years ago.

Dr. Khalsa is a yoga practitioner, assistant professor, and neuroscientist, with qualifications that include research and teaching affiliations with Harvard Medical School. I first encountered some of his articles while researching material for a presentation, and found them to be informative and helpful.

The title refers specifically to the 'brain', but the material goes beyond this, to include the effects on various body systems. It also provides a brief overview of the background and philosophy of yoga.

The introduction aptly describes yoga as far more than the images we see in the media, or some sort of workout to be taught in a gym. It's explained as encompassing a wide range of practices, which traditionally include breath control, deep relaxation, meditative and concentration exercises, and the cultivation of mindfulness or awareness.

The author begins with his journey – an exploration into a specific variety of yoga, and an appreciation of what it offered him. The results were not sudden or radical. He acknowledges “there were no dramatic revelations or fantastic experiences... yoga simply uplifted and resonated with me on a deeper level”. This culminated in his pursuit into higher studies including the psychophysiology of yoga. His research has focused on the clinical effectiveness of yoga on a variety of disorders including sleep, anxiety, depression, insomnia, PTSD, and chronic stress.

The book is divided into 5 chapters. Chapter 1, “Your Brain on Stress” describes the restorative replenishment and balance that yoga provides, cited as “one of the best antidotes to the stress of modern living”. This is illustrated by studies that confirm the control of the autonomic nervous system with yogic practice, ~ 50 years after an initial investigation of expert yoga masters in India. A nice simple summary of the relaxation response is provided which is purported as providing restorative changes with reduction of arousal, and induction of feelings of tranquility and well-being. He admits that scientists do not have all the details to explain exactly how yoga and meditation work, but the practice is encouraged, given the confirmed health benefits and positive impact on gene activity which changes one's physiological state. He illustrates this with studies demonstrating lowered cortisol levels, significant gene expression changes, and reduction in anxiety in those suffering from GAD. Another study demonstrates boosted GABA production with improved mood and decreased anxiety.

Meditation is referred to as a necessary “mental time-out” which allows the brain time to absorb and process stimuli, rather than risk numb mental carelessness in this era of high tech overstimulation. I found this to be a welcome reminder. Other important points include the practice of meditation to control attention and thereby select

what is perceived to be a significant stressor - this then reduces limbic activity and emotional reactivity.

Chapter 2, “Your Body on Yoga” describes health hazards associated with physical inactivity and the benefits of yoga in boosting immunity, reducing blood pressure, increasing telomerase activity, and enhancing sexual activity. He illustrates this with studies, anecdotes and Kundalini based exercises.

Chapter 3 “Your Smarter Brain on Yoga” describes changes in the brain attained with yoga practice, given the brain’s plasticity. Structural changes include thickening of the cerebral cortex, an increase in grey matter in some regions of the brain (MGH studies), and differences in gyrification in those who meditate (UCLA study). Reduction of stress-related cortisol, greater attention span and processing speed, improved psychomotor functioning and reduction of s/s of ADHD with increased academic performance are other reported benefits, illustrated w/ studies and exercises for what is termed, the “brain drain”. He encourages practice in youngsters, in the way of skill building for coping with stress and life challenges.

Chapter 4, “Your Mood on Yoga”. 57 million people in the US suffer from mental health disorders, according to the National Institute of Mental Health, unmanaged stress being a significant contributor. The author quotes the Dalai Lama “happiness is something that can be achieved by training the mind”; he encourages us to train ourselves to enhance those feelings to improve quality of life. Given that meditation activates the left prefrontal cortex associated with positive mood states, he encourages 20 minutes of practice a day to “rewire the brain” - a method to cultivate non-judgmental and non-analytic awareness or mindfulness in the present moment. Subtle changes in the sense of identity develop over time, with improved physical and emotional flexibility reflected in scores that rate depression, anxiety, musical ability, and well-being.

He reminds us of the spiritual origins of yoga of which there’s been little research. At one point yoga is referred to as a “contemplative mind-body practice”, an interesting term, given that yoga may be a natural way of life and identity for certain people and cultures.

Chapter 5 “Finding the Right Yoga Style for You” describes various schools and styles, acknowledging both the traditional and diversified forms. Dr. Khalsa provides an excellent overview and encourages the more comprehensive traditional styles for beginners, which includes meditative practice. This demonstrates his understanding and appreciation of the deep philosophy inherent in traditional practice.

The author identifies himself as a practitioner of the Kundalini style, which was reflected in most of the exercises. I tend to enjoy an accompanying CD, DVD or studio class for live instructions and the experience.

In sum, this is an informative, easy to read book which contains valuable information authored by an experienced practitioner. Ancient wisdom has been recognized by the medical education system, which can be immensely helpful for the healer - both student and practicing physician alike.

*“Dr. Khajuria is a Forensic psychiatrist practicing at Twin Towers Correctional Facility, Los Angeles; Adjunct Faculty with the Wright Institute of Psychology, Berkeley, California; Adjunct Faculty with the Fuller Graduate School of Psychology, Pasadena, California, and a certified Yoga instructor”.*



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Why does the world cut me so deep,  
That the only way to lick my wounds,  
Is simply to weep.

What did I do so wrongly to deserve,  
So many long days of pain and suffering,  
With not one day of calmed nerves.

God, just set me free.  
You have taken my eyes,  
And I can no longer see.

Ayesha Dua, MD  
September 16th, 2017



*Dr. Dua is a practicing general psychiatrist in California, with a special interest and additional training in working with children & transitional youth. She trained at Rush University Medical Center in Chicago, IL (graduate of 2015) as well as Stanford Hospital & Clinics in both general adult psychiatry and subsequently specialty training in child and adolescent psychiatry at Stanford (graduate of 2017).*

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As mentioned in the interview with Mindi and in previous issues of this newsletter, the *Art of Storytelling: The Human Experience of Being a Psychiatrist*, was screened at the World Psychiatric Association's Annual Congress on October 10, 2017, in Berlin. Drs. Michelle Furuta, Mary Ann Schaepper, and Maria Lymberis were there to present the film as well as Mindi and Tim Thelen. The screening was a smashing success with 200 psychiatrist attendees in the audience and a wonderful discussion afterwards. Here are some photos.



Dr. Furuta with the Congress Coordinator, Josephine Winkler



The Panel



Mary Ann Schaepper, M.D.



Maria Lymberis, M.D.



Mindi Thelen



The audience and the film



The panel taking questions after the film



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**Theresa Williams, DMH Human Resources Bureau, (213) 972-7085**



## News Items of Interest

1. The California Department of General Services has an urgent need for psychiatrists and other mental health providers that may be able to provide mental health services to the first responders, as well as to those caring for disabled/veterans/elderly affected by the Northern California fires. Anyone that can contract with the state of CA, Please contact Ricardo Martinez, DGS Chief Procurement Officer, at 916-317-6451 or [ricardo.martinez@dgs.ca.gov](mailto:ricardo.martinez@dgs.ca.gov) .

2. CPA has assisted with the development of a petition for Netflix to add the national suicide prevention life-line number to every episode of season 2 for the show, "13 reasons why." The popular Netflix series depicts a high schooler's struggle with mental health issues and eventual suicide, and has been tied to a 26 percent increase in Internet searches about specific ways or methods to die by suicide. Add your name and send a message to Netflix today. Sign the petition demanding that season 2 of "13 Reasons Why" includes the National Suicide Prevention Lifeline number.

The annual SCPS Career Fair for Psychiatrists was held on Sunday, October 22, 2017. The attendees enjoyed another program during which early career psychiatrists described what it is like to start a practice in various settings and various areas of special interest. In the afternoon they met with employer exhibitors. Here are some photos.



The panel on practice settings



Monika Chaudhry, M.D.



Marc Cohen, M.D.



Curley Bonds, M.D. and audience



Matthew Goldenberg, D.O.



Haig Goenjian, M.D.



Victoria Huang, M.D.



Galya Rees, M.D.



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