

PSYCHIATRIST

Volume 68, Number 4

December 2019

Newsletter of the Southern California Psychiatric Society

President's Column

Surfing Minds and Waves

Erick H. Cheung, M.D.



This month I share a personal essay on my evolution as a psychiatrist and some cosmic intersections with my passion of surfing.

“Doc...!” For over a decade I have been surfing the same spot, but this is a name that I was never completely comfortable with. I liked it, though it felt like maybe it didn’t belong to me yet. Like my dad’s leather jacket, something I wore as a kid with the dream of one day being just like my hero. Doc. Is that really who I am? I wondered if my doubt had something to do with being a psychiatrist.

Surfing has done many things for me, but one benefit that I never expected is that it has helped me to get over my self-stigma of being a psychiatrist. Riding a wave, dropping several feet into a moving waterfall, gliding the board down the line to generate speed, and carving deep turns on the open face of the wave is undoubtedly the most exciting aspect of surfing. But a lot of surfing isn’t so. It is bobbing and meditating on a foam cork, in your own little world. It’s also awkwardly social - engaging in (or in my case avoiding) idle chit chat in the water. “Hey man... so, what do you do?” This question gets tossed out innocuously like a fishing line, and would catch me on the other end, darting nervously back and forth like a little trout. I work at UCLA. I’m in medicine. Um, I’m a psychiatrist. Wait for it: blank stare.

But things have changed for me over the years. There’s an old-timer who’s been surfing there for 40 years. He has the vibe of a junkyard dog, and laughed knowingly when he heard I was a psychiatrist. He told me all about his days of being 5150’d at Harbor, his addiction, his time in jail. A soft-spoken young man, hit me up one day for some psychopharm advice to see if he should stay on his Latuda. He was doing well with his schizophrenia. Watching him surf is like a movie, the timing in his sharp turns is like clockwork, slicing the top off of waves as he moves down the line. A classic rock musician just learned to longboard a few years ago, and I’d see him out there religiously, without fail, working the small inside waves. But he’d strangely disappear for weeks at a time. The next time I saw him, he’d spell out his latest trials of surfing his bipolar moods. And when things get out of control in the line up, when there’s too much testosterone in the water, it’s not so unusual for someone to paddle over and ask if I brought any meds to chill those guys out. Dissecting the mentality of a “local” and the nativism that makes them feel like they own the waves is another story altogether.

The ocean resembles the world of

In This Issue...

Letter from the Editor	3
Who is The California Psychiatric Association	5
Southern California Community Medical Events	8
Seeing Patients as More Than a Collection of Body Parts ...	9
SCPS Disaster Committee Update	10
Thank You Life Members!	11
Book Review: Understanding Terrorism	13
Council Highlights	14

psychiatry to me in different ways. Each surf spot has its own character. There's a signature on the ocean floor of every surf break that has been carved and etched by time and nature, which generates wave patterns that repeat. Never exactly the same, but if you watch and wait long enough you'll see the patterns, the repetition. The waves are moody. A surf break will have days on end of flat dribble, feeling lifeless and hopeless. Then one day it succumbs to the energy and force of a storm, turning into a powerful beast, enraged, and sometimes deadly.

Doing the work of a psychiatrist is an amazing privilege. There is such awe and fascination in the complexity of the human mind, and we are granted permission to areas that nobody else may ever access. We ride the ebb and flow of the human condition, through calm and through crisis. While I have always been comfortable within the confines of my office and professional identity, these friends and fellow surfers have helped me learn to accept a liberated version of being a psychiatrist. It took years for me to break the idea that I need to disguise who I am or what I do to the larger world around me, but I got over it, and now they call me Doc.



Half-Moon Bay

CPA: What Have You Done For Me Lately?

By: Matthew Goldenberg D.O.
SCPS Newsletter Editor



Last month, we are featured an article about the [Diagnostic and Statistical Manual \(DSM-5\)](#) by Samuel Miles M.D. Dr. Miles gave us reflections through the lens of a long career in psychiatry that has spanned the last three versions of the DSM. I want to again thank Dr. Miles for his efforts and for providing some historical context and for sharing his perspective on this important topic!

This month, I am pleased to present our featured article by Dr. Ronald Thurston. Dr. Thurston discusses *Who is the California Psychiatric Association?* Being one of our local psychiatric pioneers and steadfast leaders (he has served as SCPS President twice and California Psychiatric Association (CPA) President once!), Dr. Thurston has a unique and firsthand perspective on the historical and continued goals of CPA.

In this Part One, he discusses the core philosophy on which CPA was founded and then discusses the achievements and continued work of CPA. In Part Two, he will discuss the history of how the five California District Branches (DBs) came together and why they formed CPA in the first place.

His article is perfect background for the current discussions going on amongst the 5 DBs in California. There is a disagreement about CPA's work and mission. They are seeking, it seems, to change what we currently have known as CPA. SCPS's position has remained steadfast in that with a robust CPA we are stronger collectively than we are alone.

I want to acknowledge the immense amount of work that our SCPS President, Erick Chung M.D., has endured on our behalf. He has gone above and beyond the call of duty to find a common solution with the goal of continuing the important work that CPA is engaged in. I am sure more will follow, from both SCPS and CPA leadership. As newsletter editor, I wanted you to have more information about both the purpose and the history of CPA and I am so grateful to Dr. Thurston for bringing us all up to speed!

I hope you and yours had a happy thanksgiving and have a happy holiday season and a bright New Year. See you in 2020!

Best,

Matthew Goldenberg D.O.
SCPS Newsletter Editor
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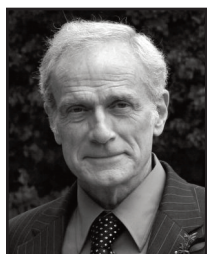
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Co-Chairs: James J. McGough, MD, and Manpreet K. Singh, MD, MS

Questions? Email meetings@aacap.org

Who is the California Psychiatric Association?

by: Ronald C Thurston, MD, MSP



It is us.

CPA is a joint venture created and sustained by the five District Branches of the American Psychiatric Association in California for the purpose of statewide advocacy for APA members.

I have been SCPS President twice (two centuries, back-to-back), CPA President once, Assembly Representative 10 years, California Medical Association Trustee 9 years, and I continue as vice-chair CPA Government Affairs Committee. I have a historical and bird's eye view,

so please bear with me.

First of all, the words “joint venture” do not appear anywhere in the paperwork, but that’s the best way to think about CPA. We need the joint venture because we would not otherwise have any statewide advocacy. Every other state—except New York—is a one-DB state association. No need for joint ventures.

On the other hand, California is a one-state APA Assembly Area, which is a handy framework for our joint venture. The new CPA added all 5 DB Presidents and Presidents-elect to the existing Assembly Representatives. CPA officers are elected statewide. The bylaws allow DB delegations the option to “vote by strength,” as does the APA Assembly, giving DBs the full weight their constituent memberships.

The local DBs, state CPA and national APA are all separately incorporated, which affords legal protections but, on the downside, may create the impression that we are not all on the same team.

The APA team’s mission—and the expectation of APA members—is advocacy for our patients and our profession. The need for consolidated statewide advocacy is obvious, but let me explain how it works.

Policy is the foundation of coherent advocacy. CPA has expert subject committees of DB representatives. Chairs confer and vote monthly along with DB legislative representatives and CPA officers as the Government Affairs Committee where we keep track of developments and formulate policy and priorities for consideration by Council. Click CPA Legislative Policy 2019, at calpsych.org then Policy Platform.

There is no advocacy without action. Our lives are governed by cycles of legislation, regulation and litigation that always need minding: laws get made; regulations get written; and courts rule on meanings—and losers introduce new legislation. Advocacy means being there at every step: supporting candidates; opposing, supporting, amending and sometimes initiating our own legislation; commenting on regulations and advocating for enforcement priorities; and filing legal briefs.

There is no substitute for a professional government relations staff. Randall Hagar is well-known, well-respected and well-connected and he’s our man in Sacramento. He meets with legislators, attends hearings, lunches with staff, links with other organizations and everywhere adds our voice. We also have contracts to expand resources when needed.

Coalitions are force multipliers. The California Medical Association vigorously supports all physicians but would likely overlook our special needs if we did not have skin in the game. When we are there, as CMA members and as CPA, we get added resources for our special priorities for parity, mental health funding, foster youth, homelessness, incarceration, involuntary treatment regulations, scope of practice, and confidentiality. Another example—our current partnering with emergency physicians on wait time and beds. On the non-medical side, coalitions with mental health organizations add psychiatry’s perspective to the larger mental health advocacy agenda.

Our medical associations keep the roof up so that you can practice medicine. While often taken for granted,

it's not a forever roof. Earthquakes happen, and the termites are everywhere.

CPA has been enormously successful in keeping your roof up. Here's the short list:

(1) Pro-actively expanding access to psychiatry without sacrificing quality of care: CPA has fended off campaigns by psychology organizations—7 bills and 1 ballot measure—to obtain authority to practice medicine despite less medical training than nurses. Moreover, CPA has taken the initiative on workforce: Supporting psychiatric training for NPs and PAs and creating NP/PA pathways for nonmedical therapists; Developing programs and obtaining funds (\$2.65M) to train primary care physicians, NP/PAs; Working for residency slots and loan forgiveness; and Promoting use and reimbursement for technologies such as telepsychiatry.

(2) Ensuring parity with legislation, enhanced enforcement and legal briefs (such as: AB 88, DMHC enforcement funding, Rea v Blue Shield).

(3) Supporting county programs for serious mental illness with meaningful MHSA and other funding, helped pass and helping implement Laura's Law for Assisted Outpatient Treatment, and working to establish medical grave disability.

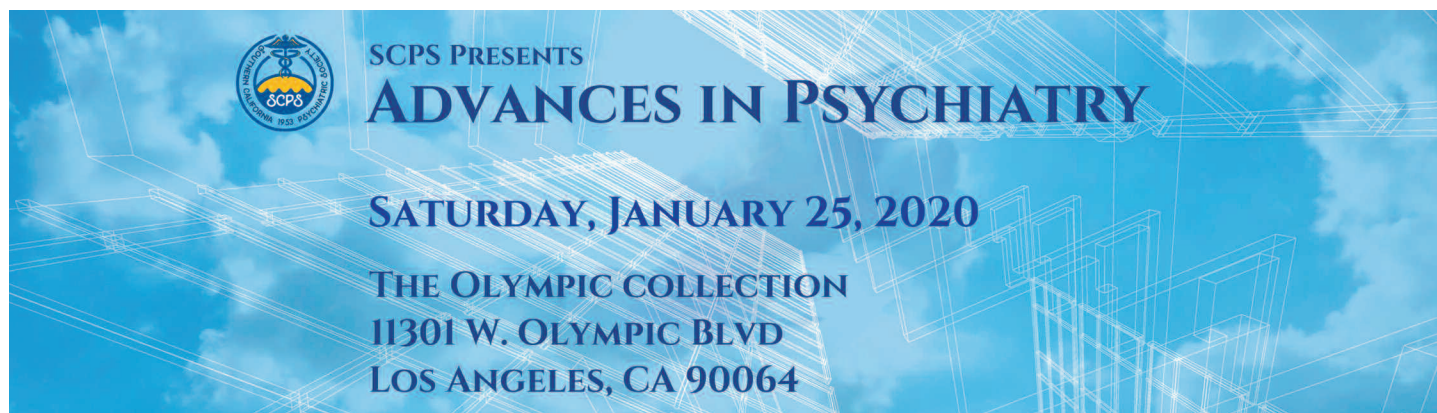
(4) Criminal justice diversion courts (SB 215) and early medical treatment for mentally ill inmates (SB 453).

(5) Psychiatric leadership promoted in hospitals, integrated care models, substance abuse services, and in the development of medical necessity criteria, treatment protocols and drug formularies.

(6) Confidentiality in data collection systems (SB 377).

(7) Evidenced-based policies regarding seclusion and restraints, suicide, gun violence, marijuana, pre-natal and childcare, schools, and housing.

Longer list and details on request. Thanks. thurstonrc@gmail.com



Underappreciated and Stigmatized: Benzodiazepines in Clinical Practice
Richard Balon, M.D.

Lithium and Mood Stabilizing Anti-Convulsants in Bipolar Disorders and Related Conditions
Mark Frye, M.D.

Psilocybin Therapy: Safety Concerns and Clinical Approach
Brian Anderson, M.D.

Mindfulness Interventions to Promote Sleep Health and Reverse Inflammation
Michael Irwin, M.D.

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<https://www.socalpsych.org/event/advances-in-psychiatry/>

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Southern California Community Medical Events

By Kavita Khajuria, M.D.




Medical Camps and Health Fairs were recently held in Anaheim, Oxnard and Ontario. Community members and volunteers sought consultation, information and support from mental health services. Of all the topics presented by the community, the anxiety disorder spectrum seemed to top the list - most disturbing was the lengthy crippling duration that one could suffer from panic disorder with agoraphobia - other areas included dysthymia, major depression, ADHD, substance use, family conflict, loneliness and isolation. Consultation and information seekers included housewives, mothers, unemployed adult males, college students, pre-med students, psychiatric patients, family members of combat veterans, the homeless, seniors, and parents with dilemmas in handling the 'me' oriented and technology absorbed younger generation. Volunteers included medical experts and students who offered their services from a variety of specialties including psychiatry, medicine, pediatrics, cardiology, womens health, ophthalmology, dentistry, infectious disease, pharmacy, nutrition, yoga, and Ayurveda. Experts presented lectures on trauma, corrections and mental health, hypertension, nutrition, gastrointestinal disorders and allergies. Audiences engaged in discussion, Q & A's, and many subsequently sought additional information, including training or employment opportunities. These were prime opportunities to share education, APA resources, and promote awareness of mental illness and wellness to the various local and underserved communities.

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Seeing Patients as More Than a Collection of Body Parts | Essay | Zócalo Public Square

by: SCPS Member, Ijeoma Ijeaku, M.D., published online, Zocalo Public Square



How can we improve the quality of psychiatric care that Americans receive?

I address this daily as a psychiatrist in my primary job at a children's clinic in San Jacinto that is part of the Riverside University Health System. And I address this more generally by training medical students, residents, and fellows through my position on the clinical faculty in psychiatry and neuroscience at UC Riverside School of Medicine.

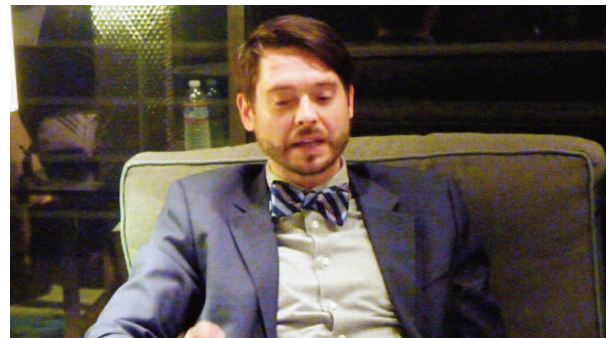
I believe that immigrant physicians, nurses, and other health care providers are starting to redefine the way medicine is practiced, simply because so many immigrants have found work in the American health care industry. My hope is that these immigrants, with their experiences of other health care systems, can help to improve the way we provide mental health care. In particular, we need to change the standards of how we define "productivity," and the way that insurance companies define that for the health care industry. More personally, I think the health care industry ought to define productivity through the quality of the interaction between health care providers and their patients and not by the numbers that came through the door for the day. The relationship between the patient and the health care provider should be seen as sacred, and essential to the practice of medicine.

Please see full article [here](#).

On Wednesday, November 13th, SCPS held its annual joint meeting with the So CA Society for Child and Adolescent Psychiatry, at the home of William Arroyo, M.D., the topic was Vaping and the speaker was Scott Hunter, M.D.



Group discussion.



Speaker, Scott Hunter, M.D.

SCPS Disaster Relief Committee Update:

by: Danielle Chang, M.D., Chair



The SCPS Disaster Relief Committee was represented at a recent meeting of the California Disaster Mental Health Coalition (CDMHC) on September 12th. The CDMHC is a group that works to improve disaster mental health services across professional disciplines and partners with mental health providers to help communities recover during times of disaster.

The CDMHC meeting was an opportunity to connect with representatives from a variety of other professional organizations and backgrounds, many of whom have extensive experience in organizing and participating in crises and disaster deployment efforts. Dr. Ripal Shah, a psychiatrist representing the Northern California Psychiatric Society presented on her work in international disaster mental health, and Vicky Powell, LCSW, presented on her recent experiences with disaster relief efforts at the Gilroy Garlic Festival shooting, plane crashes in Alaska, and the Santa Barbara boat fire. The CDMHC is supportive of SCPS' desire to help mobilize resources for psychiatrists interested in deployment to disasters in southern California, and SCPS will continue to partner with and learn from the CDMHC as we move forward with our work.

The SCPS Disaster Relief Committee meets the second Tuesday of each month at 8 p.m.

The committee will be discussing potential strategies to organize opportunities and trainings for southern California psychiatrists to become better prepared for deployment during times of disaster, and developing partnerships with other CPA branches and public and private organizations in these efforts. Please contact Danielle Chang, Disaster Relief Committee Chair at daniellechang@ucla.edu for more information or if you would like to join the committee.

Committee Corner Public Affairs Committee



The goal of SCPS's public affairs committee is to promote the profession of psychiatry to the public, especially towards the goals of humanizing those with mental illness and their providers and thus reducing stigma through the use of education, connection and dialogue. Our projects include 1) cultivation of engaging and humanizing speakers knowledgeable on social, medical and legal issues related to psychiatry who will speak to media and the general public about these topics; 2) Development of outreach, including speaking engagements, blogs, social media, videos and/or podcast to engage the public in this mission.

We will be actively creating content, so anyone interested is very encouraged to join!

Please contact Mindi at scps2999@earthlink.net

SCPS wishes to gratefully acknowledge the following dues exempt members who have made voluntary donations to SCPS during 2019.
Your contributions are very helpful and much appreciated!

David Bender, M.D.
M. Christina Benson, M.D. (additional dues)
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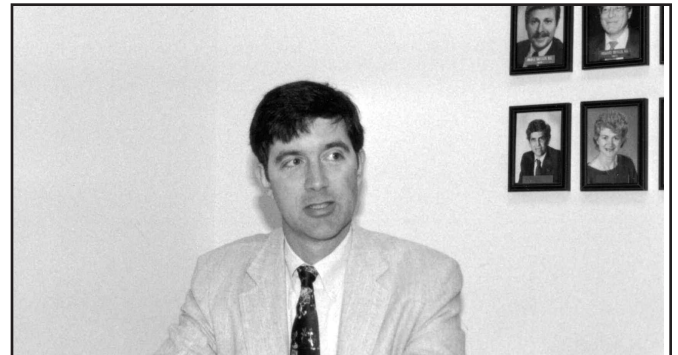
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James Teague, M.D.
J. Mark Thompson, M.D. (additional dues)
Sanford Weimer, M.D.
John Wells, M.D.
Samuel Wilson, M.D.
Ronald Zinner, M.D.

Thank you all, so very much!

Flashback Photos



Senator Watson and Bonnie Zima, M.D.



Robert Martin, M.D., SCPS President, 2008-2009.

Understanding Terrorism

By Gus Martin

SAGE Publications, Inc; 6th Edition

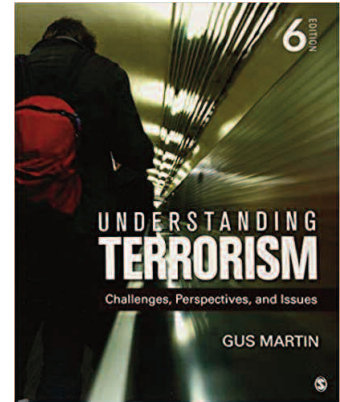
2018

552 Pages

\$ 99.00 Paperback

ISBN-13: 978-1506385815

Book reviewed by Kavita Khajuria, MD



'Understanding Terrorism' is a comprehensive and scholarly review of modern terrorist violence. Addressed in the contemporary post World War II era, human behavior and the underlying causes of terrorism are explored, including extremist ideologies, motivations, theories and histories. Religious intolerance and terrorist incidents are analyzed –both domestic and international. The emphasis lies in an analysis stemming from multidisciplinary perspectives.

The first part provides a basic understanding of the root causes, concepts, historical perspectives and motives - all provided from sociological, psychological and criminological positions.

Part 2 analyzes the many manifestations of terrorism and political violence. State and dissident terrorism are compared and contrasted. Religious, ideological and international varieties are explored - the meanings, networks and newly emerging threats. Part 3 reviews the mechanisms of the trade, including the role of mass media, propaganda, and utilization of extremist manipulation in social networking. Part 4 concludes with a review of homeland security in the U.S and Europe, counterterrorist options, security measures and civil liberty controversies. Theoretical models are presented for evaluation of terrorist environments in relation to the emerging trends.

The book is extensive and rigorously thorough, yet concise and user friendly. It offers an excellent review of individual and collective historical backgrounds including that of religious terrorism. The section on homeland security and counterterrorism may be more helpful for those inclined towards those fields of interest. Each chapter includes introductory examples, cases studies, profiles, illustrations, references, recommended readings/websites, and concludes with controversial information and questions to inspire critical thought.

Despite intention for the graduate/undergraduate levels and professionals who require basic expertise in understanding terrorist violence, this book offers relevance to the field of psychiatry. Terrorist incidents and trends with worldwide ripple effects may be the primary reason some patients seek treatment.

Gus Martin is a Professor of Criminal Justice Administration at California State University, Dominguez Hills, and has authored numerous books on the subjects of terrorism and homeland security. His research and professional interests include terrorism and extremism, homeland security, the administration of justice and juvenile justice.

Council Highlights

November 7, 2019

Matthew Goldenberg, D.O., *Secretary*



Outline of Notable Meeting Events and Discussion

The meeting was called to order by Dr. Cheung at 7:08PM.

Introductions: Dr. Reba Bindra, newly appointed Inland Rep introduced herself to council. All council members in attendance introduced themselves, their current position, affiliations, work-setting and any conflicts of interest.

Minutes from the previous meeting were unanimously approved.

Computer Budget: Mindi proposed a HP desktop computer, monitor and Microsoft office that would cost \$750 plus tax. This was voted on and approved at the previous council meeting.

California APA Nominations: Dr. Goldenberg proposed taking action to have more SCPS members in APA leadership positions. A discussion was had about how to operationalize this effort.

Newsletter: Dr. Goldenberg thanked Dr. Sam Miles for his contribution to last month's newsletter on DSM-5 and Dr. Eric Wagreich for his article on his action paper. Dr. Goldenberg encouraged members to contribute articles and share the newsletter with colleagues.

CPA Nominations: Dr. Fouras discussed the need for nominations to the CPA nominating committee and expressed interest in the treasurer position. Dr. Shaner was strongly nominated to run for treasurer by several members of council.

Constitution and By Laws Committee: Dr. Shaner discussed four questions that were discussed and answered by the committee related to SCPS bylaws, articles of incorporation and membership issues related to APA and CPA.

DB Membership Processing: Mindi discussed that APA is no longer allowing us to approve our own members or deny our own members. She recommended that council should seek legal advice from Dan Willick. A number of scenarios and concerns were discussed by council.

A motion was made to ask Dan Willick to answer the question as to what our legal obligations are related to CA law and membership approval. The motion was unanimously approved with one abstention.

Disaster Committee: Dr. Chang discussed current updates and trainings the committee is going to be engaged in. She took requests for members to join the committee.

CPA Update: Dr. Cheung discussed the recent updates regarding CPA's situation and position of the other 4 DBs. Dr. Robert McCarron, current CPA president provided an update via phone. There were several options presented to council: 1) Continue to bill members as we always have done, 2) only contribute SCPS funds to CPA if all DBs do mandatory billing, 3) make SCPS members contribution to CPA be voluntary, 3.1) do so only if voting strength is determined by financial contributions.

A motion was made to make SCPS member's dues mandatory for CPA and to bring a motion to CPA to make voting strength determined by financial contributions in the future. The motion passed 15 (yes) to 2 (no) and 2 abstentions.

President-Elect Report: Dr. Fouras took signups for the nominating committee for 2020 to 2021 open SCPS Council positions. He mentioned that the CPAPAC is low on funds.

Treasurer's Report: Dr. Ijeaku provided a financial update. We are over cash on hand \$21,000 compared to last year.

The 2020 budget was deferred to next month.

Membership Report: Dr. Ijeaku listed the applicants who have submitted applications.

The new members were unanimously approved.

Assembly Report: Dr. Schaepper and Dr. Soldering provided a brief update.

New Business: There was no new business.

Old Business: There was no old business.

The meeting was adjourned by Dr. Cheung at 9:13pm.

Prepared for consideration of the SCPS Council by SCPS Secretary Matthew Goldenberg D.O.

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..... Marc Cohen, M.D. (2020)
San Gabriel Valley/Los Angeles-East Janet Charoensook, M.D. (2021)
..... Amy Woods, M.D. (2022)
Santa Barbara vacant
South Bay vacant
South L.A. County Haig Goenjian, M.D. (2020)
Ventura vacant
West Los Angeles Sophie Duriez, M.D. (2020)
..... Galya Rees, M.D. (2021)
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