

PSYCHIATRIST

Volume 66, Number 2

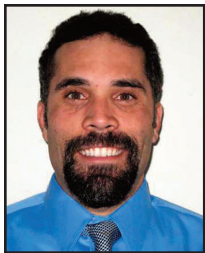
October 2017

Newsletter of the Southern California Psychiatric Society

President's Column

How Do You Stay Current?

Joseph Simpson, M.D.



When a new doctor just out of medical school starts residency, every day is a learning experience. The PGY-1 is bombarded with information from a variety of sources, which go far beyond the obvious of attending physicians and lecturers to include clinic and hospital staff members such as nurses; fellow residents from the same and other classes and programs; and patients. Various free journals flow towards the new resident. If the PGY-1 joins the APA, he or she will also receive trade publications such as *Psychiatric News*.

Once residency ends and practice begins, the volume of new learning obviously decreases dramatically. But all of us continue to learn about our field, or at least we should. This is not just because the Medical Board requires that we accumulate a certain number of CME hours every two years. No one finishes residency knowing everything they need to handle every situation they will encounter in practice. Furthermore, new, practice-changing discoveries arise periodically. Some of these were completely unknown at the time a given psychiatrist was in residency.

Many or perhaps most psychiatrists develop a mental list of their preferred medications for various conditions. These are the treatments we learn the most about, gradually accumulating experience by prescribing them over and over. Other, perhaps fairly similar options are used less frequently, and as a result we end up knowing less about the subtle differences between these different choices. This is especially a risk with all of the “me-too” drugs that the pharmaceutical companies have been marketing in the decades since the last major new classes of psychotropics, SSRI’s and atypical antipsychotics, became part of the armamentarium. Often new compounds are an enantiomer or a metabolite of a more-established medication that is about to lose patent protection. It is easy to think, “Do I need to learn about another SSRI?” or “How is this *really* different from what I’ve been prescribing for years?” The complexity is compounded, for example, with stimulants, where not only can one choose among racemic amphetamine, (i.e. *l*- and *d*-amphetamine, better known as “mixed amphetamine salts” or Adderall) single-enantiomer amphetamine (dextroamphetamine), racemic methylphenidate, and single-enantiomer methylphenidate (dexmethylphenidate, i.e. Focalin), but there are multiple preparations of nearly all of these, with different timings of release into the bloodstream and durations of action. It is tempting to just get to know one short-acting and one long-acting version of each major category (amphetamine, methylphenidate) and pretty much ignore the rest.

But are our patients best served by such an approach? Sometimes medications which in a textbook appear to be very closely related can have drastically different effects on an individual human’s physiology. So although it may be difficult at

(Continued on page 2)

In This Issue...	
Letter from the Editor	3
Physician Well Being: Yoga for Mind, Body, and Soul	6
Why Join APA?	9
Connection as Antidote to Stigma	13
Council Highlights	14
Annual PER Gala and Region Get-together Gallery	18

times, keeping an open mind about treatment options which you may not be using as regularly can lead to some satisfying and unexpected treatment successes.

Not only is it a good idea to stay up on the latest medications, but it is helpful to keep abreast of other areas such as somatic treatments like TMS or VNS, psychotherapies, and the non-medical aspects of our field such as changes in insurance company or government policies. But how many of us, trying to cope with the sheer “busyness” that tends to characterize modern American life, just toss out items that arrive in our mailbox such as the *American Journal of Psychiatry* or *Psychiatric News*? And do the same with emails offering updates on the latest news in psychiatry? If you pay for any online or print subscriptions, do you actually look at them regularly?

It is impossible to read more than a tiny fraction of the scientific articles published in psychiatry every month. And of course, much of what is published is far removed from anything that would affect day-to-day psychiatric practice. But making an effort to check out at least one or two journals or online sources regularly is likely to lead to some productive discoveries that can inform treatment decisions.

Another reason to keep up with latest news from the field is that your patients will ask you about the information they find on the Internet or hear about from other people. Whether it is about the latest pharmaceutical, a supplement, or something else, you will be in a much better position to discuss it with them if you are already familiar with it. I recently learned something new from a patient: she is prescribed low-dose naltrexone, 4.5 mg, for chronic pain. Apparently this has been a growing trend among rheumatologists and others for several years, but I was completely unaware of any uses of naltrexone that didn't involve a 50-mg daily dose or a monthly injection.

So, do you have some go-to sources for staying current? Some of us rely on what comes with being a dues-paying APA member, while others pay for subscriptions to other journals or newsletters. The important thing is to actually make the effort to read some of it regularly. I think many of us underestimate the information that can be found in *Psychiatric News*, since it comes out frequently, is not a “science” journal, and many of its articles are written by journalists rather than MD's. But it actually contains a lot of very useful information. If you've been considering it “junk mail,” I encourage you to give it another look for a few issues. But in any case, staying current these days does not require traveling to far off, expensive conferences. All you need to do is set aside a little time every week or month to read with your computer or the print publication of your choice. You definitely won't regret the time you spend.

Upcoming Dates to Keep in Mind

CPA Annual Meeting, October 6-8

SCPS Career Day, October 22

Psychopharmacology Update 29, January 27, 2018

**Please note that the SCPS office will be closed from
October 1 - October 15, 2017.**

**The staff will respond to phone calls and emails when the office
re-opens on October 16th.**

Caring for Those With The Least Among Us

By: Matthew Goldenberg D.O.
SCPS Newsletter Editor



By now you have likely heard about the deadly outbreak of hepatitis A in San Diego County. You also likely know that Hepatitis A is a preventable disease, spread through fecal contamination, for which we currently have a viable vaccination.

But in 2017, San Diego County has had to resort to distributing plastic fecal disposal bags, aka “poop bags”, and washing the streets with bleach. [Huffington Post](#) reports that, the outbreak has killed more than a dozen people and infected more than 400. Sadly, the most vulnerable seem to be the most at risk, as the victims of the opioid epidemic and homeless individuals have been the most greatly impacted. What saddens me most, is that experts believe this would have been preventable with better access to housing and healthcare.

San Diego is not alone. There are similar outbreaks in Detroit, Salt Lake City, Santa Cruz and other U.S. cities. Los Angeles has been spared thus far. However, [The Huffington Post](#) article goes on to state that “all it takes is touching a door handle after a contagious person who hasn’t washed their hands and then eating lunch, for example — these outbreaks could spiral into an even larger public health crisis”.

The sources of the problem include:

- Lack of Public Bathrooms**
- Lack of Affordable Housing**
- Lack of Access to Healthcare**

Los Angeles County needs to address these areas as well, as it is likely just a matter of when, and not if, we will have an outbreak of our own. A recent [LA Times](#) article from this year had the ominous title of “L.A. County homelessness jumps a ‘staggering’ 23% as need far outpaces housing...”. Currently we have nearly 60,000 souls living on the streets of Los Angeles.

While Hepatitis A is an acute physical health crisis, those of us in the mental health field know that there has long been a mental health crisis among our homeless population for a long time. However, that crisis has worsened as well of late as well. The [LA Times](#) article goes on to cite a study that found that the chronic homeless population, those who have been on the streets over a year and suffer from mental illness, has increased 20% to more than 17,000.

A separate [LA Times](#) article estimates that nearly 1/3 of Los Angeles’s homeless population has serious mental illness. However, only about **8%** are receiving special assistance from the County. Long the underbelly of mental health, [Vice News](#), as recently as 2016, reported that local hospitals continue to dump mentally ill patients on Skid Row.

There are many programs in place from the public, private and nonprofit sectors to address homelessness, but they cannot keep up with the needs of the County. Despite these efforts, our homeless population has continued to climb to a rate of **1 out of every 253** citizens of Los Angeles lacking permanent housing. *[This [Daily Trojan](#) article very thoroughly lays out some of the challenges and history of the problem]*

While, as previously mentioned, homelessness has risen by about 20%, the [LA Times](#) reports that the budget for social services, healthcare and other support for the poor has only increased about 0.5%. The total recommended budget for fiscal year 2017-2018, which began July 1, is **\$30.02 billion**. That sounds like a lot of funding. However, unless I am misunderstanding something, only about \$600 million of that total amount is allocated to reducing and preventing homelessness, hiring new social workers, improving foster care, treating the county’s sickest patients and diverting individuals with mental illness from jail.

Every psychiatrist, whether you work in private practice, academics, for a medical group or in the public sector should care about this Hepatitis A outbreak, because those with mental illness are the most vulnerable. Moreover, even if you work far away from the forensic settings or public health clinics where our homeless citizens receive their treatment, Hepatitis A, like mental illness, does not differentiate based on skin color, socio-economic status or zip code. This is a public health crisis because it has the potential to negatively impact all of us.

As leaders and advocates for mental health this presents the perfect opportunity to mobilize and support mental health and physical health reforms for all citizens of Los Angeles, especially those with the least among us, who are already disproportionately burdened with serious mental illness and addiction, and now hepatitis A as well.

Advertisement



LOS ANGELES COUNTY DEPARTMENT OF

Mental Health

hope. recovery. wellbeing.



Chief of Psychiatry, MH (UC) - Immediate Opening

Annual Salary: \$180,516 - \$316,548 (plus benefits)

The Los Angeles County of Department of Mental Health is the largest county mental health department in the country. We have a diverse workforce serving a spectrum of services to over 250,000 clients of all ages to support hope, recovery and wellbeing. We are looking to hire a **Chief of Psychiatry**, to report directly to the Medical Director, who would be responsible for ongoing strategic development, oversight and evaluation of all psychiatrists throughout the Department.

Benefits Package includes:

- ✓ Retirement plan
- ✓ Flexible Spending Accounts
- ✓ Savings Plan (401K)
- ✓ Deferred Compensation Plan (457)
- ✓ Holidays - 12 Paid Days Per Year



Qualified candidates are invited to submit a statement of interest and resume detailing education completed, positions held, current salary and special qualifications. Resume should include information required to determine if the candidate meets the qualifications and desirable qualifications sections of the recruitment announcement available for download at: <http://bit.ly/2uuizvL>.

Please submit your statement of interest and resume to: exams@dmh.lacounty.gov
In the subject line of the email, please indicate: **Chief of Psychiatry, MH**

For additional inquiries, please contact:
Theresa Williams, DMH Human Resources Bureau, (213) 972-7085



ONE POLICY. ONE DECISION.



WE PROTECT YOU

PRMS' comprehensive program is designed to adapt to the changing stages of your career. We protect you with a robust policy, outstanding customer service and a team of experts who truly understand psychiatric risk.

JACKIE PALUMBO
CHIEF UNDERWRITING OFFICER



Full-career protection is just one component of our comprehensive professional liability program.

When selecting a partner to protect you and your practice, consider the program that puts psychiatrists first. Contact us today.

More than an insurance policy

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



Actual terms, coverages, conditions and exclusions may vary by state.

Insurance coverage provided by Fair American Insurance and Reinsurance Company (NAIC 35157). FAIRCO is an authorized carrier in California, ID number 3175-7. www.fairco.com

In California, d/b/a Transatlantic Professional Risk Management and Insurance Services.

Physician Well Being: Yoga for Mind, Body & Soul

by: K. Khajuria M.D.

“The inner spirit.. the colorless sap that nourishes and strengthens all parts of the tree impartially”
-The Yoga Sutras of Patanjali -(1)



Nowadays it's almost impossible to pass through a grocery aisle without viewing a Yoga magazine for sale. Book stores are inundated with a myriad of yoga material, and yoga studios have popped up in every neighborhood. California has generally embraced this practice, being a haven for free spirits and thinkers.

Over 250 million people practice yoga worldwide, and it's estimated that over 25 million practice it in the USA. Its popularity soared such that majority members of the U.N agreed to declare June 21st as International Yoga Day.

Modern society has often thought of yoga as a form of physical exercise, however, yoga is an ancient spiritual practice that originated in India over 5000 years ago. It's a holistic lifestyle of well-being that has grown exponentially in popularity and practice.

What exactly *is* yoga?

Literally, the root “Yuj” means ‘to join, bind, attach or yoke’. A simple definition is the unity of oneself with a higher power. Another is “a deliverance from pain and sorrow” (2). It was considered a divine science, revealed to enlightened sages during meditation (1), and subsequently passed down through a succession of pandits to the present day. It was believed to be one way to sustain the harmony of the universe. Traditionally, a group of students would gather around a teacher in the forest hermitages, who provided instruction and supervised their progress (1). One who followed this path was considered to be a yogi or yogin. Yoga was later introduced to the west in the early 19th century, to eager seekers of Eastern Philosophy. The Post Classical period gave birth to many styles of yoga, and several schools began to emerge. Hatha Yoga became quite popular, with its focus on postures, breath work and relaxation.

What do the interesting postures represent?

Postures often represent nature, animals, heroes and warriors. Organic names suggest unity with various forms of life and illustrate the principle of evolution and universality (2). Practitioners find unity in universality.

What are the benefits?

Ancient yogis knew that the physical body would change with age and disease, so they freed themselves from physical disabilities and mental distractions by consistent practice. Yoga postures strengthen and rejuvenate the body, release chronic muscular tension, and liberate energy clocked at points of stress (1). One develops strength, flexibility, and co-ordination. Metabolism is restored and tissues nourished (3). Balance and endurance are cultivated. Active breath work (Pranayama) is believed to cultivate vitality and release blocks of accumulated stress - in yogic terms - held and past experiences (1). Calm breath work and meditation still the mind, to cease the incessant chattering, whilst sharpening clarity and focus. Sight and hearing are believed to be the more powerful of the senses, hence focus on sounds and images are often used. Regardless of the tool, all have a common goal: to focus the scattered rays of the mind onto a single point. This is an acquired practice, traditionally practiced twice a day for twenty minutes, preferably at dawn and dusk.

What's the evidence of the clinical effects of yoga?

Many studies have been small and poorly designed (4), but all yoga practices are known to influence the mental state. (5). Studies suggest that yoga influences neurotransmitters, inflammation, oxidative stress, lipids and growth factors in a manner similar to antidepressants and psychotherapy (5). Available reviews suggest it can reduce the impact of exaggerated stress responses, decrease physiological arousal, and may be helpful for anxiety and mild forms of depression. Positive effects for back pain, arthritis, headaches, IBS, fibromyalgia and pain syndromes have been demonstrated. Postures and abdominal breathing improve respiratory function, increase vital capacity, and cultivate strong muscles and elastic tissues (5). Experts suggest that yoga can be a useful addition to the treatment of PTSD, as it has been found to improve s/s after exposure to combat, natural

disaster or terrorism. Studies have also shown improvement in positive and negative symptoms of schizophrenia, and socio-occupational functioning (5). Superior outcomes have been found in studies related to sleep latency, daytime dysfunction and perceptions of physical and mental health.

The price of modernization!

Modern times has taken its toll for many of us, with long hours hunched at a desk, use of computers, lack of fresh air or sunlight, and snatching food on the go. Not to mention the load of daily psychiatric practice, deadlines, and other responsibilities. Lack of consistent exercise or social connections are also not uncommon. Yoga can help in many wonderful ways. Postures tone the body and improve flexibility. Breath work and meditative practices often result in greater awareness, serenity, higher well-being and an improved quality of life.

Do you need a \$100 dollar outfit or expensive studio membership?

No! A clean space, a blanket/mat, loose simple clothing, and patience are all that are required. Convenient ways to start include practice with a beginners DVD at home, or a beginner class in a studio. Or perhaps explore with an introductory book. Avoidance of injury is important by not straining oneself. Some forms of yoga may not be appropriate for everyone, especially elderly patients, or those with mobility problems. Consistency and patience are key.

Yogis believed that joy, wisdom and tranquility exist within. Opportunities are readily available to us to utilize the benefits of this ancient practice.

The rewards can truly be priceless.

References:

1. *The Yoga Sutras of Patanjali*. Introduction and translation by Alistair Shearer. Bell Tower, New York, New York. 1982.
2. Iyengar, B.K.S. *Light on Yoga*. Schocken Books. 1979.
3. *The Sivananda Companion to Yoga*. Simon and Schuster, New York. 1983.
4. Yoga for Anxiety and Depression. *Harvard Health Publications*, Harvard Medical School. 2009.
5. M. Balasubramaniam et al. Yoga on our Minds: A systematic review of yoga for neuropsychiatric disorders. *Frontiers in Psychiatry*. 2013. Doi 10.3389/fpsych.2012.00117

Peace of Heart Project: Volunteering with Refugees in the Middle East via Tele-Psychological Support

“There is probably no group of people more in need of psychological care than refugees. They are traumatized by violence and scarred by loss. And very often, their uncertain life in exile exposes them to more challenges than they are mentally prepared to handle.” According to the UN High Commissioner for Refugees, Melissa Fleming, Psychological support, for the refugees, is needed on a massive scale. Getting them support is now possible, with a little innovation. **The Peace of Heart Project (PHP)** is a unique project to provide life-changing mental health support to refugees, in previously unreachable locations, via tele-support, through online communication platforms (i.e Skype, Facetime, and other applications). This new way of “volunteering” allows mental health professionals, from around the world, to lend their expertise in remote or volatile locations, without ever having to leave their home.

How you can help: We are looking for mental health workers with a passion for helping this very special group of people. Preferably, volunteers will have experience working with refugees or people with acute grief, anger, depression, and loss. Other preferable qualifications are to have a working knowledge of Arabic, Farsi, and Urdu. A background in Arabic or Middle Eastern culture is also ideal but not required. If you or someone you know may be interested please contact:

Mary Ann Schaepper, MD, M.Ed: ms@schaepferpsychiatry.com

Or

Alicia Grant

alicia.grant@newrealityinternational.org

951-231-3764



SCPS Career Day

Sunday, October 22, 2017

10:00am - 3:00pm

Didi Hirsch Mental Health Services
4760 S. Sepulveda Blvd.
Culver City, California 90230

SCPS Career Day

Sunday, October 22, 2017 - 10:00 a.m. - 3:00 p.m.

Didi Hirsch Mental Health Services

4760 South Sepulveda Blvd. Culver City, CA 90230

Practice Sectors - 10:00 a.m.

Managed Care/Kaiser Permanente - Galya Rees, M.D.

Private Practice - Anita Red, M.D.

Academic Psychiatry - Yvonne Yang, M.D.

Public Psychiatry - Shayan Rab, M.D.

Group Practice - Victoria Huang, M.D.

Clinical Trials - Haig Goenjian, M.D.

Panel Discussion on Practice Sectors

Sub-Specialties - 10:45 a.m.

Consultation and Liaison Psychiatry - Monika Choudry, M.D.

Child and Adolescent Psychiatry - Anita Red, M.D.

Forensic Psychiatry - Marc Cohen, M.D.

Addiction Psychiatry - Matthew Goldenberg, D.O.

Geriatric Psychiatry - Pauline Wu, M.D.

Panel Discussion on Sub-Specialties

Employer Exhibits open at 12 Noon - Exhibitors include:

Adelpha Psychiatric Group, Inc., APA Inc., California Correctional Healthcare Services, California Department of State Hospitals, Community Psychiatry, Didi Hirsch Mental Health Services, Happier Living by The Genen Group, Socal Permanente Medical Group - Kaiser Permanente, Los Angeles Department of Mental Health, MHM Services Inc., Pacific Coast Psychiatric Associates, PRMS, Inc., San Bernardino County Behavioral Health, San Fernando Valley Community Mental Health Center, Sites Professionals, Southern California Health and Rehabilitation Program, Telecare, TMS Health Solutions

Box lunch will be served. (Lunch and Booth Exhibits until 3:00 p.m.)

SCPS Members - Free

Please RSVP to scps2999@earthlink.net by OCTOBER 16th.

Non-SCPS Members - \$15.00

<http://www.socalpsych.org/events.html>

WHY JOIN THE APA?

By: Ijeoma Ijeaku, M.D.
Chair, Membership Committee



I became an APA member even before I formally started my residency training because I had a program director who recounted the benefits of membership during my orientation period. Being an individual who had been trained in a setting with a different health care system as well as different cultural practices and meanings, I saw it as an opportunity to understudy and understand the very many forces that help shape my practice and the fate of my patients

I attended my first CPA meeting at the beginning of my second year and had an amazing time socializing and networking with others. I compared notes with other residents about their encounters with patients and things that were working (and not working) in our various programs. I attended a leadership training session for residents and early career psychiatrists which started me on the path of asking myself honest questions about what I wanted out of psychiatry and what I wanted to contribute to this specialty which I view more like a calling than just a career. I keenly observed proceedings during a legislative lunch session with back and forth talk about bills and while a lot of that was confusing (and probably still is) I had to listen carefully and google a lot of these bills on my phone to keep myself abreast of what was going on.

Later that fall, I joined the Women's Committee. I was invited to speak during our first social event and spoke about balancing professional and personal lives as a resident. These social events have occurred at least once or twice every year since then and have really become an avenue for some sort of psychiatric sisterhood as well as an avenue for mentorship and growth. Personally, it has been a truly amazing experience to be in company of women who have been in practice even before I was born and who courageously apply themselves so well to the ever-changing demands of this profession. I also marvel when younger female psychiatrists seek my counsel and I know that I'm probably doing a few things right

My first trip ever to Hawaii was for an APA conference. As a resident, the conference cost me almost nothing between reimbursements from my travel allowance and the discounted rate for an APA resident member. I have enjoyed attending a few more conferences since then. I meet up with people I trained with in residency as well as fellowship. I meet new people each time who totally challenge how I practice and thus help me become a better clinician and a true advocate

I became a member of the SCPS Council some years ago as a member in training representative. In that capacity, I went up to Sacramento for an advocacy day. I met with my assigned legislator along with two older colleagues who utilized such finesse in sending their message across. I have continued to serve in the SCPS Council as the Inland Region Councilor. I learn a lot about organized psychiatry and about people in general. There have been a few heated arguments about very hot topics and there have been times when I have wondered if perhaps people were not going too far with these but I have realized that these disagreements make for growth of the organization and individual members.

I was appointed as chair of the Membership Committee earlier this year and I like to think that perhaps through collaboration with other SCPS members, we will eventually figure out a way to convince my colleagues who are non-members to join the APA while maintaining the members we currently have. I have had membership drives at UCR where I'm faculty and at neighboring Loma Linda where I trained. I have reached out to a few people I know within Kaiser to see if we can find a way to create some sort of synergy by providing them with something they might need from APA while they encourage their psychiatrists to join or perhaps even pay their dues. I would like to reach out to the counties with their large number of employed psychiatrists as well. I believe it's much easier for my colleagues in private practice to become members of the APA for obvious reasons and indeed our district branch has more than a few. But my colleagues who work for bigger establishments

may need a little more incentive to become part of organized psychiatry. I'm hoping that we can incentivize the bigger establishments and get their psychiatrists on board

As psychiatrists navigating today's healthcare reform issues, our most urgent and pressing need is that of preservation of our profession. There are major threats to this noble profession and all hands literally need to be on deck to make sure we don't lose the battle. In my opinion, every single psychiatrist needs to get involved. APA members need to reach out to their non-member colleagues to encourage them to join. I have found myself starting up these conversations at grand rounds, journal club meetings, conferences and social events. Here are some of the things I try to tease out about non-members I meet before I start the conversation about joining the APA. Do they believe in community? Do they believe that their patients have a right to health? Do they believe in their right to practice their profession with guiding standards? Might they be looking to keep up with legislation about mental health? Do they want to give back, pay forward or serve? Would they like to see some change within APA because they do not like how things are currently being run? Are they creative? Would they like to shake things up, spice things up? Would they like to collaborate with other organizations? Would they like to bring some emphasis to something they really care about? If any of the questions can describe the non-member then the conversation begins...

SAVE THE DATE!

SCPS presents

Psychopharmacology Update 29

Saturday, January 27, 2018

The Olympic Collection
11301 W. Olympic Blvd.
Los Angeles, Ca 90064

For psychiatrists and all physicians interested in psychopharmacology



Speakers:

Joseph Pierre, M.D. - An Update on Cannabis

Stephen Stahl, M.D. -

Basic Neuroscience of Neurotransmitter Neural Networks: Using the Serotonin Network as an Example of How One Neurotransmitter Can Rule Them All

Scott Fears, M.D. - Ketamine and Psychiatric Treatment

Stephen Marder, M.D. -

New Pharmacological and Psychosocial Approaches for Psychosis and Tardive Dyskinesia

We've got you covered.

For over 30 years, we have provided psychiatrists with exceptional protection and personalized service. We offer comprehensive insurance coverage and superior risk management support through an "A" rated carrier.

ANNOUNCING NEW ENHANCEMENTS TO THE AMERICAN PSYCHIATRIC ASSOCIATION PSYCHIATRISTS' PROFESSIONAL LIABILITY PROGRAM:

- **Defense Expenses related to Licensing Board Hearings and Other Proceedings:** Increased Limit to \$50,000 per proceeding with NO annual aggregate (higher limits are available up to \$150,000)
- **Fire Legal Liability Coverage:** Limit of liability increased to \$150,000 for fire damage to third party property
- **Emergency Aid Coverage:** Reimbursement up to \$15,000 in costs and expenses for medical supplies
- Insured's **Consent to Settle** is now required in the settlement of any claim – No arbitration clause!
- **First Party Assault and Battery Coverage:** Up to \$25,000 reimbursement for medical expenses related to injuries and/or personal property damage caused by a patient or client
- **Medical Payments Coverage:** Increased limit to \$100,000 for Medical Payments to a patient or client arising from bodily injury on your business premises

IN ADDITION WE CONTINUE TO OFFER THE FOLLOWING MULTIPLE PREMIUM DISCOUNTS:

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

(Above Coverage Features and Discounts are subject to individual state approval)

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



American Professional Agency

LEADERS IN PSYCHIATRIC MEDICAL LIABILITY INSURANCE

ENDORSED BY THE
AMERICAN PSYCHIATRIC
ASSOCIATION

AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY ANNOUNCES CHANGES IN PROGRAM FOR LIFELONG LEARNING AND CONTINUOUS CERTIFICATION

September 5, 2017, Buffalo Grove, Ill -- The American Board of Psychiatry and Neurology (ABPN) is pleased to announce plans for significant changes in its program for lifelong learning and continuing certification, also known as maintenance of certification (MOC). These changes are the result of ongoing discussion by the ABPN as well as feedback from its diplomates and related professional societies. Diplomates will be provided with greater flexibility and more relevant and meaningful options for meeting ABPN requirements.

Planned changes in Part III of MOC (MOC Examination)

- a. During the next year, the ABPN plans to collaborate with affiliated professional societies to develop a new pilot alternative to its current secure, 10-Year MOC Examination. In this new pilot, diplomates will be given the opportunity to complete repeated self-assessment activities based upon specific literature references selected by a committee of peer diplomates. More details on the new pilot alternative will be available in the coming months.
- b. The 10-Year MOC Examination will continue to be available for those diplomates who elect to complete it instead of the new self-assessment alternative.

Expanded options for Part II of MOC (Self-assessment) in addition to self-assessment examinations

- a. Eight (8) hours of self-assessment CME credit will now be waived in each 3-year Continuous MOC block when diplomates participate in ABPN-approved registries such as those being developed by the American Academy of Neurology and the American Psychiatric Association.
- b. Eight (8) hours of self-assessment CME credit will continue to be waived in each 3-year Continuous MOC block when diplomates pass an ABPN certification or MOC examination, get a peer reviewed grant approved, get a peer reviewed paper indexed in a scientific journal, complete an ABPN-approved non-CME patient safety self-assessment activity, obtain four (4) hours of documented peer supervision, or have their clinical performance reviewed by an institutional Peer Review Committee.

Continued options for Part IV of MOC (Improvement in Medical Practice) that may substitute for the completion of Clinical Modules or Feedback Modules.

- a. Part IV credit will continue to be offered for diplomate participation in ABPN-approved quality improvement activities, including institutional quality improvement activities, the ABMS Portfolio Program, Primary or Comprehensive Stroke Centers, Joint Commission OPPE activities, professional registries, Part IV activities of other ABMS Member Boards, or selected international MOC activities.
- b. Part IV credit will continue to be offered for diplomate completion of ABPN-approved feedback activities, including peer surveys, patient surveys, institutional surveys (e.g., Press Ganey), institutional peer review, supervisor evaluations, resident evaluations, or 360-degree evaluations.

While the ABPN program for lifelong learning and continuing certification must comply with the ABMS MOC Standards and be rigorous enough to meet the needs of professional organizations that credential and pay diplomates, the ABPN is also committed to ensuring that its program is meaningful for diplomates and consistent with the realities of their busy lives. The ABPN welcomes constructive feedback about its program, and it looks forward to working with its diplomates and related professional societies to make that program as good as it can be.

The American Board of Psychiatry and Neurology, Inc. is a not-for-profit corporation dedicated to serving the public interest and the professions of psychiatry and neurology by promoting excellence in practice through certification and maintenance of certification processes.

More information on these MOC options is available on the ABPN website at www.abpn.com.

For questions or to unsubscribe, email questions@abpn.com. To provide feedback to ABPN, please complete our Feedback Form.

American Board of Psychiatry and Neurology, Inc., 2150 E. Lake Cook Rd, Suite 900, Buffalo Grove, IL 60089

Connection as Antidote to Stigma

by: Nadia Haddad, M.D.



I was called a “douchebag” the other day. Really, we all were. The context was “All psychiatrists are douchebags” publicly posted by a connection on social media. Weeks later, a closer acquaintance, a white-collar professional, sent me an impromptu message to say “to be honest, I’m starting to believe psychiatry is complete b*****t.”

I can’t imagine it is news to anyone that there are a lot of misgivings, and in some cases outright hostility out there towards us. Most of us have had the experience of hesitating to reveal our profession in casual conversation, familiar with the range of responses the most benign of which being the awkward joke about whether we are actually engaged in that moment in reading someone’s mind. So, this series of events got me thinking about our sometimes terrible reputation and the social acceptability of targeting us for bigoted re-

marks.

We have inherited an unsettling past, it is true. Much has been written and dramatized on it in film - the lobotomies, sanatoriums, and the ever-evocative image of electroconvulsive therapy. But it is not just our history. The reality is, we find ourselves in a challenging social situation in psychiatry, being required to formulate opinions on people’s mental states. Opinions are open to disagreement and mental states are fluid, so it’s a short leap from this to a simple characterization of our work as “mumbo-jumbo.” Being a physician, a field already perceived as paternalistic, adds to the “power” of our judgments. Thus, the impression of us as powerful, paternalistic judges of mumbo-jumbo doesn’t earn us many friends.

We in the field have a different perspective, having experienced first hand the patterns, logic, and internal consistency in what we do. Likewise, the vast majority of us approach psychiatry with a sense of reverence for the autonomy and independence of personhood. But if the portrayal of psychiatry in media is any indicator, the public at large imagines the mentally ill and their physicians as a dark Other. “Crazy” is erratic and often violent, like Suzanne in Orange is the New Black. Psychiatrists are deluded, over-confident sometimes power-mongers, like Frasier at its most benign, or Scarecrow of the Batman series in its more frightening incarnation. Those touched by mental illness are most certainly not My family or friends who have understandable down times when something bad happens, feel anxious when stress is occurring or act a little oddly sometimes. Who would want to get accidentally swept up in the “dark” business of Psychiatry by defending psychiatry, let alone seeing (or letting it be known that one saw) a psychiatrist?

So that seems to be the state of affairs. Psychiatry has the combination of historical baggage and a mysterious mumbo-jumbo appearing job that then gets codified in popular but misinformed media. And so psychiatry is reviled and feared, and it is thus much safer as a member of the public to bash psychiatry than to defend or support it.

So, what do we do about it? As scientists and educators at heart, one appealing answer is education. This has been at the crux of many of our efforts, but facts by and large do not win hearts or minds. Perhaps we just aren’t saying the facts loudly enough or repeatedly enough, but there is some evidence that it actually may be counterproductive. There was a recent study on vaccine education that demonstrated that people double down on their false beliefs when presented with facts that contradict it (Pluviano et. al 2017). Information about psychiatry may meet a similar fate.

So it can feel futile sometimes. And thus perhaps many of you, as I do, weather these attacks with quiet patience. For my part, when the “douchebag” comment occurred, I gently reminded the critic that I was a psychiatrist, he turned his vitriol directly at me, and we parted ways. It was notable to me that not one person came to the defense of our field, not any of his connections nor mine. To the comment about psychiatry being b*****t, I conceded that that was a “valid opinion.” Although I don’t agree, technically, it is, but I was also aware that I allowed my answer to be read as acceptance or even agreement. I didn’t see a positive outcome to an argument on this point, but was that the best I could do? I was tired, annoyed, and didn’t have a blueprint for reacting to such a comment, so that’s what I did. Perhaps some of you can relate.

But in these moments of perceived futility we can never forget that the stigma against mental illness will never be any less than the stigma against psychiatrists. The two are inextricably linked. How can someone accept psychiatric care for themselves or a loved one if their only exposure to us is from misinformed media and disaffected comments about douchebags who peddle b*****t?

So these interactions left me troubled and unsatisfied. People don't know us as a field, as we are today. How many can imagine what it's really like to be a psychiatrist? To be honored to share in people's secret inner lives; To have to make the heartbreaking ethical decisions we are sometimes tasked with making - do I hold this person in a hospital against their will, or do I let them go and risk their suicide? Or to have the sobering adrenaline rush when we realize that we are alone in a room with someone who is ill and not in control of their irritability or rage.

Here's what I have been thinking - The public needs to see our faces and hear our voices. In an age of too much information and misinformation, people have become mistrustful of "facts," but we still respond to connection. There's a culture in our field of holding back, maintaining a blank slate for the good of the therapy, but the very real repercussion of this is that as a field we don't have much of a public voice. These are important tenets of our field, but that non-message in the public sphere is not landing. It is just allowing a void where our voice would be. And that void is the perfect blank slate for all the fear and stigma already sloshing around. Rather than sit in our anonymous dens, could we do even more good by personifying our field?

You've just read my opening gambit. As a professional, I'm going to let myself be seen. I invite you to share your ideas, and I hope some of you will join me.

Nadia Haddad, MD is a board certified psychiatrist in Los Angeles, CA, founder of the Institute of Holistic Psychiatry.

References:

Pluviano S, Watt C, Della Sala S. Misinformation lingers in memory: Failure of three pro-vaccination strategies. PLoS One. 2017 Jul 27;12(7):e0181640.

Council Highlights September 14, 2017

Amy Woods, M.D., *Secretary*



PRESIDENT'S REPORT

Introduction: Council members and guest introduce themselves as this is the first meeting of the year.

CPA Nominations for President:

George Fouras nominates Dr. Schaepper. Nomination was accepted by unanimous vote. Dr. Schaepper accepted the nomination for CPA President.

Residents-CPA Annual Meeting:

CPA meeting will be Oct 6-8, 2017 in Yosemite. SCPS is able to send 4 residents to CPA with remaining budget of \$3500. This would include lodging for Friday and Saturday night, registration fees, and travel expenses. All meals will be served at the meeting.

Dr. Fonthorpe is able to attend CPA with a remaining 3 open spaces for residents to attend.

Plan for RFM reps, Drs. Meshman and Unverferth to email resident representatives from training programs to see if any are available to attend CPA meeting. Drs. Meshman and Unverferth will notify Mindi with the names of residents that will be attending.

Wellness Committee:

Dr. Goldenberg distributed a poll to SCPS members to gauge interest in a Wellness Committee. There were about 100 responses. Of those people expressed interest in peer support and support after and adverse event in addition to educational programming. There was a strong interest in also being involved with the committee. Currently SAMHSA has such a committee.

Motion proposed by Dr. Solindger and seconded by Dr. Goenjian; Wellness Committee will develop a charter to detail functions of the committee. This proposal shall also be reviewed by Dan Willick for legal review. Following this review and before operation of the committee commences it shall be presented to the Council for review. Motion passes unanimously.

Printed Newsletter:

- Dr. Goldenberg reviewed notable articles from the July newsletter.

- Dr. Goldenberg is open for further suggestions of how to increase readership. Contact him with your suggestions.

PsychSign Request:

The SCPS film was shown to medical students at the APA with the few in attendance there was positive feedback.

- PsychSign Region 6 annual conference Sat Oct 21 at UC Irvine is requesting to show the SCPS film at the conference. The film will be shown during the 2 hour lunch break. Attendees will be students from UCI departments of biomedical science, psychology, social science, and film. As well as other organizations promoting diversity in science. Estimated that there should be 50 students in attendance.

- PsychSign Region 6 is requesting \$400 donation for the conference. -OCPS is contributing \$400.
-UC Irvine is contributing \$200 and hosting the conference

Motion presented by Dr. Folgelson to donate \$400 to the PsychSign Region 6 conference. Second by Dr. Little. Passed unanimously.

-Dr. Fonsworth will be the UCLA Liaison presenting the film.

-Also, a panel of SCPS members to answer questions following the viewing.

Career Fair Update:

Oct 22, 2017 at 10am at Didi Hirsch, Culver City. Representatives will be from managed care, private practice, academic psychiatry, forensics, geriatrics, consult and liaison, public psychiatry, and group practice.

- Panel discussion will be followed by exhibits from various organizations.

New ECP Rep:

Dr. Dan Bonnici is the current ECP has resigned from the position due to other obligations.

- Dr. Furuta nominated Dr. Linda Do to the position. Dr. Do who was in attendance accepted. Dr. Red approved the appointment.

MOC Changes:

- Significant changes will be made to MOC. Details of the changes will be printed in the newsletter.

Inland Councilor:

- Each region is given 1 Council representative per 100 members in the region. The Inland Empire currently has greater than 100 members and only 1 current Council member.

CPA Council Report:

- Dr. Red: HB 3355 in Oregon would allow psychologists to prescribe medication after 3 months of additional training. CPA has opposed this bill.

- SB 374: Insurance has to provide mental health and substance abuse services. CPA is supporting

- Reminder of CPA conference Oct 6-8 in Yosemite, APA president will be in attendance. There will be an Early Career symposium

- Psychopharm conference that precedes the CPA conferences
- 3rd annual psychiatry and primary care in Jan 2018 in Las Vegas.
- Political Action Committee contribution request. PAC is asking members to pay an additional \$10 to annual dues to provide funding for PAC. This is estimated to bring in an additional \$60,000/year of funding. Dr. George Fouras emphasizes the importance of supporting PAC to help support people getting elected public office.
- Nominating committee CMA gave update on the Tobacco tax increase which made money for CA but they did not allocate that money to the original places that were identified. The committee was able to get some of the tax money to go towards mental health treatment.
- Area 6 trustee report: APA has increased over 37,000.
- APA needs action papers for example papers regarding psychologist prescribing medication. These papers will need to be submitted by Sept 18 to assembly representatives.
- New regulations in Belgium will allow a person to elect death if they don't want psychiatric treatment. There is already a psychiatrist that has participated in this treatment of giving patients a lethal injection of medication to over 500 patients.
- APA approved trustee for Area 6.
- APA has now retried its previous position on "don't ask don't tell."
- APA created registry psychpro online that would allow patients to be registered for an online portal for the treating MD and patient to utilize. Goal is to help facilitate quality improvements, screenings, and reimbursements.
- APA working with University of Michigan to study physician well-being.

CrazyWise Proposal from Member:

- SCPS member is requesting SCPS to host a screening of a movie this member was involved looking at alternative treatments to mental health. Trailer was sent out to council members prior to meeting. Members brought up concerns regarding this screening. What would be the purpose of the screening? SCPS has denied other members request for movie screenings which some Council members believe should be the standard of practice. There was concern about the content of the movie. Concerned that if SCPS screens the movie that it will give the impression that SCPS supports the point of view portrayed in the movie. The movie is also waiting for approval for screening by the APA.
- Motion by Dr. Furuta seconded by Dr. Solinger to decline the screening of the movie but allow member the option to submit a copy of the movie to Council to view at their own discretion. Motion passes with 1 opposed and 2 abstentions.

October Meeting Date 10/19/17:

Council meeting will be changed to 10/19/17 due to members of the Council being in Berlin for screening the film *Art of Storytelling*.

Psychiatric Acute Care Consortium:

Grassroots effort with ER and inpatient psychiatrists to provide overall care for patients
 Strategy on county wide level on high utilizes of services.
 Improve communications between institution to coordinate care.
 Address or make efforts to elaborate on bed capacity.
 Improve access to outpatient services.
 Working to gather more providers to be involved from different institutions. This is in an effort to bridge the gap between DMH efforts and non-DMH organizations.

ART OF PSYCHIATRIC MEDICINE

Recent SCPS and PER screening on Sept 2.

At AAP meeting held in Denver, CO Dr. Bonds held a screening of the movie with about 30 attendees. Following that screening the University of Denver offered to have the film shown during Grand Rounds .

Movie will be shown at a film festival in Berlin in October.

There will be a screening of the movie in November in India at the Annual transcultural meeting/Black psychiatrists of America.

Upcoming:

Medical directors in psychiatry meeting.

Residency directors meetings New Orleans.

Motion by Dr. Solinger seconded by Dr. Goldenberg to have general funds from the Art of Psychiatry budget be used for costs related to pay for no more than a \$500 grant per event per person for travel and arrangements at the discretion of the Art of Psychiatry Chair. Passes unanimously.

TREASURER'S REPORT:

Dr. Cheung: financially stable for August.

Motion to accept treasurers report by Dr Solinger seconded by Dr. Unverferth. Passes unanimously

MEMBERSHIP REPORT: Dr. Ijeaku

Current membership 947

23 new members of those 20 resident fellow member and 3 general members.

Motion by Dr. Solinger to allow Victoria Dunkly to have temporary inactive status for 2018. Seconded by Dr. Little. Passes unanimously.

LEGISLATIVE REPORT: Drs Augustine's and Solidinger

There is currently an active lawsuit to help stabilize the ACA.

There is an initiative for California single payer plan. May possibly be a ballot initiative.

Oregon HB 3355 did not pass as there was concern for public safety with having psychologist prescribing medication with only 3 additional months of training.

ACA there is a lawsuit to help stabilize the ACA exchanges

Psychologist continue to work on trying to expand their scope of practice.

State Hospital: A psychologist applied for attending privileges at Patton State Hospital and was denied. Department of Public Health is working on changing by-laws to allow this psychologist to work at Patton. There is a violation of staff governance and staff independence.

Dr. Solinger is now involved with the caucus of the APA Assembly.

PROGRAM COMMITTEE REPORT: Dr. Fogelson

Psychopharmacology update in January 27-28, 2018. There will be 4 talks for 1hr 15min to allow more time for questions and answers. The speakers will be: Joseph Pierre, M.D., Stephen Stahl, M.D., Scott Fears, M.D., and Stephen Marder, M.D.

NEW BUSINESS:

Council meeting venue currently at Lenny's Deli there is a \$150 room charge for 20 people and \$200 for 20+ . Plan to allow members to pick meals from the entire menu, will not have preselected. Cost of the meals will be determined the following day by dividing the total amount and members will be notified and requested to pay via PayPal.

NAMI walk in Inland Empire Ijeoma Ijeaku

Dr. Ijeaku motions to have a \$1000 contribution from SCPS to inland empire NAMI walk. Dr. Solindger seconds, motion passes unanimously.

Dr. Ijeaku motions to have this \$1000 contribution to Inland Empire NAMI walk to be on an annual basis. Dr. Solinger seconds and motion passes unanimously.

OLD BUSINESS: None

ADJOURNMENT:

Meeting adjourned at 9:15

SCPS' documentary, *Art of Storytelling: The Human Experience of Being a Psychiatrist*, was screened at the 2017 Annual PER Gala on September 9, 2017. Here are some photos from the event. Maria Lymberis, M.D., was honored for her years of dedication to the profession of psychiatry.



Drs. Michelle Furuta, Steven Soldinger, and Timothy Hayes



SCPS President, Joseph Simpson, M.D., shares opening remarks



Melinda Young, M.D., presents award to Dr. Lymberis



Drs. Timothy Hayes, Maria Lymberis, and Heather Silverman



Drs. Maria Lymberis and Heather Silverman



Drs. Soldinger and Furuta led the discussion after the film



Attendees gather before dinner



A lovely greek meal was served

An informal gathering was held for members of the San Gabriel/East LA Region on September 7th at the Riko Method School of Music in Atwater Village



SCPS President-elect, Anita Red, M.D. and SGV Councillor, Steve Khachi, M.D.



Attendees networking over a meal.



SCPS member, Sandy Weimer, M.D., welcoming the group



SCPS member, and President-elect of LACMA, C. Freeman, M.D.

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 Joseph Simpson, M.D.
 President-Elect Anita Red, M.D.
 Secretary Amy Woods, M.D.
 Treasurer Erick H. Cheung, M.D.
 Treasurer-Elect Galya Rees, M.D.

CPA Officers

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

Councillors by Region (Terms Expiring)

Inland Ijeoma Ijeaku, M.D. (2018)
 San Fernando Valley Marc Cohn, M.D. (2020)
 Matthew Goldenberg, D.O. (2019)
 San Gabriel Valley/Los Angeles-East Steve Khachi, M.D. (2019)
 Roderick Shaner, M.D. (2018)
 Santa Barbara vacant
 South Bay Michelle Furuta, M.D. (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. (2018)
 Ariel Seroussi, M.D. (2019)
 ECP Representative Linda Do, D.O. (2018)
 ECP Deputy Representative Patrick Wiita, M.D. (2019)
 RFM Representative Michelle Meshman, M.D. (2018)
 Katherine Unverferth, M.D. (2018)

SCPS Newsletter

Editor Matthew Goldenberg, D.O.

SCPS website address: www.socialpsych.org

© Copyright 2017 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.

Past Presidents David Fogelson, M.D.
 Heather Silverman, M.D.
 Curley Bonds, M.D.
 Federal Legislative Representative Steve Soldinger, M.D.
 State Legislative Representative Davin Agustines, D.O.
 Public Affairs Representative vacant

Assembly Representatives
 David Fogelson, M.D. (20120) Mary Ann Schaepper, M.D. (2020)
 Larry Lawrence, M.D. (2018) Steve Soldinger, M.D. (2021)

Executive Director Mindi Thelen
 Desktop Publishing Mindi Thelen

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.