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PSYCHIATRIST

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2019 - 2020 ELECTION

President's Column

Disaster Mental Health Coalition

by Anita Red M.D.

Wildfires, flooding, and a shooting devastated Southern California in 2018. As psychiatrists, examples of ways we can help are deployment in an emergency and helping to shape policy. If you are interested in becoming involved in disaster relief, please contact the SCPS at scps2999@earthlink.net.

One organization that gives framework to disaster relief is the California Disaster Mental Health Coalition, and currently two Southern California psychiatrists are needed to represent psychiatry on this coalition. This coalition is is a statewide, collaborative, multidisciplinary organization benefiting the people of California when disasters strike through networking, coordination, consultation, and information sharing.

Since 2003 the California Disaster Mental Health Coalition (CDMHC) has been endeavoring to improve disaster mental health services across professional disciplines in the field of disaster mental health. They focus on ways to part-

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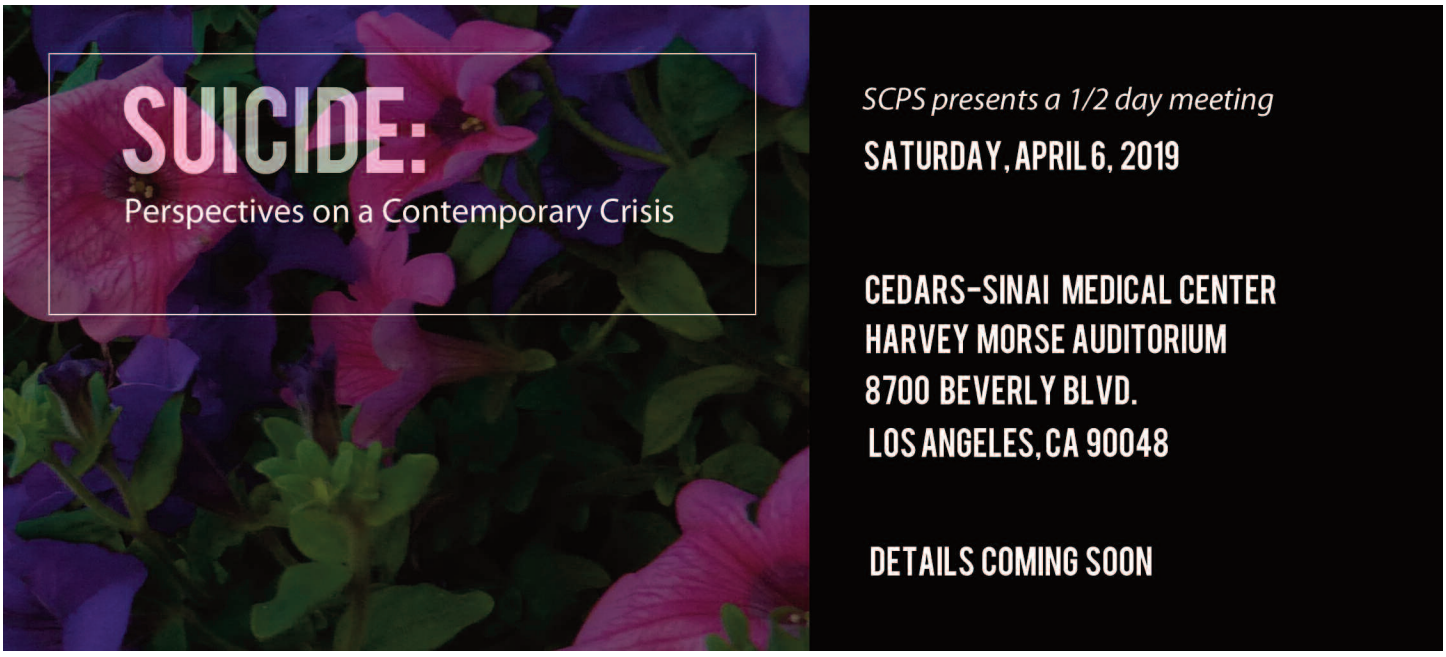
ner with disaster mental health providers in the public and private sectors to help our communities recover from crises and disasters.

The Coalition consists of representatives from various professional associations, governmental agencies, and consulting affiliates. These joint forces exchange information and stay updated on changes in the domain of disaster mental health. They design and implement methods to expand service delivery during and after disasters. In one project, the Coalition amassed over 700 professional mental health providers to provide pro bono services within California following the Hurricane Katrina and Hurricane Rita disasters.

The Coalition collaborated with the State of California in developing Disaster Mental Health Core Competencies for mental health responders that were included in the State of California Mental/Behavioral Health Disaster Framework (December 2012). A Core Work Group of the California Mental/Behavioral Health Disaster Planning Project was convened in December 2015 to address the implementation of the Framework. The Core Work Group includes members of CDMHC who represent the various professional mental health associations.

Coalition members seek to mentor each other as well as other mental health providers interested in the dynamic field of disaster mental health. It is crucial that providers of disaster mental health services are sufficiently trained to satisfy the Core Competencies and provide “best practices” and evidence-based interventions. They encourage our colleagues to affiliate with established organizations before disasters strike, which provides them with training, deployment, and legitimacy as part of a coordinated disaster relief operation.



Get to Know Your SCPS Board

By Newsletter Editor
Matthew Goldenberg D.O.

This part of an ongoing series of interviews with members of the SCPS Executive Council Leadership. My hope is that this will allow our members to get to know their leaders. May a better understanding the history of SCPS and how our leadership got involved, inspire a new generation of future leaders to join and become active on the council.

For the February 2019 edition of our newsletter, I have the pleasure of presenting my brief interview with Ijeoma Ijeaku M.D. who is Secretary and has been nominated to be Treasurer-Elect.

Secretary, Ijeoma Ijeaku M.D.

How did you initially become interested in medicine and what initially sparked your interest in the field of Psychiatry?

For as long as I can remember I have always wanted to be a Physician. I have a grandmother who was trained as a midwife and nurse by the 1940s in a culture where it was unheard of, my eldest uncle is a Surgeon and my mother received an MSN degree in the late 1970s. I come from a long line of healthcare providers and I have never contemplated anything else
As far as Psychiatry as my area of specialization, it is a mind thing. The capacity of the mind to have so much control and influence over the body is such an amazing concept to me. Being in a field that is dedicated to this unique relationship is such a blessing. Psychiatry is my calling…

How has the field changed since you completed your training and what has been different than you initially imagined?

The growth of the field of Neuroscience is so fascinating to me. The shift from theories to more tangible concepts is definitely one I love to embrace. This is especially true for some of the concepts where some of the recent findings have supported the original theories. I would love to continue to see the field of Psychiatry grow in this direction with more research across the lifespan.
The expansion of mental health care access is another huge change in the field in recent years. This has definitely allowed the most vulnerable in our communities to gain access to treatment. I hope we can continue to work towards parity for our psychiatric disorders and their reimbursements

Tell us about the area of psychiatry in which you practice or your practice setting?

I work primarily in an outpatient county clinic as an Attending Child and Adolescent Psychiatrist. I serve individuals between ages three and twenty-two and their families.
I am also an Assistant Clinical Professor at the UCR School of Medicine where I am the director of the School Mental Health rotation for the Child and Adolescent Psychiatry Fellowship, Course Director for Public Psychiatry and Neuroscience in General Psychiatry Residency and Psychiatry Clerkship Instructor for medical students

When did you become a member of SCPS and what motivated you to become more active on the Board?

I became involved with the APA even before I formally started my residency training because I had a program director (a strong mentor) who recounted the benefits of membership during my orientation period. Being the mentor that she is, she got me engaged very quickly with our district branch. I am happy to say that I have served on council for the past seven years in various capacities despite the distance between my home and council meeting site (almost 100 miles!)

Given that I was trained in a setting with a different health care system as well as different cultural practices and meanings, my membership within the APA has truly been an awesome opportunity for me to understudy and understand the very many forces that help shape my practice and the fate of my patients. The best lessons about service, dedication to my patients and commitment to the field of Psychiatry have been learnt from the many teachers and mentors who inspire me on council.

Where do you hope to see the field of Psychiatry go in the next 10 years? What about 20 years?

I hope we can do more research especially in the field of Neuroscience. I hope we can do more research with children. I hope we can truly achieve parity for our treatments so that the discoveries in Psychiatry can match up with the rest of Medicine. I would love to see a better-defined role for the Physician in the mental health team. I would love to see society truly embrace mental health for all.

If you could go back in time, with what you know now, what advice would you give yourself related to your career as a Psychiatrist?

Staying involved in the APA is the best professional gift I have given myself. I am so happy that I got the nudge to join very early on. Continued involvement helps me know what's up with psychiatric practice in the greater Los Angeles area. It is the best pearl for psychiatric practice!

Surprise me. What is something we didn't know about Dr. Ijeoma Ijeaku?

My day begins about 4.50am when I get ready for my 5.15am dance class and it really gets me off to a great start!

Thyroid, Depression, Clinical Practice and the Importance of Monitoring TSH and Prescribing Levothyroxine

by: David Fogelson, M.D.

I have had dozens of patients present with depression who have been prescribed thyroid medication for their depression without an antidepressant by their internist/Ob Gyn/family practitioner. Before reviewing a recent collection of articles about the treatment of hypothyroidism, subclinical hypothyroidism, autoimmune thyroiditis, and treatment resistant depression associated with high normal TSH, I would have automatically taken these types of patients off their thyroid supplementation if their TSH had been reported in normal range prior to taking thyroid hormone. After reading these articles I have changed my practice with some patients. The reasons for this change in practice will unfold as I summarize the articles.

I reviewed these articles with the intent of learning how to gauge whether or not a patient's thyroid supplementation was appropriate and adequate when the patient had a history of hypothyroidism. I also wanted to know whether or not thyroid hormone had been shown to be a useful adjunct in treatment resistant depression, when the patient suffering from depression was euthyroid.

How do you know if a patient's hypothyroidism is optimally managed? Is it advantageous to treat patients with a blend of levothyroxine(T4) and liothyronine(T3)? Which blood tests should you follow? Is it important to measure T4 and T3 levels? Is naturally derived thyroid medication better than synthetic levothyroxine? What do you do if hypothyroid symptoms persist even though the patient has normal thyroid indices with hormonal treatment? Should you use supra-therapeutic doses of hormone? Is there a role for genetic testing in fine tuning treatment? If a patient is euthyroid, will T4 be effective in treating obesity, depression, or urticaria?

Here is what I found:

Synthetic levothyroxine is the treatment of choice in hypothyroidism. The goal of therapy is to normalize serum TSH by prescribing levothyroxine. The goal should be to neither super suppress TSH nor to under suppress TSH, but rather aim for a TSH within normal range. Super suppression of TSH confers a risk for atrial fibrillation, strokes, osteoporosis, and fractures. If the TSH is in normal range and other comorbidities have been ruled out, and the patient continues to complain of symptoms, tinkering with the levothyroxine dose to decrease TSH, within the normal range for TSH, may yield some benefit.

There is no added benefit of using natural thyroid compounds over synthetic levothyroxine and there are demonstrated disadvantages.

There is no advantage to monitoring serum T3 as a guide to levothyroxine dosing. There is no proven advantage of combining T4 and T3 over T4 monotherapy. Routine prescription of T3 should be avoided except in unusual and unique circumstances which I will outline later in this report. When symptoms persist despite normalization of TSH, other etiologies such as untreated depression and unrecognized autoimmune disease should be sought and treated. If all comorbidities have been ruled out and TSH has been optimized and symptoms persist a trial of T4 combined with T3 may be warranted.

T4 has been found to be ineffective in the treatment of euthyroid patients with obesity, urticaria, or depression.

The one exception to this rule may be the patient with treatment resistant depression who has TSH levels in the high normal range. Such patients may benefit from treatment with T4 along with their antidepressant medication with the goal of achieving TSH levels in the low normal range, meaning levels less than 2.0. This special case will be expounded upon later in this report.

There is not a role for genetic subtyping in optimizing the treatment of hypothyroidism. Clinicians treating patients with hypothyroidism have an obligation to do no harm and to avoid treatments of no proven benefit. For the vast majority of our patients that will translate into monotherapy with levothyroxine.

The next question I sought to address was whether hypothyroidism falls on a spectrum of severity such that a syndrome of "mild subclinical hypothyroidism (MSCH)" can be characterized and benefit from treatment. I conceptualized these patients as patients who might benefit from treatment with levothyroxine who had TSH levels elevated out of normal range with normal levels of "free" T4 and "free" T3. A brief reminder "free" levels are the concentration of a hormone floating free in serum, unbound to serum proteins. In particular I questioned whether patients with these lab parameters might have treatment resistant depression due to their elevated TSH.

I first explored the approach to treatment of MSCH in non-depressed patients. Reviews on this topic remind us that patients with MSCH are at greater risk than the normal population of progressing to overt hypothyroidism. Once TSH rises to > 4.0 mIU/l the risk for hypothyroidism rises by 2% and once above 10 mIU/l by as much as 12%. In the presence of thyroid antibodies, the risk of progressing to hypothyroidism is 38%. Increased risk for cardiovascular disease and adverse pregnancy outcomes has been demonstrated in patients with MSCH. To prevent fetal harm, it is imperative that all pregnant women are euthytoid. The serum TSH reference range in pregnancy is 0.1-2.5 mU/ l in the first trimester and 0.2-3.0 mU/l in the second and third trimesters. Thyroid status should be evaluated in all pregnant women as early as possible in the first trimester. There is no consistent association of MSCH and Major Depressive Disorder; however, as we shall see, there is an association of treatment resistant depression with MSCH.

Factors favoring treatment of MSCH (TSH levels 4.5 – 10 mIU/l) with levothyroxine include many factors. TSH levels >8 suggest a persistent abnormality that is likely to progress to frank hypothyroidism and that requires treatment. Progressive increase of TSH suggests a trend that is unlikely to reverse direction and encourages treatment. Similarly, presence of a goiter and antithyroid antibodies suggests a clinical condition that is worsening and requires treatment with T4. As in all "disorders/illnesses" there is a spectrum of disease and subjective discomfort. Such symptoms may justify a therapeutic trial of levothyroxine. Risk factors for cardiovascular disease including hypercholesterolemia, smoking, hypertension, and obesity may justify a trial of T4 in patients with MSCH.

A recent meta-analytic study demonstrates that patients with auto immune thyroiditis have 3.5 times the risk for depression and 2.5 times the risk for anxiety compared to patients without thyroiditis. Patients with thyroiditis should be carefully monitored for emergent anxiety and depression and early consideration should be given to initiation of pharmacotherapy.

A recent review in the American Journal of Psychiatry presents a strong case for treating patients with treatment resistant depression with levothyroxine if their TSH is greater than 2.5 mIU/ml. When a patient does not respond to two or more adequate trials of antidepressant treatment early consideration should be given to obtaining thyroid function tests (TFTs). Even if prior tests are available/the patient is being treated with levothyroxine for thyroid disease, TFTs should be obtained. Prior tests may not accurately reflect current TSH levels and ongoing treatment is not necessarily adequate to suppress TSH below 2.5. Two TSH levels above 2.5 justify treatment with levothyroxine. It should be noted that 95% of patients have a TSH < 2.5. A patient with a TSH > 2.5 is a clear outlier.

The consensus amongst endocrinologists is that levothyroxine monotherapy is the preferred treatment. Non-response to levothyroxine in the patient with treatment resistant depression might justify a trial of liothyronine. Dosages of T4 between 50-100 ug/day are usually adequate. If you find that the TSH is elevated above 8, the patient should be referred to an endocrinologist for further evaluation. If the patient is already treated with T4, but the TSH is > 2.5, their primary care physician or endocrinologist should be consulted before you recommend an increase in levothyroxine. Aim to suppress TSH to levels less than 2.0. Duration of treatment should be at least four weeks to assess whether T4 supplementation has been effective.

This review explains why I now treat patients with “normal TSH levels” with levothyroxine if they have MSCH defined by TSH > 2.5 and treatment resistant depression. I hope you had a much fun as I did in reviewing and updating what we learned in medical school and residency about thyroid pathophysiology and its applications to our clinical practice.

1. Management of primary hypothyroidism: statement by the British Thyroid Association Executive Committee; Onyebuchi Okosieme, Jackie Gilbert, Prakash Abraham, Kristien Boelaert, Colin Dayan, Mark Gurnell, Graham Leese, Christopher McCabe, Petros Perros, Vicki Smith, Graham Williams and Mark Vanderpump; Clinical Endocrinology (2016) 84, 799–808

2. Levothyroxine treatment of mild subclinical hypothyroidism: a review of potential risks and benefits; Zeeshan Javed and Thozhukat Sathyapalan; Therapeutic Advances in Endocrinology and Metabolism (2016) 7, 12-23

3. Association of Depression and Anxiety Disorders With Autoimmune Thyroiditis A Systematic Review and Meta-analysis; Eva-Maria Siegmann, BSc; Helge H. O. Müller, MD; Caroline Luecke, MD; Alexandra Philipsen, MD; Johannes Kornhuber, MD; and Teja Wolfgang Grömer, MD; JAMA Psychiatry (2018) 75, 577-584

4. Antidepressant-Resistant Depression in Patients With Comorbid Subclinical Hypothyroidism or High-Normal TSH Levels; Bruce M. Cohen, M.D., Ph.D., Barbara R. Sommer, M.D., and Alexander Vuckovic, M.D.; American Journal of Psychiatry (2018) 175, 598-604

Dr. Fogelson reports that he has no financial relationship with any companies that make levothyroxine.

Southern California Psychiatric Society Endorses Action Paper Supporting Reimbursement of Treatment for Borderline Personality Disorder

by: Jonathan Heldt, M.D.

On January 10th, the Southern California Psychiatric Society voted to endorse an action paper that would work towards requiring health insurance companies to reimburse treatment of borderline personality disorder (BPD) at the same rates as they do for non-psychiatric conditions. If approved, this action paper could help to change the way that BPD is diagnosed and treated across the country.

Currently, patients with BPD are often given treatments that are not specific to the disorder, including not only medications such as antidepressants, antipsychotics, and mood stabilizers but also various forms of psychotherapy such as cognitive behavioral therapy (CBT). However, none of these interventions have been shown to be effective for this condition. Instead, effective treatment requires specific types of therapy that are targeted to the particular symptoms of BPD, including dialectical behavior therapy (DBT), mentalization-based treatment (MBT), transference-focused psychotherapy (TFP), and others. These therapies have been shown to be effective at reducing rates of self-harm and suicide as well as improving the patient's overall level of functioning.

For most patients, however, these therapies are not covered by insurance. This means that patients who are seeking evidence-based treatment for BPD are asked to pay thousands (or even tens of thousands) of dollars out of pocket for a complete course of treatment. This ensures that only those who are financially well-off have access to effective care and leaves the vast majority of patients with the disorder unable to access care. Given that BPD is associated with elevated rates of self-harm and up to 10% of people with the disorder will die by suicide, this lack of access to treatment represents a major threat to both individual and public health.

This action paper, authored by Drs. Jonathan Heldt, David Fogelson, Erick Cheung, and Mary Ann Schaepper, argues that the lack of reimbursement for BPD treatments deprives a vulnerable patient population from evidence-based treatments without sufficient justification. Approval of the action paper would work towards addressing this disparity by compelling the American Psychiatric Association (APA) to work with policy leaders and lawmakers to make changes to relevant laws on both a national and state-by-state basis. Specifically, the action paper argues for the inclusion of BPD on lists of mental health parity diagnoses. Mental health parity laws require insurance companies to reimburse psychiatric conditions at the same rates as non-psychiatric medical conditions. However, many states have a list of specific "parity diagnoses" that are considered "severe" or "biologically-based" enough to qualify, including conditions such as major depressive disorder, bipolar disorder, and schizophrenia. In most states, BPD is not on this list. However, BPD causes suffering and dysfunction at a rate equal to many conditions often considered "severe," with an equivalent suicide rate to major depressive disorder. Further, there is no evidence that BPD is any less "biologically-based" than other conditions on the parity list, as genes appear to account for nearly 70% of the variance in the disorder (a rate equivalent to bipolar disorder and greater than major depressive disorder).

By arguing that there is no basis for the exclusion of BPD from mental health parity laws, the authors of this action paper hope to move towards universal coverage of effective treatment for this highly disabling and stigmatized condition. While there are immediate costs to health insurance companies for mandating that evidence-based treatments are provided, this would be offset by lowered costs in the long-term, as treatments like DBT have been shown to reduce health care costs by over 50% per patient and are cost-effective in nearly all cases. For that reason, covering evidence-based treatment for BPD is the right thing to do not only for patients and their families but also for health care providers, insurance companies, and our society's public health. If you are interested in discussing or supporting this action paper, please contact Dr. Jonathan Heldt at jheldt@mednet.ucla.edu.

** CANDIDATE STATEMENTS **

Deadlines for Nominations by Petition February 25, 2019

In this special section, the candidates nominated for your representation discuss their views. Please read the statements carefully before voting.
Ballots will be mailed on or around March 11, 2019

George Fouras, M.D.
President-elect

I want to thank the nominating committee for the opportunity to serve as the next President-elect/ President, if elected.

My career in organized medicine first began with SCPS in the early 90's while a resident/ fellow at LAC/ USC Medical Center. I learned much from the leadership then, and continued participating in organized medicine after I moved to NCPS, participating as the ECP representative for the APA Assembly.

From those beginnings I became more involved with our general medical colleagues, eventually becoming President of the San Francisco Medical Society, and continuing to this day as a member of the SFMMS delegation to the CMA House of Delegates. In addition, I have continued my efforts with CPA, as co-chair of the Child Committee and as the new Chair of CPPAC. In addition, I have also served as a co-chair for the Adoption and Foster Care committee of the American Academy of Child and Adolescent Psychiatry.

It is my belief that our active participation in healthcare policy development and service delivery, is a critical part of what we must do. There is no better example of the need for our participation than what is happening today: leaders of the NRA advising us to "stay in our lane" when it comes to advocating for research and policies regarding gun violence, or the incredible trauma that is inflicted on youth and their families when children or forcibly removed from their families and those that would care for them, or our legislators, who would see us go backwards in time to the days when millions of people had no health insurance coverage nor access to care.

My goals are to ensure that our members continue to receive value for their membership, and that the needs of our patients are at the fore of any policy development or legislation proposed. Thank you for the opportunity to be elected to serve the SCPS.

Ijeoma Ijeaku, M.D.
Treasurer-elect

I am a board certified Child and Adolescent Psychiatrist working for the Riverside University Health System-Behavioral Health. My clinic caters to an underserved population whose mental health challenges are often complicated by several psycho-social factors.

I have been involved in APA/SCPS since the beginning of my residency training. I started my service on council since 2012; first as MIT Representative then as the Inland Empire Region Councilor and most recently as the Secretary. Being an officer this year has forced me to look more closely at various domains of psychiatric practice and organized psychiatry. I have come to feel an even greater need to advocate for my patients and my profession.

I feel honored about my nomination for the position of Treasurer-Elect for the 2019/2020 year. I hope to continue to learn and grow by working closely with other greater LA Psychiatrists on council this coming year.

Matthew Goldenberg, D.O.
Secretary

I am honored to be nominated to be secretary of the SCPS. After returning to Los Angeles to begin an Addiction Psychiatry Fellowship at UCLA, I have served the last three years as a San Fernando Valley Councilor and the last two years as the Editor of the Newsletter. During my residency training in Arizona, I was an active member of the Arizona Psychiatric Society.

I have chosen to dedicate my service to the SCPS because I believe it is vital that we actively work to further our field, better serve the needs of our patients and liaison with the public. While strides have been made toward achieving parity, mental illness and addiction remain stigmatizing and shaming illnesses. We as Psychiatrists are in an important position to improve access to care and decrease stigma and shame for those who need our help.

As Secretary, I am eager to work closely with my colleagues on the SCPS council. I have worked hard to expand and improve the SCPS Newsletter, as I strongly feel that it is our collective voice. I will bring that same passion and motivation to the position of Secretary, so that every SCPS member feels included and updated by their SCPS council.

Outside of SCPS, I am an addiction psychiatrist with an active private practice in Santa Monica. I spend much of my clinical time evaluating and treating physicians, pilots and other healthcare professionals with suspected impairment and/or mental health conditions or substance use disorders. I am also a volunteer clinical instructor at UCLA and remain on the medical staff at Cedars Sinai.

Danielle Chang, M.D.
San Fernando Valley Region Councillor

It is an honor to be nominated for SCPS Councillor for the San Fernando Valley (SFV) region. I am currently a fourth-year chief resident at the UCLA – Olive View Medical Center (OVMC) Psychiatry Residency Program and have served as an SCPS Council Resident Liaison for the past two years. I have worked in the San Fernando Valley for over three years within the VA and Los Angeles County systems and will be a member of the first graduating class of the UCLA – OVMC Residency Program based in the SFV this year.

Participating in SCPS Council as a Resident Liaison has given me an opportunity to help connect residents with SCPS and the important work that SCPS is doing in regards to policy, advocacy, career development, and other significant areas. I am also enthusiastic about being part of the SCPS' resident education, which will be focused on career development through providing a space for residents, fellows, and career psychiatrists to discuss investment strategies. If elected, I hope to continue to engage trainees, and career psychiatrists to become more actively involved in the psychiatric community. It would be a great privilege to represent the SFV as SCPS Councillor for the region.

Janet Charoensook, M.D.
San Gabriel Valley/East LA Region Councillor

I am honored to be nominated for the position of San Gabriel Valley Councillor. I am currently a child and adolescent psychiatry fellow at LAC-USC Medical Center, where I am also one of the chief fellows. I completed my general adult psychiatry residency training at UC Riverside School of Medicine, where I spearheaded fund-raising efforts for NAMIWalk and started a free mental health clinic in downtown Riverside. In my training, I've had the privilege of working with underserved and minority youths and adults.

Throughout my training, I've realized the value of organized psychiatry, mentoring, and advocacy. In this position, my goal is to unite psychiatry residents and fellows throughout the large Southern California community; advocate for the needs of psychiatry trainees, early career psychiatrists, and our patients; and support the mission of SCPS. Thank you for your consideration.

Amy Woods, M.D.
San Gabriel Valley/East LA Region Councillor

I am honored to have been nominated for the position of San Gabriel Valley/ELA Councillor of SCPS. I have been on SCPS council since 2016 serving as Resident Liaison, Resident Fellow Representative, and Secretary. Through my involvement in SCPS I am continually reminded of how important it is to be connected and involved in our professional organizations. This year, I will be completing my Child and Adolescent Psychiatry Fellowship at UCLA. As councillor I would hope to continue to bring more programing to the San Gabriel Valley area in addition, to increase involvement of young professionals into the organization. I look forward to continuing to work with the Public Affairs Committee on creating new and innovative ways to reduce stigma around mental health. If elected councillor I hope to continue to serve the mission of SCPS to the San Gabriel Valley/East LA Area.

Galya Rees, M.D.
West Los Angeles Region Councillor

I am honored to be considered for the position of West LA Representative.

I have completed my medical and residency training in West LA (UCLA), and currently work as a West LA Southern California Permanente Medical Group adult psychiatrist. I treat the socioeconomically and culturally diverse Kaiser member population for a wide variety of conditions. Access, quality, ethics, stigma, and physician wellbeing are all very important to me.

It has been a privilege to serve on the SCPS council for four terms, as a Resident Fellow Member (RFM) representative, Treasurer Elect, and Treasurer. I have worked with the council to explore issues that face our profession, while focusing on the specific concerns and needs of residents, fellows, early career psychiatrists, and managed care psychiatrists. I have been part of the website committee and the public affairs committee. I hope to utilize the experience that I have gained to progress and meet the evolving needs of psychiatrists, patients and families in this time of political, regulatory and technological changes.

Thank you for your consideration.

Ariel Seroussi, M.D.
West Los Angeles Region Councillor

I am honored to be nominated to continue on as SCPS Councilor for West Los Angeles, a position I have held since 2015. I believe that my early career experiences, interests, and personal qualities make me well-suited for this position. As full-time faculty at UCLA, I have the privilege of working alongside leaders in our field, while training clinicians and leaders of the future. Currently the medical director for psychiatric emergency services at UCLA, and a practicing inpatient psychiatrist, I have a window onto the mental health system in our region. I continue to work in outpatient practice, work for UCLA's Depression Grand Challenge research initiative, and hold the title of Physician Informaticist at UCLA. I strive to improve patient care through a combination of evidence-based medicine, compassionate and humanistic care, and the application of technology. Lastly, I believe that some of my personal qualities would continue to be valuable to SCPS as I am dedicated, dependable, collegial, curious, and passionate about our field. Thank you for this opportunity to continue to be a leader for psychiatry in Southern California.

Patrick Wiita, M.D.
West Los Angeles Region Councillor

It is an honor to be nominated for the position of West Los Angeles Councillor. For the past three years I have been fortunate to serve the Executive Council representing Residents, Fellows, and Early Career psychiatrists as well as the interests of Child & Adolescent and Forensic psychiatrists.

I consider myself doubly fortunate to also serve on the Executive Council of the Southern California Society of Child and Adolescent Psychiatry as the Liaison to SCPS. Our two sister organizations have a history of collaboration, the fruits of which we enjoy annually at our highly successful Joint Educational Meeting.

For many years I have called West Hollywood home and advocated for psychiatrists that work in our community as well as for our patients and families. I have travelled to Sacramento to lobby state legislators and I have met with Representative Adam Schiff in his office in Washington DC. It would be a privilege to continue to serve the SCPS council and the West LA community in the coming years as your Councillor.

Katherine Camfield, M.D.
Resident-Fellow Member Representative

It is an honor to be a member of the Southern California Psychiatric Society, and also to be nominated for the position of Resident-Fellow Member Representative. As a second-year psychiatry resident at LAC+USC, I am passionate about making meaningful connections with our patients and their surrounding community. I am particularly interested in finding ways to improve mental health services to better accommodate our underserved and uninsured patients. Earning my Masters in Public Health while in medical school gave me a unique perspective regarding healthcare policy and administration, systems of care, and socioeconomic barriers faced by both patients and providers.

Upon joining SCPS, I was quickly impressed with its level of organization and outreach. As a Resident-Fellow Member, I hope to develop the advocacy and leadership skills necessary to engage colleagues in meaningful discussion regarding the future of psychiatry, both locally and nationally. In addition, I would like to help to recruit the next generation of psychiatrists to join these exciting endeavors. I have thoroughly enjoyed my time as a member of SCPS thus far, and I look forward to being an active member for years to come.

Vivian Tang, M.D.
Resident-Fellow Member Representative

My name is Vivian Tang and I am honored to have been nominated for the Resident-Fellow Member Representative position. I am currently in my third year of residency at Harbor-UCLA and attended medical school as well as occupational therapy school at USC. I worked as an occupational therapist at a community mental health clinic before going back to medical school in 2012. I have lived in Los Angeles for 13 years and grew up in Temecula in the Inland Empire where my family still lives. Throughout my time in Los Angeles, I have worked with many physicians and allied health workers in the mental health field. I have also had the privilege of being colleagues or teaching USC and UCLA medical students who are now in various stages of psychiatry training. As a Resident-Fellow Member Representative, I hope to relay important information shared at SCPS meetings to resident and fellow colleagues and help them find meaningful ways to contribute to the Southern California psychiatry community. One of the joys of going into psychiatry has been the community of like-minded people who are my colleagues. I hope to continue sharing this joy with others in our field as RFM representative.

Eric Wagreich, M.D.
Resident-Fellow Member Representative

I am grateful to have been nominated to serve as a Resident Fellow Member (RFM) Representative for a second year. I am a current second year resident at the LAC + USC Psychiatry Training Program, and obtained my medical education at the Pennsylvania State University College of Medicine. My first year as an RFM Rep was focused on expanding the awareness of resident and fellow members in our region to our amazing organization, and in helping to organize and grow the attendance at Career Day. I have also been working in conjunction with the Outreach Committee in order to increase our new and continuing trainee involvement.

I have been taken aback by the support and guidance that the council has provided me over the past year, and am inspired to continue to give back to our community so that we can all advocate for our patients and our profession. If given the great honor of serving a second term as RFM Rep, I plan to work with my fellow RFM representative and the council to increase regular events for our RFMs, and to facilitate avenues for involvement within our RFM community. Thank you for your consideration.

Brian Wu, M.D.
Resident-Fellow Member Representative

I am honored to run for the Resident-Fellow Member (RFM) Representative. I am a second year psychiatry resident at LAC+USC Medical Center. Prior to this, I completed my MD/PhD training at Keck School of Medicine of USC.

As a physician scientist, it is my desire to be involved in health advocacy in local and national organizations, especially SCPS and APA, and to be a voice in the national discussion of psychiatry. Such work will be continuation of my previous experience as Medical Regional Director with the American Medical Student Association and recent experience as AACAP Board Liaison for APA. Reflecting my dedication to health education, I founded a company called Health Stories for Kids, through which I have created 14 storybooks that help patients and their families learn about health topics. It is my goal that not only through individualized patient care but also through the ability to create educational materials for a worldwide audience, I can impact the health of millions of people beyond those I could reach on a daily basis in clinic. As an RFM Representative, I look forward to expanding my advocacy skills for the betterment of SCPS, professions and patients. Thank you for your consideration.

Katherine Unverferth, M.D.
Early Career Psychiatrist Representative

It is an honor to be nominated for the position of Early Career Psychiatry Deputy Representative to the Council. I am currently in my fourth year of Psychiatry Residency at the UCLA Semel Institute. Prior to this, I completed my undergraduate training at Duke and my medical training at Georgetown.

For the past two years, I had the honor of serving as one of two RFM representatives for SCPS. My main accomplishments have been to lead the website redesign, update our SCPS logo, revamp the career fair, expand social media engagement, and develop tailored activities for RFMs & ECPs. Over the next year, I hope to continue expanding opportunities for ECPs to be involved in SCPS and plan to create more tailored activities for this group.

I continue to be grateful to the APA for all of its work promoting mental health advocacy, parity, and social justice. I hope to continue to use my position as an ECP Representative to continue developing opportunities for fair treatment for all people with mental illness.

Ballots will be mailed on or around March 11, 2019. Due Date will be April 7, 2019. Deadline to run by petition is February 25, 2019.

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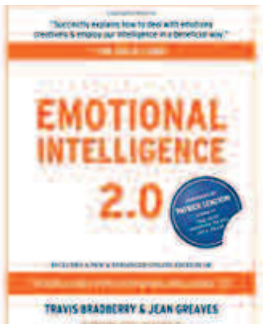
Emotional Intelligence 2.0
By T. Bradberry, PhD and J. Greaves, PhD.
2009
TalentSmart, Inc.
225 pages
$13.00 hardcover
ISBN 9780974320625



Book reviewed by Kavita Khajuria, MD.

Emotional Intelligence 2.0 continues to be a popular book, often placed next to top best sellers in bookstores. The authors are cofounders of TalentSmart, described as a 'global think tank' and consultancy service who provide training in emotional intelligence. Clients include a majority of the Fortune 500 companies.

Emotional intelligence, referred to as 'EQ', is cited as the strongest predictor of performance responsible for 58% of job success. Those with higher EQs earn more money in all industries, worldwide. 90% of top performers are high in EQ. Not to be confused with IQ, however. On the contrary. There's no known connection between IQ and EQ. Those with average EQs outperform those with high IQs 70% of the time, which can explain why one person may succeed while another doesn't, in spite of having a higher IQ. EQ is flexible, however, and can be learned. Given the 'upper hand' neurobiology provides to emotions, they stress the impact of EQ on behavior, social situations and personal decisions. Based on a decade of research and half a million responses, the book contains 8 chapters which cover basic concepts, skills and strategies, and is illustrated with select case examples. It also provides free online access to a short EQ test that provides a baseline of strengths and weaknesses against which one can gauge improvement.

4 key areas of EQ are addressed- self-awareness, self-management, social awareness and relationship management, all included under concepts of personal competence and social competence. An 'Action Plan' with an EQ mentor is recommended, with a reminder to expect success, not perfection. Practice and patience are encouraged. The book starts off with an explanation of the 'rational' and 'emotional' parts of the brain with brief reference to neurological connections and emotions are explained given the vital purpose they serve. Two thirds of the human population are typically controlled by emotions but not yet skilled at identifying them or using them beneficially. We can be aware or oblivious to them. One can control the thoughts that *follow* an emotion, however, and the reaction (if aware).

Self-awareness is explained as an understanding of what makes one 'tick', and what motivates and satisfies a person. They stress the importance of actually *experiencing* emotions and its physical sensations, so they come as less of a surprise. One may not understand or be aware of emotional reactions, yet they warn us not to be fooled by a bad mood (which creates tunnel vision), or a good mood (which can be linked to impulsivity). Journaling is encouraged as a method to view patterns and personal tendencies. Those with difficulty identifying emotions are recommended to find them in the expressions of the world (i.e novels, film, art), which serve as a gateway to emotions. All these techniques collectively facilitate improved *recognition* of emotional reactions which can then be addressed before long term negative effects set in. Other strategies include making choices in sync with one's beliefs and values and paying attention to physical appearance (in order to understand one's mood). Feedback from others can be helpful, as there can be a wide chasm between subjective and objective views.

Self-management refers to management of emotional reactions to situations and people. It's the ability to tolerate uncertainty and make wise choices. Strategies include the avoidance of catastrophizing, judgment or self blame. Recommended tools include regular breathwork practice, daily reflections, visualizations, thought control, a 10 count and 'emotional vs stress list' when under duress, acquisition of role models, self acceptance, sleep hygiene, good self care, the need to learn from others, and acceptance of the inevitability in life.

Social awareness refers to the ability to pick up on the emotions of others and understand what's really going on. Listening and observation are 2 critical features of social awareness and anthropologists are cited as excellent

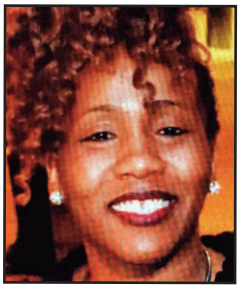
examples of social listeners and observers. Other strategies include the need to appreciate ones name, body language, timing, the present moment, culture, social skills, empathy, and the 'big picture'. They caution as to the ripple effect of emotions, and stress the need for consistent observation in order to appreciate what others think and feel.

Relationship management refers to the ability to relate to someone. It's the ability to use emotional awareness to maintain flexibility and manage reactions so as to positively direct behavior. Suggested strategies include being open and curious, honest and direct, courteous and caring, respectful and empathic, and accessible with a willingness to provide constructive feedback. Trust is developed with time. They encourage the release of blame, a focus on repair, and not be afraid to have tough conversations. Favorable case examples include those who exert empathy, self-control, authority and insight.

In sum, an easy to read book with excellent practical tools, and a good reminder on mindfulness linked to stress management. IQ and personality traits may be relatively fixed, but EQ skills can be learned, so there's always room for growth for any of us.

Council Highlights December 12, 2018

Ijeoma Ijeaku, M.D., *Secretary*



PRESIDENT'S REPORT Dr. Red

Cyber Insurance-Email Hacking:
The cyber insurance purchased by SCPS went into effect.

Disaster Response:
Dr Red introduced the idea of creating/revamping a committee to support members during disasters. The support offered to members will also include showing them how to support their patients. Council members voted to reach out to the LA Surge to foster a better collaboration on disaster preparedness and emergency psychiatry for our members

PER Task Force
Dr Lymberis discussed some of the challenges that the PER has been having. Dr Red initiated a move to establish a task force that would allow re-visiting of PER's mission and vision as a way to better define its role. Council members voted to have a PER liaison (non-voting) member on council. Council members also voted to have an executive committee of SCPS+PER liaison work with the executive committee of PER and report back to council

APMC Update/Report
Dr Furuta announced that the art of psychiatric medicine committee had a comedy event on November 17, 2018. This event reportedly had a great turn out, had a diverse population and was very meaningful for attendees. She shared some of the highlights from the event

Council Location Reminder:
Dr Red reminded members that starting January 2019 and through June 2019, our meeting will hold on the second floor of this building (moving one floor down) exact room # will sent with next month's meeting notice

Newsletter:
Dr Goldenberg thanked the contributors to this month's newsletter. He encouraged members to continue to make

contributions to the newsletter. A sign-up sheet for members to contribute to the newsletter was passed around

Website:
Dr Unverfeth announced that the new website has been up and running since December 12, 2018

Career Fair Report:
The career fair was reportedly a huge success. It had attracted more attendees than usual. The greatest feedback had been the value attendees had for the financial talk. Council members are considering keeping the fair about the same time annually to increase attendance

CPA RFM Nomination:
Dr Red announced that there is a call for the above among members in training. This position requires a 2-year commitment. Members who want to nominate a resident can reach out to Dr Red

Do No Harm Screening:
Dr Goldenberg reports that he was approached by the producer of 'Do No Harm' film to solicit for sponsorship of the film from SCPS at the cost of $5000. Council members are not interested in sponsorship at this time

CMS Measures Development Panel:
Dr Red announced that membership on this panel includes a 3-year commitment including one webinar attendance per year and one in-person attendance per year

PRESIDENT-ELECT'S REPORT Dr Cheung

CPA Council Report:
Dr Cheung noted that he had just attended the CPA council meeting during which Dr Schaepper presided. Among highlights from the meeting, the APA will celebrate its 175th anniversary May 2019 in San Francisco and the APA has moved its headquarters back to Washington DC.

Nominating Committee Report:
Dr Cheung read the slate as approved by the nominating committee and council accepted the committee's recommendations

LACDMH Announcement:
Dr Cheung announced that one of our council members, Dr Shaner who has served LA county department of mental health for over four decades is retiring in a few days. Council members gave him a standing ovation for his meritorious service

PROGRAM COMMITTEE REPORT Dr Gales
Dr Gales provided an update on upcoming meetings for next year including dates and speakers/topics
Psychopharmacology meeting will be held on January 26th 2019

TREASURER'S REPORT Dr Furuta
SCPS is over budget as far as expenses and below budget as far as overall income. A unanimous vote was passed to accept the report

ASSEMBLY REPORT
Dr Schaepper made a call for action papers

MEMBERSHIP REPORT Dr Ijeaku
Membership Report Current Active Membership –944
Total Membership 1110
Eleven new RFMs applied and one GM; all have met the basic criteria for membership. A unanimous vote was passed to accept the new members

LEGISLATIVE REPORT Dr Shaner

Dr Shaner reported that this is the 'quiet time' among policy makers. This is usually the time for passing policy platforms. A policy platform for the expansion of the grave disability bill was just passed

NEW BUSINESS:

Dr Gross joined the meeting as a representative of the CPA. He asked for members' opinions on the frequency of CPA meetings. Council members shared their opinions about the current frequency of the meetings

ADJOURNMENT Dr. Red

Meeting adjourned at 9.04pm

Serialized scrips. Help is on the way. On Tuesday, Jan. 29, an Assembly Committee movedAB 149 (Cooper, D-Elk Grove) forward unanimously. AB 149 delays secure prescription form requirements until no later than Jan. 1, 2020, and would make any prescriptions written on a form otherwise valid prior to Jan. 1, 2019 (that does not contain the unique serialized number) valid, and may be filled, compounded or dispensed until Jan. 1, 2021. The bill has an urgency clause and will take effect immediately if the Governor signs it. It still has several steps to go. I expect it to clear the floor of the Assembly in the next week. Stay tuned.

Photo: Dr. William Arroyo chats with with US Rep. Maxine Waters, current Chair of the House Financial Services Committee.

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