Southern California

PSYCHIATRIST

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President's Column

People Help Shape the Direction at a Crossroads in our Lives

Anita Red, M.D.

In college I had a professor, Dr. Ed Roth, who suggested I consider medical school. I thought to myself, "Me? I don't know if I can do it," but I did do it. I worked hard, studied, and took the MCAT. I realized that all the leadership roles and volunteer experience in college helped my medical school application.

In medical school, I had an attending, Dr. Alice Mao, inspired me to become a child and adolescent psychiatrist. She showed me what it is like to give hope to children and their parents. She showed me that a woman can be a psychiatrist, have a family and children of her own, and carry whatever designer purse she wants.

In residency, one attending, Dr. Tom Hicklin, told me that I can have my cake and eat it too. He taught me that it is possible to unite my professional and personal lives into one new identity.

In fellowship, one mentor, Dr. Rick Lasarow, gave me the practical skills to move forward in my career. He reminded me that I can have whatever kind of career I wanted and that I didn't have to listen to anyone else's discouragement. Another SCPS mentor, Dr. Mary Moebius, demonstrated how to navigate it, people, and life with charisma, style, and skill. At times I still think to myself, "What would Mary Moebius do?"

In my SCPS life, there have been multiple people people who were at the crossroads when I decided to be a part of the SCPS council, run in an elected position, and run for SCPS president. They were the people who have told me to have courage, be vulnerable, and be myself.

This year the birth of my daughter has been the biggest crossroads of my life thus far. All roads have come together to give me this greatest part of my life. I hope that my daughter is as fortunate as I have been to have good people help shape the directions at the crossroads in her life too.

In This Issue...

Online CME Credits Now Available

SCPS is Now Offering Online CME – AMA PRA Category 1 Credit(s)TM

Suicide: Perspectives on a Contemporary Crisis was one of SCPS' All-time highest rated conferences! Evaluation comments include: *"Enjoyable, Well-presented data" "Very Helpful and Educational" "Wonderful Conference" "Excellent. Most Helpful" "Excellent CME and Line-up of Speakers"*

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Ask Not, What SCPS Can Do for You:

What Can You Do For SCPS?

By: Matthew Goldenberg D.O.
SCPS Newsletter Editor

It is amazing how fast time flies. Next week, we have our final SCPS Board meeting of the 2018 to 2019 year. Dr. Anita Red has been at the helm, as President, for the past 12 months and has provided leadership, energy and new ideas to our organization. Come the APA meeting in San Francisco, Dr. Erick Cheung will advance from President-elect to President and new Board members will take their seats for the 2019 to 2020 year.

Many of you have previously served on the SCPS Board and others have likely thought about it. In our fast paced and hectic world, it may feel daunting to know where to start and to feel anxious about committing more of your precious free-time to another career related commitment. However, many of us work in silos and do not have access to much collegiality and engagement with fellow psychiatrists. The SCPS provides the opportunity to be a part of your local community of psychiatrists and contribute to the advancement of our field.

If you are considering getting involved, come to an educational program, the career day or another SCPS event and meet our leadership and learn about opportunities to get involved. This year we unveiled a new logo and website and there are lots of resources and events to choose from online.

Another way to get engaged and leave your mark is to contribute to our newsletter. The newsletter is distributed to all one thousand SCPS members each month and many non-members. This is an excellent opportunity to share your work, contribute an original article or re-post one that was previously submitted elsewhere. We are looking for all types of articles from psycho-pharm updates, to clinical vignettes, to any topic related to psychiatry (addiction, women's health, child and adolescent, legal and ethical topics related to mental health, etc).

The SCPS Newsletter depends on submissions for energy and content. If you are unable to write an article, please take the time to tap a colleague or medical student, resident or fellow you are working with or mentoring.

Please take the time to spread the word about the newsletter. We are always eager to increase our readership and to attract new submissions. If you are not ready for a larger role within SCPS, this is a quick and easy way to contribute and give back to our community and field.

Please send submissions to me or SCPS Executive Director Mindi Thelen (scps2999@earthlink.net)

Best,

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

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FDA adds Boxed Warning for risk of serious injuries caused by sleepwalking with certain prescription insomnia medicines

FDA Drug Safety Communication

"Safety Announcement
[04-30-2019] The Food and Drug Administration (FDA) is advising that rare but serious injuries have happened with certain common prescription insomnia medicines because of sleep behaviors, including sleepwalking, sleep driving, and engaging in other activities while not fully awake. These complex sleep behaviors have also resulted in deaths. These behaviors appear to be more common with eszopiclone (Lunesta), zaleplon (Sonata), and zolpidem (Ambien, Ambien CR, Edluar, Intermezzo, Zolpimist) than other prescription medicines used for sleep...."

See full safety announcement here:
https://www.fda.gov/drugs/drug-safety-and-availability/fda-adds-boxed-warning-risk-serious-injuries-caused-sleepwalking-certain-prescription-insomnia

Suicide: Perspectives on a Contemporary Crisis

By: Kavita Khajuria, M.D.

A panel of talks were recently presented in April, 2019 in Los Angeles, titled “Suicide: Perspectives on a Contemporary Crisis”, hosted by the Southern California Psychiatric Society. Presenters included Dr. Moutier, Dr. Hu, Dr. Gitlin, and Dr. Goldenberg.

Dr. Moutier described the powerful impact and potential costs of suicide, not just to individuals, but to family and clinicians. Propelled into her suicide study career by a series of experiences, she stressed the importance of community in regards to safety and accessibility, given the limited number of suicide specialists worldwide. The importance of the media in suicide awareness was mentioned, including the potential downside of mixed messages and a tight rope of desensitization. National trends and current rates were reviewed – the predominant shift to the 45 -54 yr old age group having overtaken the elderly, although white males continue to lead the pack at a rate of 70% in the U.S. The Mission of the American Foundation for Suicide Prevention was outlined, whose goal is to save lives and bring hope to those affected by suicide. AFSP’s ‘Out of the Darkness Walks’ was described as a fast growing event for peer support, healing and empowerment. Advocacy in Action, ‘Seize the Awkward’ campaign, and customized Suicide Toolkits were cited as important and helpful. She stressed suicide to be a preventable health issue, and reminded the audience as to the style and framing of questioning and language as important. Safety planning was stressed as the key take away point. She noted that CBT customized and specific to suicide has been practiced in some settings successfully. Gaps for improvement were pointed out.

Dr. Hu discussed cultural aspects and perspectives of psychiatry, primarily from an Asian perspective, including the manifestations with mental illness. The CHIPAO (Communication Health Interactives for Parents and Others) were discussed, whose goals include the provision of contexts and options for parents and the avoidance of demonization or ignoring differences. Various vignettes were reviewed in an educational and humorous style. Other topics of discussion included stigma, cultural and identity issues, assumptions, expectations, modes of expression, roles, values, ideals, culturally different coping mechanisms, parenting styles including the ‘Tiger mother’, and cultural differences in seeking help. Differences in clinical presentation and medical illness were noted. She stressed the importance of not discarding a negative family history, given that only a quarter of Asian-Americans are likely to seek mental health treatment.

Dr. Gitlin discussed psychiatrist reactions to patient suicide, including his recollection of a patient who committed suicide 30 years prior. Various aspects of the 4 phases of reactions to patient suicide were discussed, including grief, shame, guilt, projection, anger, betrayal, and relief. Other topics included predictors of distress and 3 optimal coping methods. The need to decrease isolation was cited as the most important coping technique.

Dr. Goldenberg concluded with a talk on physician suicide. He discussed the higher prevalence of suicide amongst physicians compared to that of the general population, especially amongst female physicians. Risk factors were reviewed to include personality traits, excessive workloads, threats to reputation or financial stability, access to means and early warning signs. A fear of impact on one’s career was cited as the #1 reason as to why physicians try to manage their own health, rather than seeking help from external sources. The talk concluded with a review of suicide prevention methods.

It was an informative, timely and well attended event.

Photos on next page!

Christine Moutier, M.D., gives an overview on Suicide Prevention: Science and Trends

Rona Hu, M.D., talks about Asians and Suicide.

Michael Gitlin, M.D., takes the podium.

Matt Goldenberg, D.O., speaking on Physician Suicide.

Mike Gales, M.D., announces the day's events.

Learning After Residency: A Clinical Scenario

By: Ara Darakjian, M.D.

Note: Certain details of the following case have been modified to ensure patient privacy

I'm often worried when I'm asked "can you talk to this patient?" I feel there is an expectation to produce some magic words that will remedy the crisis at hand. This (admittedly projected) expectation can induce anxiety, and often times as a resident I could fall back on the attending to step in. Now in my first year post-training, there is no attending to fall back on. In this article, I hope to explore a situation in which I was tasked with managing a psychotic patient's suicidality. While there is no silver bullet for these situations, my goal is to characterize the verbal interventions that I used that help defuse the situation, and to create a discussion about what can be helpful in these situations.

"Jane Doe has been talking nonstop about how she wants to kill herself." I felt a familiar mix of discomfort and sadness, then bewilderment, followed by a sense of helplessness. "And she will sporadically say these things but this time she has a plan," the nurse explained.

While this particular facility is a locked unit with nursing staff capable of administering medications and responding to the concerns of its conserved population, there aren't enough staff for constant supervision ("suicide precautions") as in an inpatient hospital. As a compromise, we decide to put the patient on face-to-face checks every 15 minutes until I was able to evaluate her the next day. We also agree that it is premature to send her to a psychiatric emergency department given that her threats were chronic and not exactly suggestive of imminent danger.

The next day, I log into software that allows me to video-conference with the staff and patients at this facility. As I plug in the headphones and turn on the monitor, I anticipate that it will be a difficult "clinic" of quasi-outpatient encounters. The fact that our encounter takes place via computer screens creates more emotional distance as well (for better or for worse), and also adds a layer of complexity. As they call her to the conference room I can feel the burden of expectation – what can I do or say that will make any difference right now?

As Jane Doe enters she is uncharacteristically silent. Eventually, she starts talking and the floodgates open. Her voice gets louder and her anger shows. "I don't want to be here anymore! I want to go back to my county and you have to sign a paper that says I can go!" The message is clear (although her understanding of the situation is not). Her living situation is not what she wants, and she believes that I am actively preventing her from relocating to her county of choice.

Over the next 30 minutes as I sat with her and she repeated her complaint (which had no basis in reality), I gave my support – "If it was up to me you'd be able to go." She replied "Can you tell them?" I state, "I don't know if that would make a difference. I don't have much power or ability to influence where you stay." Rinse and repeat: "Can you promise that you'll help me?" It felt like going around in circles, but I held my ground while supporting her desire. Sensing she won't get what she wants, she says, "How would you feel if you found me dead tomorrow, if I killed myself for how depressed I got from being here? How would you feel knowing you were responsible?"

Now I felt irritated. I measured a small silent moment, then squinted with a combination of frustration and concentration. This required a different intervention – setting a limit. Gently I replied "I don't appreciate you saying that, making your life my responsibility". "What?" she asked, and I repeated it again slowly. She looked down with an understanding that what she had said was harmful. Finally (though somewhat out of the blue), "I feel like everyone is against me!" the paranoia came out. And when I once again took to the seemingly thankless task of reassuring her of my support, she sighed "Well, that's a burden off my shoulders, knowing that you would support me"; I knew that my task had been accomplished.

The above story illustrates some concepts that I found helpful in a difficult situation. One aspect of the intervention was to create an open space to discuss the problem, while holding a supportive position. A second feature was to dispel the notion of the omnipotence of the psychiatrist, which consequently disarms the blame put on me and the staff for the patient's predicament. Third, I employed a gentle firmness to set limits on manipulative behavior. This last point, setting limits, has the potential to cause further escalation or to bring a resolution. I believe that the support previously given laid the foundation for a therapeutic relationship, so that limit-setting led to a positive outcome. In the event that these interventions don't lead to some degree of resolution, sending them to a higher level of care will not be a failure on the part of the physician either. Having that mindset, of not being good enough unless there is an optimal outcome, can easily lead to burnout. But in this instance, my intervention was helpful for the patient to feel safe and heard, and also brought a degree of satisfaction from effectively navigating a tricky task.

If you have comments, I would love to hear your thoughts.
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Inside the Criminal Mind
By Stanton Samenow, Ph.D
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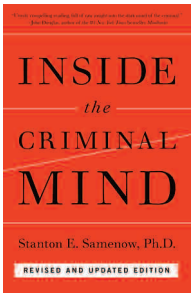
Book reviewed by Kavita Khajuria, M.D.



"…to achieve a sense of sheer power, control, and excitement"

In this edition, renowned psychologist Dr. Samenow provides an unrestrained view into the mindset and characteristics of those with hardened criminal behavior. The need to assess thought processes are emphasized, as he argues no single factor or set of conditions to adequately explain criminal behavior. Juvenile delinquency, rejection of society and the tremendous emotional and financial tolls are described. And why bother to work? Reasons cited include the need for excitement, sexual conquest, and the insatiable quest for power and control. Gangs are referred to as self described warriors, and drugs primarily as tools for excitement. '

Why do they simmer with anger? Reasons provided include unrelenting entitlement, unrealistic expectations and superiority, to name a few. 'Thinking errors', emotions and defense mechanisms are discussed. Other topics include criminal terrorism, impulse disorder crimes and insanity. A good review of correctional programs are provided at one point, including life behind bars. The utility of rehabilitation and reintegration are questioned. To curb anger and nip criminal thinking, 'habilitation' is discussed- a cognitive approach that was pioneered by Dr. Yochelson, which addresses anger cessation by identification of thinking errors, appreciation of consequences, learning, and implementing corrective thinking processes.

This book is an engaging read and a good review of psychopathic thought processes and behaviors. Notable, however, is the use of the term 'criminal', and dismissal of potential contributory crime causations or influences. Criminal behavior and a criminal personality also need to be differentiated. Not all incarcerated individuals have a criminal personality – they may have exhibited criminal *behavior*, but this doesn't necessarily translate into a criminal *personality*. Given the rather all-encompassing title, the descriptions herein are more representative of the psychopathic end of the sociopathy spectrum - those who exert their need for power and control through willful, rational choices, regardless of the costs.

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Council Highlights
March 14, 2019
Ijeoma Ijeaku, M.D., *Secretary*

PRESIDENT'S REPORT Dr. Cheung

LA County EMS Commission Update:
Dr Cheung reported that the LA County EMS commission has collected data from over 5 million emergency calls received in 2017. The response rate among dispatch agencies was 66% and the response rate among law enforcement agencies was 61%. An important area of focus relates to 9-1-1 dispatch and triage of mental health and substance abuse (MH/SA) calls.

The overall key findings are as follows:
-8% of 9-1-1 calls were coded as MH/SA emergencies by dispatchers
-Only 1 in 5 agencies (18%) report having a standardized dispatch protocol for MH/SA emergencies
-Over 90% of the emergency MH/SA calls are initially dispatched to LE. Approximately 27% of calls will result in an EMS co-dispatch. It is extremely rare for EMS to be dispatched without LE to MH/SA calls (4%)
-76% of law enforcement agencies have at least some embedded mental health clinicians, but their availability varies widely and is overall quite limited (often not 24 hours or 7 days a week)
-MH/SA training has increased significantly for LE officers. The current data suggests that MH/SA trained officers are able to respond to MH/SA emergencies 58% of the time
-96% of LE agencies agree that individuals who are experiencing a MH/SA emergency would benefit from continued and increased training of officers in managing such situations
-54% of MH/SA field encounters resulted in the placement of an involuntary psychiatric hold (range 2% to 99% depending on the LE agency)
-Main challenges in responding to MH emergencies included lack of resources (including for people who need services but do not meet hold criteria), time spent transporting/waiting in hospitals, stigma/lack of MH education, and lack of access to specialized mental health teams
-54% of LE provider respondents felt that the patient would benefit from EMS response
-LE agencies believe the response system could be improved by including more specialized MH/SA teams available 24/7, improved training for dispatchers to screen MH/SA calls, increasing training for LE responders
-28% of MH 9-1-1 calls were related to suicidal ideation without an attempt

Rudin and Williams:
More clarification was done today as far as who receives which award; Rudin award has traditionally been reserved for a non-psychiatrist and Williams award for a psychiatrist. Council members suggested a few more potential awardees today. Council will discuss and deliberate further about the potential awardees possibly next month

SCPS Awards:
Council approved the recommendations from the SCPS award committee for awardees for the installation and awards ceremony scheduled to hold on April 27, 2019. As agreed during the meeting in February 2019, every attendant will pay $30, which includes the cost of parking

LAPD:
Mindi informed council that the public affairs committee has a goal to support the LAPD. The committee had reached out to LAPD and learnt that the department already has in place forty hours of mental health training for its officers as well as existence of various units dedicated to working on mental health issues. The committee will continue to collaborate with the department to serve the community better.

Council members noted that only few people are aware of these resources within the LAPD

Resident Education Planning Task Force:
Dr Little announced that he and Dr Fouras have an event planned for March 27, 2019 at Dr Fouras' house. Dr Little requested that council approve the sum of $150 to pay for expenses for the event. Council unanimously approved use of $150 from the funds already approved in the budget for CPA resident/fellow activities.
As clarified during the previous meeting, this committee's role is to help SCPS residents, fellows and early career Psychiatrists in planning their careers by providing various tips.

Office Lease Update:
The rent ranges from $2.50/sq ft to $2.75/sq ft in the area where the current SCPS office is located. Mindi has engaged the help of an advocate to help negotiate the best possible rent rates. She will keep council updated

Newsletter:
Dr Goldenberg summarized the highlights from the newsletter. He thanked the contributors to this month's newsletter. He encouraged members to continue to make contributions to the newsletter. He asked council members to ask colleagues to submit articles

TREASURER'S REPORT Dr Rees
SCPS cash at hand is currently only $18,600 less than what it was when compared to last year. This is a huge improvement when compared to the statement from two months ago. We have dues income and publication income helping drive the deficit down. We are currently under budget in our expenses.
A unanimous vote was passed to accept the report.

LEGISLATIVE REPORT Drs Shaner and Do
Dr Do attended the advocacy day in Washington DC. She reported that the team from CA made up of twelve psychiatrists focused on parity issues and increase in residency slots

Dr Shaner reported that this is the end of the bill submission season and then provided updates on CPA-sponsored bills

-AB565 (Maienschein) Mental health workforce planning: loan forgiveness, loan repayment, and scholarship programs: Expands the use of MHSA funding for educational loan forgiveness programs to individuals who work in, or plan to work in the public mental health system, including directly operated and also contracted programs.
-AB682 (Eggman) Health facilities: residential mental health or substance use disorder treatment: Requires the State Department of Public Health, in consultation with specified entities, to develop and submit a proposal to solicit a grant under the federal 21st Century Cures Act to develop a real-time, Internet-based database to collect, aggregate, and display information about the availability of beds in inpatient psychiatric facilities, crisis stabilization units, residential community mental health facilities, and licensed residential alcoholism or drug abuse recovery or treatment facilities for treatment purposes.
-AB1031 (Nazarian) Youth Substance Use Disorder Treatment and Recovery Program Act of 2019: This bill would enact the Youth Substance Use Disorder Treatment and Recovery Program Act of 2019, with similar provisions to, in part, require the California Department of Public Health to establish community-based nonresidential and residential treatment and recovery programs to intervene and treat the problems of alcohol and drug use among youth under 21 years of age. It would also require establishment of criteria for participation, programmatic requirements, treatment standards, and terms and conditions for funding, and ongoing monitoring.
-SB11 (Beall) Health care coverage: mental health parity: This bill would require a health care service plan and a health insurer to submit an annual report to the Department of Managed Health Care or the Department of Insurance, as appropriate, certifying compliance with state and federal mental health parity laws that would be

reported to the legislature. Also, the bill would prohibit a health care service plan and a health insurer that provides prescription drug benefits for the treatment of substance use disorders from, among other things, imposing any prior authorization requirements on, or any step therapy requirements before authorizing coverage for, a prescription medication approved by the federal Food and Drug Administration for the treatment of substance use disorders.

-**SB596 (Stern) An act to amend Section 5009 of the Welfare and Institutions Code, relating to mental health:** The current language in this bill is vague, and likely serves as a placeholder for more specific language regarding facilitating access to care for individuals with severe mental illness who may be gravely disabled.

ASSEMBLY REPORT: Dr Fogelson

Dr Fogelson mentioned that the access to care committee of the APA Assembly (he is a member) continues to review problems with access to care in various settings. He mentioned that the committee will work on an action paper potentially addressing 'universal health care for all' instead of the more political 'medicare for all people'

MEMBERSHIP REPORT Dr Ijeaku

Current Active Membership –987
Total Membership 1105
Two new RFMs and four GMs applied; all have met the basic criteria for membership.
A unanimous vote was passed to accept the new members

PROGRAM COMMITTEE REPORT Dr Gales

Dr Gales reported that he is concerned about the apparent lack of interest in the upcoming suicide-themed spring meeting to be held at the Cedar Sinai on April 6, 2019. He reports that the psychopharmacology meeting in January 2019 had given him the same concerns. Various committee members shared their views about ways to increase interest and attendance to these meetings.

Welcome to SCPS' New Series: SCPS Flashback Photo Gallery

Flashback 1 - Maria Lymberis, M.D. And William Arroyo M.D. - Installation & Awards Ceremony, Pacific Palisades, CA, circa 1990's.

Flashback 2 - Heather Silverman, M.D. and Sophie Duriez, M.D. on the dance-floor during the SCPS Spring Meeting, April 2003.

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Space Available

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