Southern California

PSYCHIATRIST

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President's Column

Sitting in the Other Chair

Anita Red, M.D.

Think of the last time you were the patient and not the doctor. Think of the last time you were sitting on the other side of the desk or couch. Was it uncomfortable? How about nervous or uneasy?

As practicing psychiatrists, most days we sit in a chair across from our patients, who are there because they have a problem. Our patients aren't there because they want to tell us about their day or to spend time being our friend. They need our help. Most of them would prefer to not have a problem that necessitates seeing a psychiatrist.

That leaves our patients in a place of vulnerability. Doctors are often the people between a patient's problem and the solution, which can be a helpless feeling for that patient. Patients put trust and hope in us, and we have a responsibility to care for them.

We are there to help them, comfort them, and give them hope.

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Dates to Remember:

November 14, 2018 - School Violence Meeting

November 17, 2018 - Comedy Workshop

December 8, 2018 - Career Fair for Psychiartists

January 26, 2019 - Psychopharmacology Update

Happy Thanksgiving to all!!

Advertisement

As Psychiatrists, Voting is Just the Start

By: Matthew Goldenberg D.O.
SCPS Newsletter Editor

November 6th is election day. Maybe more than most, a lot is at stake this election cycle. Nationally, our politics is polarized and our nation is divided. There have been shootings, attempted bombings and mobilization of troops to the Southern Border and that is just in the past few weeks.

Many of our patients are suffering from fear that their liberties and freedoms might be in peril. Ethnic and religious minorities and lower socio-economic groups are most vulnerable. However, it is hard for anyone to go to a concert, movie theater or other crowded venue without thinking about mass shootings and the potential for terrorism.

Whether these stressors are real, imagined or exaggerated, as psychiatrists, our patients are likely to bring these into the room.

If a Jewish patient tells you “I fear going to Synagogue, after the Pittsburgh shooting” or a Mexican American patient says “I fear going outside because of someone yelling ‘go back to where you came from’”… we are trained to identify our counter transference and keep our personal beliefs outside of the therapeutic relationship. However, who has not had the patient say “You get it right? I am not crazy, am I”?

We are on the front lines of assessing and treating the negative impact of the ever-increasing political divide and Tuesday the 6th of November will certainly not end these stressors for our patients, no matter how the vote goes.

How are you handling these ever politically charged times?

Are your patients suffering from the fear of gun violence and terrorism?

What do you tell your patients who are scared?

I hope you have made the time to Vote. However, that is just the start for us and our patients. If you have a story to share or some insights please send me an email and your thoughts might be included in next months newsletter.

Best,

Matthew Goldenberg D.O.
SCPS Newsletter Editor
Email: docgoldenberg@gmail.com

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inbox

Dear Dr. Goldenberg,

I was shocked and saddened to hear of the recent passing of Jim Preis.

Preis was a very well known mental health advocate - a lawyer and activist who directed the Mental Health Advocacy Services for the greater Los Angeles for 40 years. I first encountered Jim in 2004 as a Forensic Psychiatry Fellow at UCLA. Much of my Fellowship weekends included reading and preparation of Forensic Psychiatry Landmark Cases for our wednesday presentations with Jim. These were often animated and thought provoking discussions that greatly encouraged our sense of critical thinking. I credit much of my learning of the legal aspects of psychiatry to Jim, as well as, and perhaps more importantly, a deep appreciation of the historical aspects of psychiatry, patients rights and medication regulation. It was eye opening and invaluable. So much so, that I decided to incorporate teaching of landmark cases to the Post Doctoral Fellows during their rotations at Twin Towers Corrections - an experience they seem to have valued, hopefully as much as I have enjoyed reviewing it with them.

Jim Preis co-wrote the textbook “The Essentials of California Mental Health Law”, actively defended the rights of the mentally ill in court, lobbied for legislation, and was on the board of ‘A Community of Friends’ for over 30 years. Despite Jim’s experience and seniority, he was consistently down to earth and had a great sense of humor. He travelled in public transportation and was always in flip-flops.

Mental health advocacy has come a long way. Thank you Jim.

K. Khajuria, MD
Twin Towers Correctional Facility
Los Angeles

For more details
http://www.socalpsych.org/events.html#psych30

An Interview with Josyan Madi-Skaff, MD
Beirut, Lebanon
October 15th 2018

By Michelle Furuta, M.D.

I first met Dr. Madi-Skaff in Berlin, Germany, at the World Psychiatric Association's screening of the SCPS film *Art of Storytelling: The Human Experience of Being A Psychiatrist*. Poised and elegant, she stood out in my memory as someone quite special. In front of the crowd she told us she liked the film very much, and would take it home to Beirut, but that psychiatry there was primarily med-management based and male-dominant, so she was not confident that the film would resonate. I ran into her later that day en route to another talk at the conference and I remember having this impromptu moment where we were gripping hands and she looked directly into my eyes and I don't even remember exactly what we said to each other – something about the impact of the film and wishing each other well — but I remember it felt intense and deep and honest. I asked her to let me know how the screening went in her country.

Months later we exchanged emails after the film's surprisingly positive reception with her group in Lebanon. Fast forward we were invited to the Lebanese Psychiatric Society's 2018 Annual Mental Health Day in Beirut to screen our film, where Drs. Schaepper, Do, Mindi Thelen, and myself presented on October 13TH 2018. In the spirit of *Art of Storytelling* I asked Dr. Madi-Skaff if we could interview her during our stay. Such personal dialog was neither personally, culturally, or professionally commonplace. In fact, she suggested it was downright scary. No other Lebanese psychiatrist agreed to the request to be interviewed. But Josyan Madi-Skaff is something else. She describes a life of multiple traumas and the critical role of creativity in survival. In her presence she is full of grace yet effortlessly bold. Looking directly into her eyes you see someone who is both fearless and fragile. Genuine and joyous, I experienced her as an embodiment of beauty, intelligence, and wit that was literally breath-taking.

MF: Thank you so much for doing this. I know it is not a usual experience for you.

JMS: It's true, I don't do this. I am a very private person and in our culture we are very private. We seem to be very exuberant but we keep our personal matters to ourselves.

MF: What led you to be a psychiatrist?

JMS: The facts of life. My father was a physician, so one of us had to be a physician. I went into medicine out of pressure; I didn't want to do it. Every year I would stop and say no - I will pursue arts or literature. But you know, you keep going. Then I had an internship in psychiatry and after 3 months I felt maybe I could do psychiatry. Otherwise I would have left medicine, all of it.

MF: What was it about psychiatry that pulled you in?

JMS: I connected with the pain in what people live and I just wanted to help. I wanted to help them with the pain.

MF: Did you have any experiences earlier in your life that made you appreciate how important that kind of help was for people?

JMS: I could appreciate how significant it was not to have any.

MF: When you were growing up — help was not available?

JMS: When I was young it was not available. When I was in medical school at one time I was very unhappy. I had swallowed tablets — it was like an overdose — and my parents were very worried. So they called in the priest who was also the director of the medical school. He said, “maybe you should see a psychiatrist”. So I saw a psychiatrist who gave me medication and when I was well after about a month he said “ok, you can go”.

MF: That was it?

JMS: That was it. When I went to England to do my training in psychiatry I went into personal therapy. I never had any chance to talk about myself before then.

MF: Therapy wasn’t available?

JMK: No, it was not on the floor - it was nothing – it was available, my father he was a physician, he knew. But it was all very strange. When I told my father I wanted to be a psychiatrist he said “Listen, you have to be careful because Psychiatrists go mad.” And I said “Ok, but this is the only thing I want to do.”

MF: Did you believe him?

JMS: No. If I would have believed him I would not have done it.

MF: There was a stigma that other physicians had against psychiatrists.

JMS: Yes. Until now – very much there is still a stigma.

MJ: How do you experience that stigma now?

JMS: Nearly all of them see it like a competition; that we cannot collaborate. What concerns me especially is my fight with the Gynecologists. The women are anxious and depressed and the Gynecologists tell them not to take medications. 90% of my patients are women. The gynecologists will not refer. The patients will tell their doctor “I am not well.” They will then come to me on their own and I will tell them you need to take this medication and here are the risks and they will go back to their gynecologist who will take them off of it. I find this very hurtful.

MF: You mentioned you did therapy during your residency training in London. How did that change you as a psychiatrist?

JMS: I don’t know; it was my first year away from home; I think it helped me on a personal level. Let me explain something – Lebanon is a small country. It has a long history of people emigrating. We go out, around the world, for education, to make a career, to make money. So my father trained in Beirut then moved to Senegal which is in West Africa but a French Colony so there was a French University there. I was born in Senegal and lived there for 17 years until I moved to Lebanon.

MF: Most of your adult life has been in Lebanon?

JMS: Yes. This is common for many Lebanese.

MF: Did your mother work?

JMS: No, never. In her generation women did not work.

MF: Was it uncommon for a woman to go to medical school?

JMS: Yes – there were 6 women in my medical school class of 66 students; I graduated in 1973.

MF: Did you have any female teachers or role models in the school?

JMS: No, nobody, nobody.

MF: Was it common for fathers to support their daughters to become physicians?

JMS: I have 2 brothers and one sister, I am the eldest. I was very fortunate because my father was not sexist. He did not feel that being a girl or a boy made a difference in getting an education. It was uncommon for that time and it still is in Lebanon.

MF: What would you have done if you didn't go into medicine?

JMS: I wanted to go into literature. In another life I would go into the arts.

MF: Can you tell us how you have incorporated your own artistry into psychiatry?

JMS: I have created a committee for Continuing Medical Education in Lebanon (for the Lebanese Psychiatric Society). Every 4 months we host workshops and I always go for things outside the box; you know, they make you think. But aside from these workshops we start with a cultural event – either a museum, a play, *your movie*, or something that has nothing to do with psychiatry – just to have an open mind about what is happening in the world.

MF: Something that has to do with people? And life?

JMS: Of course, of course, and BEAUTY. This is very important.

MF: How do you take care of your own mental health now?

JMS: Arts and Culture are very, very important for me. And people. People I love. Relationships are very important for me. And my family - I have a husband and 3 children. They help me go through all this.

MF: You were one of the founders of the Lebanese Psychiatric Society?

JMS: Yes - there were 5 of us, it was 25 years ago, I was the only woman.

MF: Do you still feel like a minority as a woman in psychiatry?

JMS: You know, in numbers there are many more women in psychiatry now. When I came there were 2 other female psychiatrists but then they left and I was the only one. Now I think there are 70 psychiatrists in Lebanon and I think 20 are women. This is a big thing. But we are a small country.

MF: In a population of 5 million?

JMS: No, we are under 4 million. It is 5 million with the refugees.

MF: You mentioned in your lecture on Saturday that there are still very defined gender roles and distribution of domestic labor in Lebanese culture.

JMS: Yes. We are like the Japanese. The women have to be the woman at work and the woman at home. We are very much like this. The women psychiatrists, they are young. They are busy with their work and their homes and their children. They do not have time to participate in the psychiatric society.

MF: What has influenced you the most in your life?

JMS: The most recent is the war we had. We had 15 years of war and I had gotten married, I was pregnant, and we had to run away because there was bombing everywhere. It was terrible. We had a terrible 15 years, it was very traumatic. And what was worse, the war was very bad when I was pregnant with my daughter. My daughter had to be born and my gynecologist could not cross to deliver me and I could not get to the hospital. I felt that we were going to die, my daughter and myself. Because she had to come out and I could not keep her in. So we are going to die. It took at least one week to find a hospital and see if a doctor could cross because there was snipering and everything. So we did but what hurts me – my daughter – she is a traumatized person. She still keeps dreaming of the war and she is now 36. So it was a trauma for me, and a trauma for me to see how she is still impacted by this terrible thing.

MF: I can sense that the war has affected people in having everyday interactions with them. Can you tell me how you think this has affected your community?

JMK: I think it had a major impact. Imagine all the people that were killed. And the homes that were destroyed. And all this — this comes with the war. But the war ended 28 years ago. People are certainly traumatized. And we live in Lebanon as if we never know tomorrow. This feeling that anything can happen at any time. You never know what will happen. We are short of breath all the time. The young, the old, everyone - we all have this feeling. Plus the whole area is very unstable. I don't know how we manage to not have war here, we are still surrounded by it. Do you know the geography? Syria is right here, and we are inside, and they are in big trouble. And Israel [is to the south].

MF: How do you manage living like that? It sounds like living in a persistent state of anxiety. How do people find the resilience, the willingness to stay?

JMS: It has become a way of life. I remember when it was war time and I had friends coming and they said "you look like zombies" but we didn't see it -it was our way of life. So when you say "persistent state of anxiety" I realize yes, that is true. We live at 120 kilometers per hour – very fast, we go out every night. But what's great is we have a very intense cultural life. We have theaters, music, events, movies. [gasp] The worse it goes, the more creative we become.

MF: There is an innovation of life; of how to survive?

JMS: Very much – how to be creative. Not only to survive – to CREATE. This fascinates me. You don't know when it is going to end, so you just do it.

MF: There is not a lot of worrying about what if this, what if that, what if it is not good enough…

JMS: We don't have time for that. I think there is a feeling of urgency.

MF: So do it now.

JMS: But do it *well*. I mean they do beautiful things, especially the young people.

MF: Is this part of what keeps you connected to your country?

JMS: I am very – not connected – I am *attached* to my country.

MF: How is it different?

JMS: Connection can be an intellectual thing. My feeling is like a family bond; it is different.

MF: How long have you been practicing as a psychiatrist?

JMS: 41 years.

MF: How have you experienced the field of psychiatry change over the course of your career?

JMS: There is a feminization of the profession; there are more women. I don't know – maybe more people will come for psychiatric care? There are not enough changes. There is no insurance coverage for psychiatric treatment in Lebanon.

MF: Ok, let me change the question. What changes would you like to see?

JMS: First, for it to be covered by insurance. So people can go and not have to worry about the money. Second, my dream would be for people to know about psychological health, mental health. You know the conference we had on Saturday? My dream is to have it open to the public, but to have very good quality talks, so people can come listen, learn and then they can say "I know what I have, I know where to go" and argue with their doctors who will not [refer them for treatment]. And bring in doctors, because they need education. This is how I think our society can evolve. It is so important – psychological problems, mental problems. I see them, I have experienced them, I say this is very important. And it is only 10% and all the rest is somatic medicine. This is what is happening here, it needs to change, and it is not changing.

MF: What do you think is getting in the way of the change?

JMS: Taboo?

MF: Stigma.

JMS: Yes stigma.

MF: Are you a child psychiatrist?

JMS: No, but I see all the rest. You do child psychiatry?

MF: No.

JMS: I find it very difficult because I always side with the child, and this is wrong. I did a lot of child psychiatry during the war, because there were no child psychiatrists. Eventually we had 4 child psychiatrists in Lebanon. At that point I said "I am not doing a good job" and started referring them to the child psychiatrists.

MF: I feel the same way; it's too much.

JMS: It hurts.

MF: You heard women mention in the film that having children changed them as a person. Did you experience this as well?

JMS: Of course, of course. As I told you – in the beginning I would always side with the child; the parents were the bad parents. Then I had my own children, and I said well, the kids have some responsibility too! I have become very tolerant having children. I have 3 children and 2 of them had problems. I had to take care of them and take them to psychiatrists and psychologists, etc. and I became much less judgmental with parents. Whatever you do, you are not the only one responsible. So I have learned this, and it helps me in my work.

MF: It sounds like you have a broader understanding of what people go through.

JMS: Exactly. It's so complicated.

MF: How has being a psychiatrist changed you?

JMS: I don't think it has changed me. I think it has given me means to handle life — it has helped me a lot as a person.

MF: To become more resilient? More tools to deal with life?

JMS: Yes, and with work and with patients and with everything.

MF: Has it made you stronger?

JMS: Yes. And you know what? *Age* has helped me feel more self-confident, and at times ignoring things, making the right choices, and making decisions about my life. This is aging. I'm quite happy with aging in fact.

MF: [gasp]. Will you write a book about that? There are benefits to the brain as you age! Right?

JMS: I don't know!

MF: I think especially for women, they fear aging and everything they are losing. I grew up in Los Angeles and the message I got was that your value as a woman was largely based on how you looked, and how appealing you can be to a man. But as you age, all your youthful beauty starts to pass away and women panic. What I have noticed though is that in certain women – and you are absolutely one of them as is the woman behind you [Dr. Mary Ann Schaepper, filming the interview] — that there is this other kind of beauty – this beautiful thing that starts to emerge as you go through your 50s, 60s and beyond – if you *allow that to happen*. It is a radiant beauty that is different and more personally empowering than any beauty of physical youth. What do you think about that?

JMS: Yes, yes, I agree. I don't know if you allow – or if this is what life is just providing you with – if it is your personality or your personal history – I don't know how much you can decide this.

MF: You are one of the few people I have heard say that – you enjoy your aging. What do you mean by that?

JMS: You know, I don't have all these questions anymore. I know what I have taken, I know what I have left. It's fine. I have made peace with myself. And you know, aging also – you are no longer in this seduction game – that you have to play seduction.

MF: What do you mean?

JMS: I mean I want to be beautiful for myself. I don't give a damn about men. They will not look at me maybe; I don't know. But for me, this is me and myself and I am fine. I don't need to have a man valuing me. It's true I have my husband, we are doing well. But even so we have been together for 40 years. 10 years ago, 20 years ago, I would need the look of other men at me to feel I exist or whatever, but now, it's not important. I can now say "This is important. We focus on this. And this is not important." It's ok if nobody agrees with me; its fine. This is how I feel.

MF: That sounds like a wonderful place to be.

JMS: This is how I feel.

MF: I love that.

MF: What is the most unexpected thing that has happened to you in your life; and what was the outcome?

JMS: Unexpected? I don't know. Unexpected? Unwanted?

MF: Either one…I guess we don't expect unwanted things…

JMS: Sometimes you don't expect something and it's a good thing, and other times no, you didn't expect it and it gets on you and its not a good thing.

MF: Chose one, either one, one of each!

JMS: The problem is I don't have something that was unexpected and it was a good one.

MF: Can you talk about the other one? Is there an example you can share?

JMS: Apart from the war, something happened in my life when I was very little, and I didn't expect that, and I had to cope with that. And — this is quite painful — do you want me to go through that?

MF: Only if you want to.

JMS: [long pause then slowly shakes head no]

MF: And the outcome of it?

JMS: The outcome – made me very strong. Very strong. To be self-reliant. And – always looking for the way out. You know? Always looking for something to create, out of what is happening. Not let — and this is how I work in fact – people come to me having problems all over and I sit with them and I tell them "Ok. Where do go from here? What can we do? How can we move on?" And this is how I have lived and survived. So I have used it in my work very much, and in my life of course.

MF: So finding options, creating options.

JMS: Looking for options; *never* giving up.

MF: Yes. If you can't find one, make one.

JMS: You make one. And whatever you have, *it's good.* Work with it.

MF: That's beautiful.

MF: What do you think the most common misperceptions are that people have about psychiatrists?

JMS: Here is Lebanon? I don't know, people are very scared of Psychiatrists. Although, you know Eli Kahan? He gave a talk on productivity and mental health? He does research here in Lebanon. Recently he found that people go easily to a psychiatrist. But I don't see this at all. People are scared — scared —again ignorance and, you know.

MF: What do you think people are really scared of? I have my own answer to this.

JMS: Ok you go first.

MF: No you go!

JMS: No I've been doing this for an hour, you go!

MF: Ok fine, but if I tell you first you are still going to tell me what you are thinking, right?

JMS: yes.

MF: Ok, I think that people are scared they are not going to be believed, or that they are going to be misunderstood, they are going to have their autonomy taken away from them – they are going to lose their freedom and their choices – and that they are going to be judged. Worse, that they will also lose their physical freedom – that things are worse than they ever thought and they are going to get locked up somewhere. That they could lose their whole life.

JMS: My feeling is different because I work in a general hospital and we don't have a psychiatric ward. And I don't handle psychotic/aggressive/violent patients. I don't have the service, I cannot. To me, people are very scared because you, as a psychiatrist – *you know.* You know how I think and what I feel and these are my things and you are not supposed to get into my things. Maybe things I'm ashamed of, maybe things I don't want. They give us this power, that we can — go beyond.

MF. Do you think people have different fears about psychotherapists versus psychiatrists? Because it's separate here, right?

JMS: Psychiatry here, they are prescribers. I think we are 2 or 3 psychiatrists who do psychotherapy.

MF: Are you one of them?

JMS: Yes, I do. Here, psychiatrists are doctors who make diagnoses and prescribe. And if patients want to talk about their problems they go to a psychologist. If they feel they have a mental illness they go to the neurologist.

MF: Wow, really? Because of the stigma/fear?

JMS: Yes, and maybe [the psychiatrist] would find them mad, or make them mad…

MF: The idea that psychiatrists can actually make you worse is still very prevalent?

JMS: The doctor will tell the patient "listen, pull yourself together, and if not I will send you to the psychiatrist and then you will see what will happens to you."

MF: It's used as a threat even within medicine.

JMS: And the doctor will prescribe neuroleptics and antidepressants et cetera but he will not send him or her to the psychiatrist because *you know what will happen…*

MF: So its like 'they wont understand you the way I understand you' and 'they will do things to you that I wouldn't do to you' *even though I am prescribing the same medications, and probably at an inappropriate dose*. (Laughs)

JMS: Yes.

MF: Ok, same problems.

JMS: Because doctors, I don't think they want to see their own problems. Is it very different in the US?

MF: We have similar problems, but I haven't experienced people putting down psychiatry as much or using psychiatry as a threat, or being very ignorant about what psychiatrists do. What I have experienced is that sometimes doctors will hesitate to refer to psychiatry because maybe it would be perceived as an insult. Or when

someone finally comes the primary has been recommending it for some time but the person says they are scared to come and only after they asked friends and looked on the internet, etc. did they finally feel safe to come. So I think there is a lot of mistrust of medicine in general these days even outside of psychiatry.

MF: What does your office look like?

JMS: It is in the outpatient clinic of a hospital and there are offices. There is no mention of psychiatry. There is my name. And when patients come they will not even mention my name they will just say I am here to see another doctor.

MF: It's wonderful for me to hear – that even though you have lived on the other side of the world from me, and our age difference is over a generation, that we have had so many common experiences and can relate as women and as psychiatrists and as learners and as creators in surviving our life. That brings me a lot of joy. Is there anything else you would like to share with us?

JMS: No I think I have said a lot of things.

MF: Did you tell us more than you thought you would?

JMS: Its ok; I feel ok about it.

Photos from the Q&A after the screening of our documentary at the Lebanese Psychiatric Society, Mental Health Day; Mental Health in the Workplace, October 13, 2018

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Shame Resilience

By Kavita Khajuria, M.D.

'Shame forbids with the law does not ...'
-Seneca-(1)

Some describe shame as 'an intensely painful feeling or experience… flawed and therefore unworthy of acceptance and belonging' (2). Others call it 'powerless(ness) to change an unwanted identity' (3), or 'a fearful and *chaotic* sense of an irresistible and *eerie* revelation to self, of vulnerability in one's nature...'(4).

Shame is a universal emotion. We are all subject to shame at some point. This is important to consider, given its potential for negative consequences if unresolved. Shame can strike at the core, and cause one to feel damaged or broken**.** It undermines the positive self concept and can result in a diminished sense of power and control (1). One can feel trapped, powerless and isolated (2). Along with debilitating thoughts and sensations, one can develop an overwhelming impulse to isolate which can prevent access to social support or treatment, yet may also be one of the primary reasons some seek therapy. Shame has been implicated in a number of mental health problems (5) including depression (6,7), anxiety, PTSD (8, 9, 10, 11, 12), addiction, eating disorders, violent behavior and suicide (13). Secrecy, silence, and judgment fertilize shame.

Rebuilding

Growth can evolve through self reconstruction. Rebuilding the self can restore the positive self concept, repair and strengthen external connections, and increase a sense of control. Vliet provides an excellent review of this process (1), some of which is summarized below.

Connection. Reaching out to one or two trusted, well known allies who provide acceptance and never lose sight of one's positive qualities can be invaluable. Unconditional acceptance and appreciation results in greater self acceptance. While providing distraction, explaining what happened can ward off negative judgments, normalize the shame experience, and facilitate a greater understanding of contributing factors. Connection to a higher power through spirituality or religion can also be highly transformative with the sense of acceptance it provides (1). Not everyone requires immedeate connections however - those with PTSD may benefit from initial avoidance which can allow the survivor to obtain resources and process intrusive stimuli at a manageable pace (8).

Refocusing shifts the energy to behaviors that enhance the self and counterbalance negative judgments. Redirection towards goals, activities and relationships to strengthen the positive self concept can include healthy lifestyle changes, including an improved diet, exercise program, meditation, and reduction of self-destructive habits (smoking, overeating). All of these enhance self-esteem and a sense of personal control to help counteract the sense of powerlessness and inadequacy. Redirection to one's strengths can allow a sense of pride to emerge (1). Negativity can be abandoned by disengaging from toxic individuals and obligations. Immersion in a more supportive environment helps create space for new possibilities and opportunities.

Acceptance. Greater acknowledgment and acceptance of the shame event may occur in small steps or larger strides. This includes taking responsibility for one's feelings and actions. Repairing relationships can include an apology to those who were harmed and forgiveness for those who contributed to the situation.

Understanding. It's important to recognize the feelings of shame when they occur and understand the triggers (14). What does it feel like? A cringe? A flinch? A face flush? Nausea? A blow to the gut? Feeling *small?* Recognition and expression is important in order to allow for release. Understanding eventually occurs as one continually attempts to make sense of the shame event. Appreciating external factors can give way to the realization if others or other circumstances were partially responsible, and beyond ones control (1).Negative self judgment is then transformed into self awareness and insight. Shame then ceases to have as much control, as one moves away from attributing negative characteristics to the self (as in: I *am* bad) to an emphasis on one's negative behaviors (I did a bad *thing*). Growth is reached when one begins to reframe the shame experience in terms of its positive value and meaning**.**

Resisting involves the cultivation of attitudes and actions that protect against external assaults and decrease vulnerability to future attacks. One then evaluates negative judgments and the authority of one's judges to conclude that they are invalid or untrue. Judgments may have been the product of an inadequate understanding of the circumstances. Resisting can also take the form of being assertive, setting boundaries, or challenging others in

their responsibility in the situation. Shame eventually subsides. An individual often becomes less judgmental, more self accepting, and better able to resist future assaults on the self or feel shame when mistakes do occur. Residual shame may no longer have the same power.

In sum, refocusing energies, expressing the shame, facilitating understanding and taking back the power - are all essential rebuilding processes wherein one can actively use strength to pick up the pieces, learn, and grow. A stronger person may emerge who is more self-aware, confident, compassionate, independent and better able to resist future assaults. The growth that may emerge can be a powerful opportunity for learning and survival.

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For more information: http://www.socalpsych.org/events.html

The Fiberglass Ceiling in life Medicine

By Torie Sepah, M.D.

Originally published on KevinMD
www.kevinmd.com

A male physician--one who sits on multiple committees at a large hospital in Dallas--was recently quoted in the Dallas Medical Journal, that female physicians earn less, because they "choose to or they simply don't want to be rushed." Adding, "most of the time, their priority is something else … family, social, whatever."

I should be astounded that a colleague, in 2018, who appears to be about my age, would think so concretely, let alone state it publicly as though he's commenting on an AKC breed of dogs ("...the female Yorkies tend to shy away from true terrier traits, they are not as hard-working"). Why am I not shocked? Well, because he is stating what every female physician already knows. Medicine doesn't have a glass ceiling. It has a fiberglass one. You will break your neck trying to shatter it. So, we go around it, through any crevice we can find, and try not to get noticed on the way.

As a female physician, I have made it this far mostly by downplaying any aspect of being a woman. I wore bigger and bigger scrubs as a third year medical student, hoping to keep my pregnancy a non-topic while on rotations (once the cat was out of the bag--I'd typically hear the ubiquitous, "Wow. How's that going to work?" which nobody asked my husband, also a medical student). I returned two weeks post a c/s. Tthere is no FMLA in medical school and even if there was, extending your education even by a month raises a red flag on your residency applications where everyone will now know you have a baby--a little live ticking time bomb that will at some point suck you away from your 80 hr a week duties. Best if that is not mentioned anywhere on your applications. So two weeks it is.

I chuckle when I'm asked if I breastfed my kids. "You mean, like did I pump on my ccu rotation post partum? Um. No. I never mentioned I had just given birth to the all male team, let alone ask if a I could take "breaks" from the cath lab to pump. I'll never forget what my attending said on the last day of my rotation, "You are an excellent medical student. You worked hard, you kept up, and you never complained. It is as though you didn't even just give birth. No different. You will make excellent physician. I am happy to write you a letter of reference."
I was honored by this of course--I passed as one of the male team members. See? We're no different. But now, twelve years later, I cringe when I recall that exchange. What was lost in between his assessment and my performance was exactly equal to the twenty five percent less female physicians earn for every dollar their male counterpart earns.

The gap is accounted for by what we female physicians do to squeeze in motherhood--we are twice as likely to work a non-traditional schedule--i.e. a condensed schedule like 3, ten hour days or "part-time" at 32 hrs. Except those are merely the hours we are on site and most likely engaged in face to face time with patients. We know from studies that for every hour of face to face patient care, a physician spends two hours on EMR (electronic medical record). While our male counterparts are more likely to work a traditional 40 hr schedule and still have difficulty squeezing what they can into those hours, we chart on what is known as "pajama time", after the kids are asleep, and without pay for those hours.

For two years, I worked a "condensed" schedule at 32 hrs a week, but realized that my patient load was not quite 20% less than those working 40 hrs. Not even close. I did not complain. I was not going to draw attention to being "different". (See. We're just like the guys). I felt grateful for the opportunity to even be able to work such a schedule although I knew I was ultimately performing 40 hrs of work at 80% pay.

Perhaps the biggest loss isn't even the 25% pay gap. It is something that is priceless. Leadership opportunities.

A "condensed" schedule almost always disqualifies you from any physician leadership position, even if in reality you are working about 80 hrs a week, multi-tasking multiple children's schedules with a demanding job. I hardly believe that we're not as qualified as those staying on site 8 hrs longer a week. A 2017 Medscape Report indicates that only 3% of Chief (Medical Officer) positions are held by female physicians.

And sadly, without female physicians at the big boy table, this inequity will continue to replay, one female physician at a time, like a sped-up YouTube video. I don't think it is by coincidence that the main physician Facebook groups which seem to be mobilizing and empowering physicians in new ways, were started by female physicians. Unable to penetrate the fiberglass ceiling, we seem to have found a way toward leadership by going around it.

All of these years later, I still wonder about that exchange from medical school. With what I know now, what would I say?

“Thank you. It was difficult to leave my baby so soon and he is asleep when I leave and get home. So I bond with him by staying up with him at night. So, I guess I’m actually different than the others on the team. I have two jobs. One, however is invisible.”

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The Woman and Her Wellbeing

By Ijeoma Ijeaku, M.D.

With constant and persistent influx of information, she is bombarded with all sorts of data about who she should be, what she should do, where she should do it, how she should do it and why she should do it…

With continuous blurring of the lines that originally defined gender roles and a need to redefine herself, the woman is constantly seeking new heights to conquer and creating new roles for herself...

With society calling her angry when she wants to be heard or soft when she shares her caring nature or weak when she considers all of her options...

With an ever changing landscape, a new world so to speak, a world that claims to prescribe equal rights to all genders, arises this new woman who is definitely here for good...

She is beautiful and celebrates it...
She is smart and owns it...
She is full of passion and has no apologies...
She is her own person and the rules are hers and hers alone...

She stands in all her glory representing all the women that have come before her; the ones who could not acknowledge their beauty or smarts or passion or personality for fear of being judged and found to be less...

She's creating new businesses, presiding over countries and other agencies, building up Fortune 500 companies, heading families, having babies up to menopause and sometimes even beyond, choosing her partner in life and in business for reasons solidly her own, operating on the child's brain and engaging the child in play and other types of therapies...

To be all of the above and still stand, she needs to make self-care her mantra. She has to embrace wellness. She has to strike the balance that allows her to enjoy all that she has worked hard for…

Dear Woman, you have earned it! You have become who you wanted to become. You are playing the exact roles you have chosen for yourself! You are doing what your mother and grandmother never dreamed was possible and you are doing it so well. You do not have to prove yourself anymore; you are it!

Whether you choose to hang out with your friends or family or colleagues or meditation group members or all of the above, that's your choice! But you must have confidants to share your innermost thoughts and feelings with. You must have your support, your safe place…

You may love mindfulness techniques or yoga or zumba or jazzercise or something else but you need to have a real outlet, a space that allows you unleash the real you...
Whether you choose to get your annual check-up during your birthday or during other events, you must pay attention to your physical health. Are you eating right? Are you getting your screening tests done? Are you optimizing your sleep? Are you staying as active as possible?

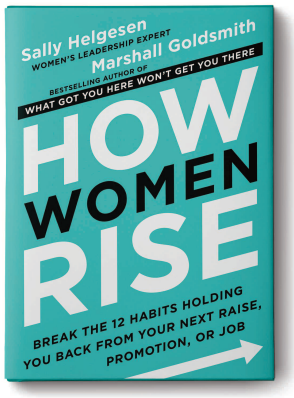
Whether you identify as religious or spiritual, you must create meaning and purpose in your life. Are you just going through the motions? Are you just getting through another day? Another routine? You must embrace the idea that you totally have a brand to sell and that the only way to do this is in excellence...

Whether you believe in psychiatry or not, you must pay attention to your mental health and mental well-being. Are your behaviors lining up with your values? Are your choices representative of your true feelings? Are you keeping it real?

Dear Woman, take care that you live a wholesome life so that your work and the work of those that have come before you will not be in vain…cheers!

How Women Rise
By Helgesen and Goldsmith
April, 2018
Hachette Books
243 pages
$28.00 (hardcover)
ISBN 978-0-316-44012-7

Book reviewed by Kavita Khajuria, MD



Helgesen and Goldsmith are cited as leaders in their fields -Helgesen in women's leadership, Goldsmith as an executive coach and leadership thinker. This book is presented in an easy to read, yet informative style, illustrated with numerous case histories.

Part I: On Being Stuck

This section notes the pathology and trap of perfectionism. The need for self- advocacy with reflection on past behaviors, motivations and behavioral changes are explored. Concepts of resistance, stereotyping, bias, projection, internalized beliefs & expectations, and the inadvertent roles we play are reviewed.

Part II: 12 Habits that keep women from reaching their goals

Described in a nonjudgemental, helpful manner, the reasons and uselessness of passing judgment is pointed out, with the recommendation for acceptance of circumstances. Techniques and underlying excuses to remain in one's comfort zone are explained, along with the cost of miscalculated expectations.

Ingredients for fulfillment at work and promotion are provided. Helgesen and Goldsmith stress the importance of forging relationships, a 2-way leverage system, alliance, mutuality, and a web of connections with flexible, collegial relations. Other suggestions include the need for risk taking, visibility, demonstration of strength while constantly building promotional skills, all along with a dose of healthy self interest. Different types of power are defined, and loyalty is referred to as a potential trap. Women are observed to give themselves a harder time, take failures deeply, tangle themselves in self blame, and stew over mistakes as a result of gender expectations and reinforcements in the workplace. They cite the need for a broad perspective, tolerance and humor.

Numerous gender differences are examined including themes that relate to assertiveness, emotions, bonding styles, rumination, fMRI differences, perceptions of arrogance, the tendency to minimize oneself, a claim of achievements, and the double bind. They cite certain factors to erode the capacity of leadership demonstration in women as a result of upbringing, cultural values, guilt, and the fear of gossip. The price of contemporary cultural expectations on mothers is discussed, and the consequent deep conflicts this sets up for women, intensified by social media.

Part III: Start with One Thing

This summarizes further recommendations, including enlisting help, a careful choice of associations, real listening, saying thank you, a need for forgiveness, 'feedforward', and an incremental approach to habit forming. Reminders include an avoidance of judgement, second guessing & self criticism. They encourage the need to know what to embrace, and what to let go of.

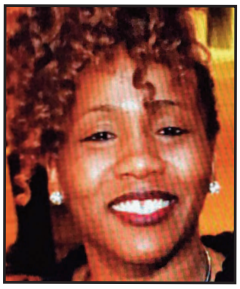
A book on this topic authored by both a male and female perhaps provides a balanced perspective.

In sum, an easy to read, thoughtful, well researched and helpful book for everyone, both women *and* men.

The 2018 LA NAMIWalk was held on October 6th at Grand Park, downtown LA. As always, it was a fun and wonderful day and a worthwhile experience for all who attended!

Council Highlights
September 13, 2018

Ijeoma Ijeaku, M.D., *Secretary*



PRESIDENT'S REPORT Dr. Red

CPA Annual Meeting:
This will be at Dana Point between September 21 and 23, 2018

Council Expenses:
Dr Red brought up the topic of expenses our DB continues to have especially in the light of the extra expenses from this year. She asked members to deliberate on how we might be able to curtail expenses without compromising our benefits.

Insurance Issues:
Mindi brought to the council's attention that the directors and officers liability insurance coverage we currently have in place is inadequate. We do not have a cyber policy and the cost for that is about $1100.

Members voted all yes to get the cyber policy at $1100 but with a stipulation to find out if the CPA and other California DBs have similar policies and find out the cost to them

APA Advocacy Training Day/State Advocacy Day:
This took place between August 3 and 5 2018 in Park City, Utah. Drs. Red and Idrees were in attendance and provided some reports on their experiences (ongoing issues with allowing psychologists to prescribe, increasing advocacy at various levels and increasing interaction with legislators)

Action on Climate Change:
The Missouri Psychiatric Association has an action paper yet to be reviewed by the due APA process about climate change. The association is trying to garner support of its position from other branches. The NCPS has reportedly endorsed their stand. Members expressed concerns about impact of taking a stand and implication for current APA investments.
SCPS council agreed that Mindi will draft a letter to the group

Media Training:
This will be an SCPS/APA-sponsored training and will be held on September 29, 2018 at the NCP between 8.30am and noon. This is a free event and members are encouraged to sign up if they would like to attend.
Glen O'Neil from APA will be conducting the training

Website Committee Update:
The committee has reportedly had a few meetings since the last council meeting. The website's development is reportedly on track and there have been four mock webpage versions developed so far. The new website is expected to be up and running by the end of the year

Newsletter:
Dr Goldenberg thanked the members who contributed to the current newsletter. A sign-up sheet for members to contribute to the newsletter was passed around

CPAPAC:
Dr Fouras recounted the benefits of having a PAC to any organization and called on council members to be part of the CPA PAC. He reports that he will be chairing that committee for the CPA in the near future and encouraged

members to join. Dr Woods signed up

NAMIwalk:
Mindi reported that the next NAMIwalk will be on October 6 and SCPS will have a booth. SCPS currently supports NAMI LA with $2500 for the walk. She encouraged members to come for the event and to participate

PRESIDENT-ELECT REPORT Dr Cheung
Dr Cheung discussed the increase in barriers to conservatorship such as the lengthy process in getting jury trials for potential conservatees and dropped petitions and the impact these issues have on the healthcare system. Various members from different practice areas and settings weighed in on this issue. Dr Shaner commented that the LACDMH is trying to create alternate pathways to help bypass the current shortcomings

PROGRAM COMMITTEE REPORT Mindi Thelen
Mindi noted that the committee has had some meetings since the last council meeting. The psychopharmacology meeting is already scheduled for January 26, 2019 and includes topics such as Obesity, Brain Stimulation Techniques, Refractory Anxiety and possibly Lithium Use. The spring meeting is scheduled for April 6, 2019 and will cover theme of suicide. The SCPS-SCSCAP jointly held annual event held at Dr Arroyo's house is scheduled for November 7, 2018 and theme is school violence. SCPS has a quota for 20 attendees

TREASURER'S REPORT Dr Rees
Overall income: over budget by $6707

Cash at hand: $30,000 less than usual by early August as a result of
-decrease in income (membership dues, meetings)
-increase in expenses in extra needs for the organization (website payments)

The council voted unanimously to adopt the treasurer's report

Members were very concerned by the financial status of the organization and looked at various ways of making improvements. Possible solutions suggested were possibility of using different venues for the educational meetings, engaging big medical organizations to pay for their members and creating website apps.

ASSEMBLY REPORT
Assembly meeting is scheduled for early November after the rules committee's input. The Assembly representatives will follow up on approved action papers and present to council

MEMBERSHIP REPORT Dr Ijeaku
Current Active Membership; 900 (as against 1001 in June)
Total Membership; 1073
4 GMs and 14 RFMs have just applied for membership and they have all met the basic criteria for membership. The council voted unanimously to accept the new members

Concerns were raised by members about the dropped numbers. Council members deliberated on various ways to increase membership including
-improving benefits for members such as discussing financial matters relating to the medical career
-improving APA/SCPS public relations/image and organizing events which will actually attract members especially the younger ones
-getting residency programs involved
-advocating for inclusion of organized psychiatry as part of the requirement in psychiatry residency training

A motion was moved to invite one residency program director to each meeting and all voted yes.

Dr Red suggested that we continue to deliberate on ways to increase our membership

LEGISLATIVE REPORT

Dr Shaner reported that the CPA-sponsored bill granting grave disability status to medical issues in certain contexts did not pass but its supporters are not giving up on it. He notes that there is a bill on loan forgiveness for psychiatry residents as well

NEW BUSINESS Dr. Red

Dr Ijeaku announced that the inland empire will be having their NAMIwalk on October 27, 2018 and thanked council in advance for the support of $1000

OLD BUSINESS: Dr Red

No old business to discuss

ADJOURNMENT Dr. Red

Meeting adjourned at 9.01pm

Next Meeting will be at same venue on October 4, 2018

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. . . . . Matthew Goldenberg, D.O. (2019)
San Gabriel Valley/Los Angeles-East . . . . . Zaheib Idrees, D.O. (2021)
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