

PSYCHIATRIST

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March 2018

Newsletter of the Southern California Psychiatric Society

President's Column

CPA Advocacy Day

Anita Red, M.D.



As a member of the SCPS, you are also a member of the California Psychiatric Association, which is our statewide organization that is paramount in advocating for mental health and psychiatrists in the California state legislature. The CPA hosts an advocacy day each year, which is a valuable opportunity for the CPA to build relationships with our legislators and advocate for what is important to us. This year, CPA's advocacy day is Monday, March 18th, 2019.

If you are a general member, please contact us at the SCPS about how you can be involved or what issues you would like us to bring to Sacramento for you. If you are a resident or fellow, consider making the trip to Sacramento this year to join the efforts of advocacy. Your trip may be able to be sponsored.



During the first part of Advocacy Day, there is time to learn about how legislation and advocacy work as well as learning current relevant bills. The next part of the day is meeting with California state legislators-- assembly members and state senators. By registering ahead of time, the CPA will make appointments for you to meet your personal legislators. For more information, contact the scps at scps2999@earthlink.net or the executive director of California Psychiatric Association, Lila Schmall, at lila-schmall@calpsych.org.

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It's Award Season.

SCPS Award Reception coming in April!

By: Matthew Goldenberg D.O.
SCPS Newsletter Editor



It is award season in Hollywood. I am writing this article after Oscar weekend. This is the film industry's night to honor and recognize the most significant contributions to their field in the past year.

This got my thinking about how the field of Psychiatry recognizes significant contributions to our field. At least on the local level, this happens every April. Each April, the Southern California Psychiatric Society (SCPS) holds its annual Installation and Awards reception. Much like in Hollywood tradition, the SCPS Executive Council presents local psychiatrists with awards in a variety

of categories.

Unlike the Oscars, most awardees do not give long speeches but their work and contributions are honored among their peers. The awards ceremony is a great opportunity for all SCPS members to come together, meet the Executive Council and get to know the new Council members who have been recently elected and are starting their terms. If you are a resident or early career member, or are thinking about getting more engaged with SCPS, but didn't know how... this is a great opportunity to learn what the SCPS is all about and how you can get involved.

The annual installation and awards reception is open to all SCPS members and a guest, but it does require an RSVP. This year members can attend for \$30 and can come with a guest for \$60, valet parking will be covered by the SCPS. More information will be forthcoming in the coming months. However, I would encourage you to save the date, **April 27th, 2019 from 3 to 7pm at Le Merigot Hotel, 1740 Ocean Ave. in Santa Monica.** You can contact Mindi Thelen, SCPS's Executive Director (scps2999@earthlink.net) for more information.

If you have a suggestion for someone deserving of recognition this year, please email myself or Mindi with the nomination and a brief description of why you are nominating a colleague for an award this year. Our SCPS Council will take all suggestions into consideration, among the categories of awards they are presenting this year!

Best,

Matthew Goldenberg D.O.
SCPS Newsletter Editor

<https://www.socalpsych.org/event/installation-awards-reception-2019/>

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Treatment of Depression: How Long to Wait?

Ariel Seroussi, M.D.



As psychiatrists, one of our most bread-and-butter tasks is to treat acute depression. We do this frequently, yet there remain gaps in our knowledge about antidepressants, and how to use them in an evidence-based way. One question that commonly comes up is, how long do we wait for a clinical response in the acute phase of treatment? Furthermore, what are outcomes like not just in those first weeks of treatment, but stretching out over months from the acute to the continuation phase of treatment? In this article, we will look at two meta-analyses published by Henssler et al in the *Journal of Clinical Psychiatry* in 2018, that sought to answer these questions.

In their first meta-analysis from January/February 2018, Henssler et al gathered information from studies that compare the efficacy and tolerability of antidepressants compared to placebo, from 8 all the way to 24 weeks. They selected double-blind, randomized, placebo-controlled studies and used a primary outcome criterion of the standardized mean difference in rating scales, as a measure of the effect size between antidepressant treatment and placebo (since the studies used different measurements of efficacy). They found moderate but statistically significant effect sizes at all time points (8, 12, 16, 20, and 24 weeks), favoring antidepressant treatment over placebo. Furthermore, the effect sizes did not diminish over that time, challenging a longstanding theory that antidepressant effects reflecting the natural course of depression rather than a pharmacological effect.

In their second meta-analysis from May/June 2018, Henssler et al seek to answer the question of how long to wait for a response, when using monotherapy with an antidepressant. They selected double-blind, randomized studies that reported continuous outcomes from 4 to 12 weeks, comparing antidepressant monotherapy to placebo. The primary outcome was response of previously unresponsive patients, a decrease on rating scales at different time points as defined by trial authors, and secondary outcomes were remission and absolute rating scale scores. Interestingly, they found that incomplete responders have a 22% chance of achieving response between weeks 5 and 8, and 10% between weeks 9 and 12. These results were statistically significantly superior to placebo at both intervals. Nonremitters had a 17% chance of achieving remission between weeks 5 and 8, and 14% between weeks 9 and 12. Although they noted limited data, they did not see a further increase in response rates after 12 weeks.

Although studies were limited and more research is warranted, these analyses provide information to consider for our practice, and for speaking to patients about treatment of depression. According to their second meta-analysis, the authors suggested it is “justified to inform the patients that achieving response or remission can be expected – with declining probability – for up to 3 months of monotherapy.” All decisions should certainly depend on the specific clinical situation, but the above data indicates that we should think twice if thinking to make a change too early. The APA’s Practice Guideline is in keeping with this idea, recommending treatment for 4 to 8 weeks, and up to 12 weeks to observe full improvement. Once an effective treatment is found, this practice guideline also recommends continuing treatment for 4 to 9 months at the dose used to achieve remission – this too is supported, by Henssler et al’s first analysis, suggesting that antidepressants remain efficacious beyond the acute phase. These meta-analyses seem to reinforce that in the treatment of depression, when clinically appropriate and with proper monitoring, patience may be a virtue.

References:

American Psychiatric Association. Practice Guideline for the Treatment Of Patients With Major Depressive Disorder. 3rd ed. Arlington, VA: American Psychiatric Association, 2010.
https://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/mdd.pdf Accessed 2/26/19.

Henssler J, Kurschus M, Franklin J, Bschor T, Baethge C. Long-Term Acute-Phase Treatment With Antidepressants, 8 Weeks and Beyond: A Systematic Review and Meta-Analysis of Randomized, Placebo-Controlled Trials. *J Clin Psychiatry*. 2018 Jan/Feb;79(1).

Henssler J, Kurschus M, Franklin J, Bschor T, Baethge C. Trajectories of Acute Antidepressant Efficacy: How

Long to Wait for Response? A Systematic Review and Meta-Analysis of Long-Term, Placebo-Controlled Acute Treatment Trials. *J Clin Psychiatry*. 2018 May/Jun;79(3).

APA's Committee of Tellers has approved the following results of APA's 2019 national election. Please note that these results are considered public but not official until approved by the Board of Trustees at its meeting on March 9 and 10 in Washington, D.C.

President-Elect
Jeffrey Geller, M.D., M.P.H.

Secretary
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Area 3 Trustee
Kenneth Certa, M.D.

Area 6 Trustee
Melinda Young, M.D.

Resident-Fellow Member Trustee-Elect
Michael Mensah, M.D., M.P.H.

Complete results of the election will be reported in the March 1 issue of *Psychiatric News*.



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SCPS designates this educational activity for a maximum of 3.5 AMA PRA Category 1 Credit(s)™. Physicians should only claim credit commensurate with the extent of their participation in the activity. This credit may also be applied to the CMA Certification in Continuing Medical Education.



Ayurveda: The Arya Vaidya Sala Experience in India

By Kavita Khajuria, M.D.

This article is shared as a cross cultural experience on Ayurveda and wellbeing.



A recent trip to India was to the Ayurveda Institute in Kottakal, located in the southern state of Kerala. The 'Arya Vaidya Sala' is a historic Ayurvedic Institution that was established in 1902 by physician and philanthropist, the late P.S Varier. The Ayurvedic Hospital and Research Center were further established in 1954, which provide classical panchakarma and other therapies provided under the supervision of Ayurvedic doctors. The manufacturing plant produces over 550 classic and OTC Ayurvedic formulations. Patients arrive from all corners of the world.

Ayurveda is an Indian system of holistic medicine aged over 5000 years old. "Ayu" means life, and "Veda" means knowledge or science. Ayurveda is the knowledge or science of life that explains the wellbeing of life in totality. It treats the person as a whole - a combination of mind, body and spirit. Believed to originate from the Vedas (the sacred texts of India), Ayurveda is considered by many to be the oldest healing system in the world. It strives for harmony between the elements of earth, air, fire, water and ether, which bring one closer to nature, and from which one can tap into infinite strengths.

Ayurveda addresses the human doshas (physiques determined at birth), their psychological, emotional and physical areas of predominance and imbalance; the characterological constitutions (satvas, rajas, tamas), and the disease process itself. A dosha-specific diet and a strong digestive fire are considered crucial for optimum health. Alignment of energies and a balanced lifestyle are long term goals. Treatment can include individual medication management, rejuvenative practices, and a selection from a host of external therapies i.e abhyanga (external oil therapy) swedana (fomentation), kizhi (herbal poultices), pizhichil (warm oil soak), etc, to name a few. The approach of Ayurveda is to heal, not to cure. It recognizes the uniqueness of individuality, so no two treatments are necessarily the same.

The Ayurveda Center in Kottakal is situated in a tropical environment surrounded by coconut trees and bustling streets. The outpatient clinic, museum, production and publication sites and a temple - are all situated nearby. The aroma (some could call it a smell) of rich herbs and oils greeted us on day 1, and prevailed for the duration. Intakes were done by a 1st year doctor - nostalgically reminiscent of 1st year of clinical training. The team came by later for rounds and discussion, as they would continue to do, twice a day. A tray of meds were delivered to the room with a separate basket that contained patient specific body treatments i.e. oils, pastes and potions.



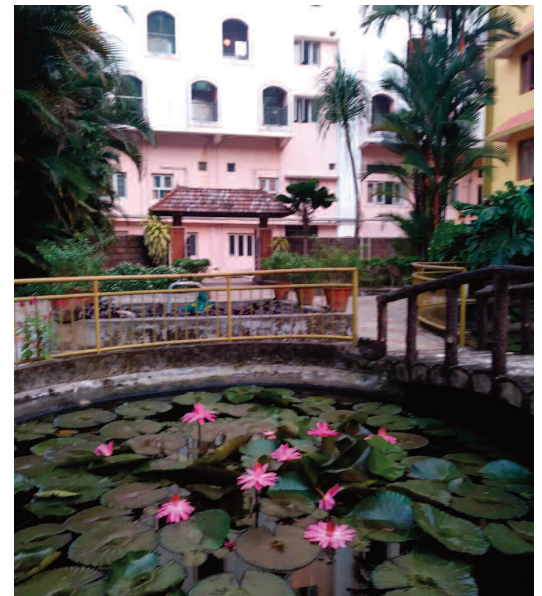
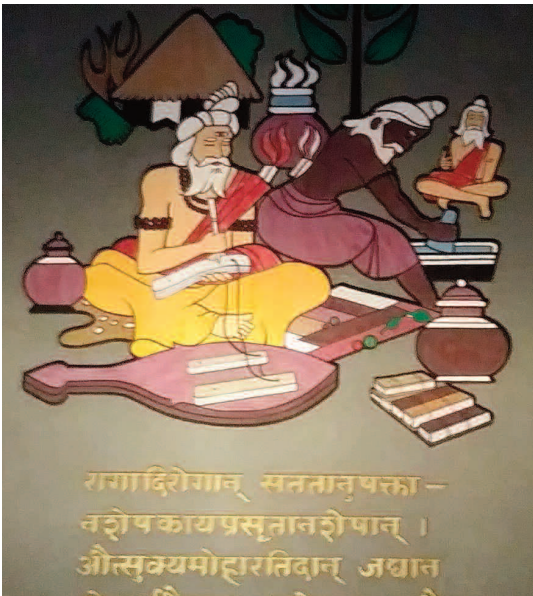
The original hospital rooms were stark and simple. The hospital floors were quiet and peaceful, and the view from the small balconies revealed a breath taking view of hundreds of coconut trees. It was a prime opportunity for quiet reflection and healing. Yoga classes were available twice a day. Healthy dietary options were available in the canteen. It became easy from the outset to lull/retire by 8 pm, and arise before dawn to the mystical sounds of early morning prayers off in the distance. At sunrise, many went for their early morning walks in the garden, and small collectives could be seen practicing yoga. Barrels of belly aching laughter were heard at one point during the week - the hilarious output from the Laughter Yoga class. Evening visits to the little temple felt like a mythological transformation in time, albeit punctuated by relentless mosquitos. Time and patience were required to adjust to the milieu and routine, but a sense of serenity, in-

ternal cleanliness and lightness progressively developed.

The ancient healing arts and holistic approaches have gained worldwide recognition and use. Millions of Americans pursue complementary and alternative therapies, and Ayurveda is one of them. Further reading references are included below for those interested in cross cultural medicine and wellbeing.

Further Reading/ References

1. Varier N.V. History of Ayurveda. Fifth Impression. Arya Vaidya Sala Publications, India. 2016.
2. Ayurveda in Transition. Essays. Edited by T.S. Muraleedharan and M.R. Varier. Second Impression. Arya Vaidya Sala Publications, India. 2015.
3. Shunya A. Ayurveda Lifestyle Wisdom. Sounds True, Inc. 2017.
4. Chopra D. Perfect Health. Three Rivers Press, New York, New York. 2000



In July 2018, the American Psychiatric Association (APA) was awarded a five-year grant from SAMHSA for a Clinical Support System to support evidence-based, person-centered, pharmacological and psychosocial interventions for individuals with serious mental illness (SMI). Called "SMI Adviser," the APA is leading a broad team of experts and organizations on the project, including psychiatrists, psychologists, nurses, other experts in clinical treatment, instructional design, peer support, technology, recovery, marketing, and patient and family engagement. This is done through education, engagement, and consultations for clinicians who care for individuals with SMI. There is a new website for the initiative. It is positioned to become a valuable resource for all stakeholders: <https://smiadviser.org/>

For clinicians, the project offers access to education, data, and consultations so you can make evidence-based treatment decisions. For patients, families, friends, people who have questions, or people who care for someone with SMI, the project offers access to resources and answers from a national network of experts. The web site will include a Consultation and Learning Management System (CLMS) to support clinician consultations and education. It will integrate with libraries of knowledge assets, clinical data registries, and virtual communities. SMI Adviser has begun to curate and develop resources and educational activities. A weekly webinar series has started, with information on the web site at <https://smiadviser.org/education/>. These activities are eligible for free continuing medical education (CME) credits. The first collection of knowledge assets and activities are now available in the Education Catalog. Future content may include existing knowledge assets, such as self-directed learning modules and practice guidelines. New activities will include self-management tools, toolkits, factsheets, and virtual communities.

Submitted by: Alexander Young, M.D.

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Trauma and Recovery

By J.L. Herman, MD

Publisher: Basic Books

Copyright 1992, 1997; Epilogue 2015

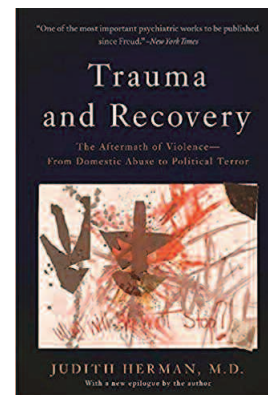
336 pages

\$ 17.99 Paperback

ISBN-13: 978-0465061716

Genre: PTSD/Psychopathology/Psychology

Book reviewed by Kavita Khajuria, MD



In a sophisticated manner yet without mincing words, this comprehensive review includes a history of trauma and details the psychological sequelae and stages of recovery. The history outlines the original study of hysteria, aka ‘the great neurosis’, initially considered ‘mysterious and unmanageable’ by some. A historical walk through reveals the social implications and dilemmas of the times, including scorn and academic withdrawal, followed by the impact of war to reveal a parallel of traumatic clinical and negative sequelae. The ‘neurosis’ of the sex war in the ‘70’s and the revelation of endemic sexual misconduct and assault call for support and collective action, followed by the evolution of recovery programs - grassroots agencies, rape crisis centers, and ultimately - the legitimization of the symptoms of rape victims after the formal recognition of PTSD as a diagnosis.

The experience and impact of trauma are described - in relation to memory, knowledge and emotion. Dr. Herman describes in resonating detail - the sense of disconnect, shame, survivor guilt, disconnect with community, the psychological components – domination, disempowerment and dyscontrol, and the profound alterations in relationships with self and others. Child abuse is discussed -the physiological consequences, double think, double self, and attacks on the body. Clinical considerations include potential diagnoses, diagnostic mislabeling and other complications.

The stages of recovery include a discussion of empowerment, the role of the therapist, transference, counter-transference, the rescuer role, potential reactions and feelings of the therapist, and potential struggles of the survivor. Stages of recovery include safety, remembrance and mourning, the transformation of traumatic memory, reconciliation and reconnection. Dr. Herman warns of potential pitfalls, and concludes with a discussion of individual and group therapies, including their value, limitations and challenges.

Drawing on research of incest survivors and literature on combat veterans and victims of political terror, the book is also illustrated with case vignettes and survivor testimonials. I highly recommended this textbook for mental health practitioners in order to understand trauma, survivors and healing. Dr. Herman is a Professor of Psychiatry Emerita at Harvard Medical School.

SCPS' 30th Annual Premiere Psychopharmacology Update, held Saturday, January 26, 2019



Frank Greenway, M.D.



Andrew Leuchter, M.D.



Mark Pollack, M.D.



Paul Zarkowski, M.D.



Andrew Leuchter, M.D.



Elizabeth Galton, M.D. during Q&A.

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Council Highlights

January 10, 2019

Ijeoma Ijeaku, M.D., *Secretary*



MINUTES Dr. Ijeaku

Motion approved unanimously, no opposed, no abstentions.

An adjustment was made to the minutes by Dr Lymberis in an email sent to Dr Red regarding some of the specifics of the discussion on PER from the December 2018 meeting

PRESIDENT'S REPORT Dr. Red

CPPAC:

Dr Fouras reported that the CPA PAC committee held its first meeting on January 8, 2019. He reports that the PAC has about \$3500 in its account but the committee would like about \$40,000 to allow CPA do what it would like to get accomplished on behalf of its members.

The committee plans to fundraise and review CPAPAC bylaws.

RFM Campaign:

Drs Lisa Harding and Michael Mensah who are running for APA RFM trustee position campaigned during the council meeting. They answered questions from council.

Rudin and Williams:

Dr Red announced that it is time to nominate people for the above-named awards. She reviewed past recipients. Dr Fouras suggested William Callahan for a post-humous award while Dr Fogelson suggested Steven Marder. William Callahan seems to have won the award previously. Council members will think about these two, come up with more nominees if necessary and deliberate further about the awardee at the next meeting.

2019 Federal Advocacy:

Dr Red announced that the APA has its federal advocacy day coming up March 11 and 12, 2019. The last date for registration is January 14. APA offers scholarship for travel and hotel to fifty attendees but a \$250 registration is required. Interested members are required to notify Mindi of their interest as soon as possible.

Revisit Installation:

Dr Red brought up the topic of the award and installation ceremony as far as cost and no-show rate from last year. The event cost a lot of money last year especially with a high no-show rate. Council members had suggested that members pay a token (which could be used towards drinks) when they RSVP for the event to encourage likelihood of attendance.

Council members had various suggestions about ways to minimize cost and improve attendance including having members pay for the event and bringing in non-educational speakers with celebrity clout. Drs Shaner and Fouras wondered if we could charge for the event given that this might be the only 'annual meeting for members' Mindi will review our bylaws and also discuss with Mr Willick, our legal counsel for some direction.

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.

February Meeting Date:

Dr Red announced that the next meeting will be held on the first Thursday of the month and not the second Thursday as is the norm due to the date falling on Valentine's Day. The meeting will be on February 7, 2019 in the same location

PRESIDENT-ELECT'S REPORT Dr Cheung**BPD Action Paper:**

Dr Cheung introduced Dr Heldt who initiated an action paper regarding establishing parity reimbursement for treatment of Borderline Personality Disorder as a mental health disorder. Drs Cheung, Schaepper and Fogelson listed as authors and worked very closely with Dr Heldt in getting this work going.

Dr Heldt asked for feedback from council and an endorsement from council prior to sending the paper to the APA. Various council members provided feedback then the council unanimously voted to endorse the paper.

PROGRAM COMMITTEE REPORT Dr Gales

Dr Gales and Mindi noted that the sign up/registration rate for the psychopharmacology meeting is low compared to the past. Dr Gales noted that the content, preference for digital learning among younger members and lack of celebrity speaker are possible contributory factors to the low sign up rate. He hoped that the topic for the spring meeting might mean a better sign up/turn up.

Psychopharmacology meeting will be held on January 26th 2019

Spring meeting is scheduled for April 6, 2019

TREASURER'S REPORT Dr Rees

SCPS has less cash at hand including having \$14,000 less dues income compared to this time last year. Members were very concerned about the financial statement. A unanimous vote was passed to accept the report.

MEMBERSHIP REPORT Dr Ijeaku

Current Active Membership –964

Eighteen new RFMs applied; 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 the biggest news for mental health in CA is the budget just released by the recently sworn-in Governor Newsom. The budget essentially expands access to mental health care and increases funding for various mental health services. Among these are mental health workforce, early psychosis treatment, whole person care, no place like home and changing the terminology used for the realignment of 1991.

NEW BUSINESS:

Dr Red set up a financial investment discussion group with Drs Little and Fouras as co-chairs with the objective of educating resident fellow members and other members about finances. This is a result of popular request from the career fair held in December 2018.

OLD BUSINESS: None

ADJOURNMENT Dr. Red

Meeting adjourned at 9.13pm



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SCPS Election is almost underway!

Ballots will be mailed on or around March 11, 2019. Due Date will be April 7, 2019. Deadline to run by petition was February 25, 2019. Installation of officers April 27, 2019.

Please review candidate statements in last month's issue:

<https://www.socalpsych.org/2019/02/february-2019/>

CVs will be available online during the election.

ALL EDITORIAL MATERIALS TO BE CONSIDERED FOR PUBLICATION IN THE NEWSLETTER MUST BE RECEIVED BY SCPS NO LATER THAN THE 1ST OF THE MONTH.
NO AUGUST PUBLICATION. ALL PAID ADVERTISEMENTS AND PRESS RELEASES MUST BE RECEIVED NO LATER THAN THE 1ST OF THE MONTH.

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 Secretary Ijeoma Ijeaku, M.D.
 Treasurer Galya Rees, M.D.
 Treasurer-Elect Michelle Furuta, M.D.

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Inland David Seigler, M.D. (2021)
 Vacant
 San Fernando Valley Marc Cohen, M.D. (2020)
 Matthew Goldenberg, D.O. (2019)
 San Gabriel Valley/Los Angeles-East Zabeib Idrees, D.O. (2021)
 George Fouras, M.D. (2019)
 Santa Barbara vacant
 South Bay Linda Do, D.O. (2019)
 South L.A. County Haig Goenjian, M.D. (2020)
 Ventura Julia Krankl, M.D. (2019)
 West Los Angeles Zoe Aron, M.D. (2019)
 Sophie Duriez, M.D. (2020)
 Zeb Little, M.D. (2021)
 Ariel Seroussi, M.D. (2019)
 ECP Representative Patrick Wiita, M.D. (2019)
 ECP Deputy Representative Michelle Meshman M.D. (2020)
 RFM Representative Katherine Unverferth, M.D. (2019)
 Eric Wagreich, M.D. (2019)

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 David Fogelson, M.D. (20120) Mary Ann Schaepper, M.D. (2020)
 Heather Silverman, M.D. (2022) Steve Soldinger, M.D. (2021)

Executive Director Mindi Thelen

Desktop Publishing Mindi Thelen

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SCPS Newsletter

Editor Matthew Goldenberg, D.O.

Recurring Featured Writer Kavita Khajuria, M.D.

SCPS website address: www.socalpsych.org

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