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President's Column

Reflections on 25 Years With CPA

George A. Fouras, M.D.

Friends and colleagues, I would like to first off express my deep concerns and appreciation for everything you have been experiencing. I know that the Coronavirus pandemic has affected all of us both professionally and personally. For those of you who have lost loved ones, my thoughts are with you. For those who are currently dealing with the virus I wish you a speedy recovery. None of us will be able to go back to the way things were before, but I know that we shall all persevere.

As our installation dinner has been postponed, or more likely canceled, due to the Coronavirus pandemic, I want to thank Dr. Erick Cheung for his year as President. Dr. Cheung has had to address more issues in one year than most Presidents have dealt with in 10. Dr. Cheung's integrity, commitment, passion, and diligence through his tenure has been incomparable. He is one tough class act to follow, but I am thankful that he will continue to be there as the immediate past President. It has been an absolute privilege to have worked as a team along with your SCPS council to address the issues that imperil the existence of our CPA.

As a point of reference, I have been President of the NC-ROCAP (a regional organization of the American Acad. of Child and Adol. Psychiatry) twice, President of the San Francisco Marin Medical Society, a member of the Board of Director's of the San Francisco Marin Medical Society (SFMMS) and CALPAC (the political action committee for CMA). I am also the current chair of the CPPAC (the political action committee of the CPA), have been a member of the SFMMS delegation to the CMA House of delegates for over 10 years, and have just finished my first year as a delegate to the AMA House of Delegates from the CMA. I live and breathe politics and governance.

So for my initial article, I thought I would make this more personal and tell you the tale of my journey so far in the land of CPA. Before we begin, I would refer my gentle reader to the articles published here by Ron Thurston MD in the SCPS newsletters of December 2019 and January 2020. They provide an excellent background into the formation and history of the CPA.

My first exposure to SCPS, CPA, and APA was during my 3rd year of residency at LA County General Hospital, the old one. One of my professors, took me into his office one day, explained the structure of the APA and suggested that I run to be the APA Member in Training (MIT) Representative to the Assembly, what is now referred to as the RFM. It was a transformative learning experience.

In This Issue...

Learning how policy was developed and debated via the Action Paper, and molded into shape or rejected in the Assembly. It was right up my alley. However, I remember, even now, my utter surprise when I attended one of my first CPA council meetings. This occurred during a CPA annual meeting at Tenaya Lodge in Yosemite. For the most part, it was what you would expect for a meeting. There was an agenda, issues were brought up, moved, seconded, debated, and voted on. But what struck me was how one very contentious issue came up and was discussed. The topic was not important, but the process was. The issue was supported by a majority of the members present. However another DB did not like the outcome and stated that they would have to take the decision back to their council for further discussion and action. It was at that moment that I fully understood what was the crucial flaw in the structure of CPA. It was designed as a confederacy. For the record, no confederacy has ever survived for more than a brief period throughout history. As a comparison, the DBs are analogous to the states in my model. And it is this flaw that is now coming to the surface which has the potential of leading to the dissolution of the CPA if we do not continue to act and support its existence.

After my residency finished at LA County General, I took a position with the San Francisco Dept. of Public Health where I stayed for 21 years. This also meant that I changed DBs from SCPS to NCPS. It became apparent to me that I held a stark philosophical difference in how to address issues, and while I would begin to hold office positions at NCPS, I began to look at the the SFMMS as home. It was only after moving back to Los Angeles, and rejoining my previous employer, LA County DMH, that i became active again in CPA. I owe much thanks to my friends and colleagues at SCPS and CPA, who both welcomed me and encouraged my participation.

But a lot had changed in the interim 20 years. The level of mistrust and misinformation between the DBs is much more now than it was then.

So we find ourselves, now, facing the situation where San Diego and Orange counties have voted to leave CPA and Northern California may be contemplating the same action.

During my tenure with the SFMMS, with which I am not only still active there, but have also become active with the Los Angeles County Medical Association, there are a couple of observations that I have made that facilitates the growth and strength of any organization I have belong to:

1. A philosophy of “we” and “us” versus “us” and “them”. When issues are discussed, all voices should be heard and views debated. However, once a decision is made, the organization must speak with one voice. This does not mean that individuals should be censored, but rather the good of the organization should be a primary consideration.
2. Younger members are critical for the long term survival of an organization. Room must be made at the table for new members to sit. That means that older members or members who are very active must be cognizant of when it is “time to step aside”.
3. However, younger members must be groomed for leadership. Therefore, it behooves an organization to constantly search out potential leaders of the organization, and involve them early in the governance process so that members with more experience may mentor and impart their knowledge before they leave.
4. There must be a balance among members. This includes between modes of practice, regions, academics versus public sector etc.

During my tenure, I hope to increase the membership of SCPS, to increase participation of all members by reaching out to all regions of SCPS, and to work to maintain and strengthen our CPA so that state level advocacy continues. I hope you will all join me. If you have any ideas that would improve the value and engagement for membership, I would be happy to take them. Don’t hesitate to reach out to me either here at SCPS, or my office at (213) 739-2345 or gfouras@dmh.lacounty.gov

Get to Know Your SCPS Board

By Newsletter Editor
Matthew Goldenberg D.O.

I hope all of you are doing well and staying safe. This is truly an unprecedented time for us and our patients. Covid-19 has changed every aspect of our day to day lives. While our news, our clinical activities and our home lives are dominated by Covid, I hope your next few minutes perusing this month's SCPS Newsletter is a nice reprieve from that!

In April, our featured article was by Dr. Shannon Suo, "When Less is More: Psychiatric Perspectives on 90 day Prescriptions". I want to thank her again for this very useful and clinically applicable article!

I also want to thank Dr. Danielle Chang who wrote a timely article about LA County's efforts to combat Covid-19 , resources and ways for psychiatrists to get engaged.

This month, our featured article is on the intersection of LGBT and gender issues and mental health. The article is informative and encapsulates what every psychiatrist needs to know about helping all of our patients but especially those who are gender and/or sexual orientation non-binary. I want to thank Dr. Brian Hurley for his very thorough contribution to our SCPS newsletter!

For my article this month, I want to continue my 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.

Waaaay back in February 2019 edition of our newsletter, I had the pleasure of presenting my brief interview with Ijeoma Ijeaku M.D. who at the time was SCPS Secretary and had been nominated to be Treasurer-Elect.

Dr. Ijeaku is now **our first female African American president-elect!** So I thought I would share an updated, interview with Dr. Ijeaku.

Ijeoma Ijeaku MD, MPH, FAPA

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.

The COVID 19 pandemic has forced us to change how we practice medicine in general. We are all becoming experts in various forms of tele-medicine. We are adapting to new ways of being and living along with our patients. We are navigating a new world where unfounded anxieties expressed by our patients in the past are becoming new realities for all of us. We are learning to play various roles and the art of balancing has definitely taken on new meanings. As Psychiatrists (Doctors of the Soul), we must be poised to take on this role as society attempts to create a 'new normal' and as we continue to deal with the pandemic and its aftermath.

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, Site Director for Child Psychiatry rotation for the Residency Program 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 eight 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?

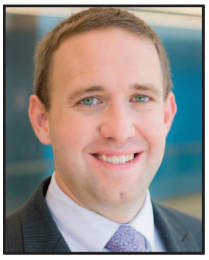
Staying involved in the APA is the best professional gift I have given myself. I am so happy that I got the nudge to join very early on. Continued involvement helps me know what's up with psychiatric practice in the greater Los Angeles area. It is the best pearl for psychiatric practice!

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!

Psychiatric Practice in the Context of Sexual and Gender Diversity

Brian Hurley, M.D., M.B.A., DFASAM
Pronouns: he/him/his



Psychiatrists are charged with enhancing wellness and alleviating distress as members of communities with increasing visible sexual and gender diversity. American psychiatry has evolved through the declassification of homosexuality as a mental illness, the transition from the former DSM-IV diagnosis of gender identity disorder to the current DSM-5 diagnosis of gender dysphoria, and reduced reliance on a dichotomous male/female and masculine/feminine organization of human nature. Despite our profession's turbulent history with sexuality and gender, today's psychiatrists are indisputably faced with providing care to less homogeneously straight and cisgender cohorts of patients.

A comprehensive review of sexual and gender diversity and its implications for current psychiatric practice defies the scope of a newsletter article. This article, which is in follow up to Dr. Goldenberg's article about the Central Park Five [Southern California Psychiatrist, July issue 2019] and Dr. Bonds' article about Race and American Psychiatry [Southern California Psychiatrist, Sept issue 2019], aims to discuss a few key concepts and offer recommended resources for further information.

Sex development (generally conceptualized as phenotypic sex observable during a physical examination, but can also reference chromosomal composition or other normatively sexually dimorphic biological features), gender identity (internally experienced gender), gender expression (observable performance of gender), and sexual orientation (various types of attractions along libidinal, emotional, and social dimensions) are four core components of everybody's experience, and each operate orthogonal to each other. Sexual diversity typically refers the presence of a myriad array of non-pathological sexual orientations that include but extend beyond the heterosexual, and has identity, attraction, and behavior components[1]. Gender diversity refers to the constellation of the differences of sex development, gender identities, and gender expressions that include but extend beyond the cisgender.[2]

Contemporary language, embedded in a sociocultural legacy of heteronormativity that relies on rigidly dichotomous notions of gender, is deficient of terminology that fully captures the nuances of sexuality and gender. This is why the widely publicized umbrella term of lesbian, gay, bisexual, and transgender (LGBT) often yields, upon further analysis, to an alphabet soup such as LGBTTIQQ2SA (Lesbian, Gay, Bisexual, Transsexual, Transgender, Intersex, Queer, Questioning, 2-Spirited and Allies), which itself omits a number of key terms important to describing sexual and gender diversity. Those interested in learning more about the variety of terms relevant to sexual and diversity are invited to review The Gender Unicorn[3] which offers a useful conceptual framework (http://transstudent.org/gender) and associated glossary (http://transstudent.org/about/definitions).

Increasing social visibility and reductions in political disenfranchisement of sexual and gender minority people in the United States has led to increasing numbers of individuals who endorse sexual orientations other than straight, gender identities other than cisgender, and who have nonconforming gender expressions. Therefore, while the Williams Institute estimates that between 2% and 6% of adults in the United States identify as lesbian, gay, bisexual or transgender,[4] subsequent population based surveys also demonstrate over 25% of all youth in California identify as gender nonconforming.[5] In Southern California, we have an increased saturation of sexual and gender minorities[6] compared with the national average. Therefore, it is improbable that psychiatrists in Southern California won't be faced with caring for patients with sexual orientations, gender identities, and gender expressions that differ from our own.

While there are disparities in the burden of behavioral health conditions experienced by sexual and gender minority people as compared with population averages[7], the majority of sexual and gender minority people do not experience behavioral health conditions. However, chronic stressors related to stigmatized identities, including victimization, prejudice, and discrimination, amplify everyday / universal stressors and disproportionately compromise the mental health and well-being of sexual and gender minority people.[8] Current literature supports that these disparities in mental health and access to behavioral health treatment are due to social stigma and interpersonal prejudice, and not intrinsic to sexual and gender minority status.

Research into well-intentioned LGBT-affirming practices suggest that LGBT-affirming settings are not prerequisite for treatment effectiveness. Every psychiatrist can maximize their effectiveness by remaining self-reflective and refrain from enacting homophobia, transphobia, and heterosexism. We should maintain a positive regard for our patients, welcome and promote openness about sexual orientations and gender identities in the therapeutic setting, and be familiar with many of the issues commonly faced by sexual and gender minorities. We are also well served to tolerate the ambiguity of uncertainty regarding our patient's sexual orientation and gender identity until we invite their sharing this information, and avoid making statements or taking actions

based upon assumptions that we haven't confirmed with our patients. There is an active clinical effort called 'Push for Pronouns' where we elicit our patient's pronoun preferences prior to applying avoid assumption-based labels that can create therapeutic discord.

LGBT-specific providers and settings are likely helpful for individuals seeking psychiatric treatment related to struggles with coming out, in situations discussing sexual and gender related topics is uncomfortable for the patient outside of an LGBT-specific setting, in instances where inner conflict about sexual orientation or gender identity is a significant driver of psychiatric distress, for those whose distress resulted from homophobic or transphobic attacks, and for those who engage in activities, such as compulsive sex with methamphetamine, which may be difficult to discuss in a general population setting.[9] Countervailing conversion therapy programs, which is psychotherapy aimed at changing sexual orientation, is widely considered ineffective, is opposed by the American Psychiatric Association,[10] and is a practice banned by CA's SB 1172 for children patients under age 18.[11]

There are many organizations and resources to support psychiatrists interested in learning more about providing care to sexual and gender minorities. ALGP is a national APA-affiliated membership association for psychiatrists and is specific to LGBTQ mental health (http://aglp.org). GLMA is a national membership association specific to LGBT health (http://www.glma.org) and offers a textbook related to LGBT published in May 2019 (http://products.abc-clio.com/abc-cliocorporate/product.aspx?pc=A3432C). Locally, there is a membership organization, Southern California Lambda Medical Association (http://sclma.net) providing information and support for local LGBT health issues. APA Publishing, Inc offers a sexuality category that includes sexual and gender minority topics here: http://www.appi.org/Products?nodeId=29145.

Dr. Bonds, in his Race and American Psychiatry article from September 2019, disputes the notion that only Black psychiatrists can be effective providers for Black patients. This is equivalently accurate for LGBT-identified psychiatrists and sexually and gender diverse patients. In fact, the intersectionality of race, gender, sex development, gender identity, gender expression, sexual orientation, national origin, disability status, religious status, and countless additional sociocultural characteristics long which power and privilege are deployed necessitate that every psychiatrist will be faced with providing effective care for minority communities. To reiterate his closing from Dr. Bonds' article: One key question that we should all ask ourselves is "What am I doing to create access and safe spaces for patients of all backgrounds?"

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Loma Linda University - Psychiatry Training Program

By: Timothy Lee, M.D., Training Director

I grew up in Orange County, the only son of first-generation immigrants from Taiwan. As I was finishing medical school at Boston University, naturally my mother wanted me to move back home. This was when I first heard about Loma Linda. In medical school, not once did I consider how my patient's spiritual beliefs impacted their view of their illness, life stressors, or the idea of mental health treatment. My interview day opened my eyes to this wholistic approach to mental health, and as a Christian I realized this was a unique aspect to residency training that I was unlikely to get anywhere else. By God's grace I matched at Loma Linda, and that's how I came to be at Loma Linda for the past 14 years. I've been blessed to be handed the opportunity to be our residency's Associate Program Director for 3.5 years, and to have now been the Program Director for over 6 years.

From our department chair and storyteller Dr. William Murdoch: "The Department of Psychiatry was established in the late 1950's as a distinct educational section of the already established Department of Neuroscience at the Los Angeles Campus of what is now Loma Linda University. The clinical years of the medical school experience, which had been at White Memorial Hospital on the Los Angeles campus, moved to Loma Linda in the mid 1960's to join the Basic Science Departments on one campus. Dr. Harrison Evans had worked for several years at the old Loma Linda Hospital and moved the Department of Psychiatry into the newly completed Medical Center in 1967. The "new hospital" had an 18 bed inpatient adult psychiatric unit. Under Dr. Evans' leadership as Chair of the Department of Psychiatry, a formal adult psychiatry residency was started in 1966. 2020 celebrates 50 years of psychiatric residents graduating from the Loma Linda Department of Psychiatry."

Our aim is to train psychiatrists who have a breadth of clinical experience spanning the gamut of age, socioeconomic class, ethnicity, and practice setting (including federal, state forensic, county, private hospital, academic medical center, and community health center). We are passionate about our graduates having experience in the education of medical students about the importance of mental health. We equip our residents to integrate spiritual assessment and care into the traditional biopsychosocial model to provide culturally sensitive, patient-centered care.

Our department trains 36 residents and 8 child and adolescent psychiatry fellows. Our Behavioral Medicine Center has 36 adult beds, 12 geriatric beds, 16 chemical dependency unit beds, 24 adolescent unit beds, and 12 child unit beds. Our Behavioral Health Institute provides a wide variety of outpatient services including partial hospital programs for eating disorders, comorbid medical and mental disorders, chemical dependency, adults with cognitive impairment, geriatric patients, and youth with self-injurious behavior. We collaborate with the Loma Linda VA Hospital, Loma Linda University Medical Center, San Bernardino County Department of Behavioral Health, Patton State Hospital, and SAC Health System (a Federally Qualified Health Center in downtown San Bernardino).

The past month has been a period of great challenges and growth. Our Associate Program Director Dr. Melissa Pereau has taken the lead in coordinating our efforts to respond to the COVID crisis and continue to provide excellent patient care while protecting the well-being of our fellows, residents, and medical students. We temporarily removed residents from rotation experiences that were less dependent on the residents for patient care, and sheltered them at home while enhancing their psychopharmacology knowledge through online learning, and serving as a reserve workforce in case other residents get sick or the crisis gets so bad that our residents get pressed into service on medical teams. We've had a few scares with residents who had traveled abroad, developed symptoms, or were exposed to patients with COVID, but by God's grace none of our residents have contracted COVID as of yet. We now have the capability of testing all patients that are to be admitted to our hospitals, getting test results within hours (in March, the turnaround time for the test we had was 5-7 days). We are conducting the majority of assessments by video conference or telephone. Our outpatient clinics and partial programs have moved entirely to telehealth. Most astoundingly, Dr. Pereau, with the assistance of our intrepid senior residents, has created an entire 6-week online psychiatry clerkship curriculum for the third year medical students, who have yet to be given permission to return to hospitals. This curriculum includes recorded lectures from faculty, case-based discussions led by our senior residents, and resident-facilitated interviews where the medical students practice doing

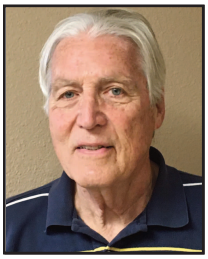
assessments remotely, with the resident at the hospital with the patient observing and then providing feedback to the student. Dr. Pereau is also the creator of the Ninja's Guide to PRITE, a study guide for the annual Psychiatry Residency In-Training Exam, which she updates annually with the help of our residents and senior medical students in our Psychiatry Interest Group. This guide is free for download, and has been downloaded tens of thousands of times, from all over the world. Another educational outreach project comes from Dr. David Puder, who regularly uploads episodes of his Psychiatry and Psychotherapy Podcast.

Being founded by the Seventh Day Adventist Church, our department also has a long history of global outreach. Three decades ago in collaboration with our School of Behavioral Health, our department established a Behavioral Health Trauma Team, which has been invited to send multidisciplinary teams all over the globe to engage with victims of natural disasters and educate local first responders, physicians, and educators about evidence based interventions including mental health first aid and crisis response intervention. One of our senior psychologists, Dr. Carlos Fayard, has had extensive experience collaborating with the World Health Organization, leading to our department's designation as the first WHO collaboration center for integration of spirituality and mental health in North America. Our team has trained more than 1,000 spiritual leaders, teachers and primary care providers in Africa, Europe and the Americas to facilitate early identification of those in need and build capacity through "task shifting" in contexts where access to professional care is limited. Dr. Fayard has also worked closely with the local Catholic Diocese and the County of Riverside by reaching out to those who are most vulnerable in our communities who many times happen to be Latinos and undocumented, providing education, screening, and treatment.

Here at Loma Linda, we are proud to have the privilege of continuing to serve the people of San Bernardino County, the largest county by square mileage in the US, and the 14th most populous county in the US. We strive every day to fulfill our institution's mission, "To Make Man Whole." Thanks to SCPS for giving me the opportunity to share a bit about us, and to you for taking the time to read this. I hope you will keep us in your thoughts and prayers, as we are keeping you in ours.

If we knew then what we know now...

By: Walter T. Haessler



When we still thought there would be a 2020 APA Meeting in Philadelphia, the February 20 issue of *Psychiatric News* informed us of tours that would be available. One interesting tour stop was to be Eastern State Penitentiary. It was described thus:

"The roots of Eastern State Penitentiary can be traced back to an important APA figure: Benjamin Rush. ...Rush and others believed the key to prisoner reform was to keep individuals in separate cells and provide vocational tasks to keep them busy. Work and solitude would promote 'penitence' in this new facility known as a 'penitentiary.'. ...Though Rush would not live to see the results, the group he founded (the Philadelphia Society for Alleviating the Miseries of Public Prisons) eventually convinced the Philadelphia legislature to fund a new facility using the penitentiary model, and Eastern State Penitentiary opened on October 25, 1829."

I'm 79 years of age, and in the past several years have been catching up on reading the good literature I somehow missed along the way. Some of the authors are remarkable psychologists. I think of them as keen observers and thus perhaps, in Jungian terms, sensate types. (Sounds like a good thesis for a psychology PhD candidate.)

High among them in this attribute is Charles Dickens. If you doubt this, read the chapter on Miss Wade in *Little Dorritt.* I just finished his *American Notes,* reporting on his trip to this country in 1842, which has rather a lot about Eastern State Penitentiary.

In fact, there is a whole lot about it. It made quite an impression. There is a 13-page chapter on Philadelphia, and eleven of those pages are on the penitentiary. (His visit to the White House, and meeting President Tyler, got three and a half pages.)

He got the VIP tour: "I was accompanied to this prison by two gentlemen officially connected with its management, and passed the day in going from cell to cell, and talking with the inmates. Every facility was afforded me, that the utmost courtesy could suggest. Nothing was concealed or hidden from my view, and every piece of information that I sought, was openly and frankly given."

He reported on nine inmates with whom he had spent some time that day. Here is one vignette: "There was a sailor who had been there upwards of eleven years, and who in a few months' time would be free. Eleven years of solitary confinement!"

" 'I am very glad to hear your time is nearly out.' What does he say? Nothing. Why does he stare at his hands, and pick the flesh upon his fingers, and raise his eyes, for an instant, every now and then, to those bare walls that have seen his hair turn grey? It is a way he has sometimes."

"Does he never look men in the face, and does he always pluck at these hands of his, as though he were bent on parting skin and bone? It is his humour: nothing more."

"It is his humour too, to say that he does not look forward to going out; that he is not glad the time is drawing near; that he did look forward to it once but that was very long ago; that he has lost all care for everything. It is his humour to be a helpless, crushed, and broken man. And, Heaven be his witness that he has his humour thoroughly gratified!"

Here is just one of his impressions: "On the haggard face of every man among these prisoners, the same expression sat. I know not what to liken it to. It had something of that strained attention which we see upon the faces of the blind and deaf, mingled with a kind of horror, as though they had all been secretly terrified. In every little chamber that I entered, and at every grate through which I looked, I seemed to see the same appalling countenance. It lives in my memory, with the fascination of a remarkable picture. Parade before my eyes, a hundred men, with one of them newly released from this solitary suffering, and I would point him out."

Here are just two excerpts from his very lengthy summary: “In its intention, I am well convinced that it is kind, humane, and meant for reformation; but I am persuaded that those who devised this system of Prison Discipline, and those who carry it into execution, do not know what it is that they are doing. ...I hold this slow and daily tampering with the mysteries of the brain, to be immeasurably worse than any torture of the body: and because its ghastly signs and tokens are not so palpable to the eye and sense of touch as scars upon the flesh; because its wounds are not upon the surface, and it extorts few cries that human ears can hear; therefore I the more denounce it, as a secret punishment which slumbering humanity is not roused up to stay.”

The guy could write. And he was a keen observer. And he was a psychologist before there were psychologists.

One takeaway for me is that we should always retain at least a modicum of humility regarding our theories. Another is that we professionals are not the only ones who know what makes people tick. Another is that we are reminded here that even great people are limited by the times in which they live: (“Presentism”: The tendency to interpret past events in terms of modern values and concepts.”)

Election Results
(To Asume Office April 29, 2020)

President-elect
Ijeoma Ijeaku, M.D.

Treasurer-elect
Matthew Goldenberg, D.O.

Secretary
Eric Wagreich, M.D.

L.A. South Councillor
Haig Goenjian, M.D.

San Fernando Valley Councillor
Michelle Meshman, M.D.

South Bay Councillor
Vivian Tang, M.D.

West L.A. Councillor
Patrick Kelly, M.D.

Early Career Psychiatrist Representative
Ara Darakjian, M.D.

Resident-Fellow Representative
Mark Ard, M.D.
Katherine Camfield, M.D.

APA Assembly Representative
David Fogelson, M.D.
Anita Red, M.D.

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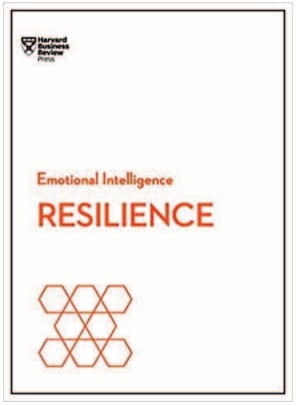

Book reviewed by Kavita Khajuria, MD

Authors discuss various aspects of resilience -six essays are well illustrated with examples and small case histories. What is resilience and do we really understand the concept? Its importance and qualities are questioned upfront. This seems timely, given the pandemic.

Neurological networks, core characteristics, and various aspects of stress and recovery are outlined. Buttons, triggers, and approaches to feedback are discussed, including opportunities for learning and growth. A simple mindfulness exercise is shared at one point, practical and efficient for the busy practitioner. Stories and advice on career setbacks, disrepute, catastrophes and recovery - are touching and inspiring - including what differentiates those who succeed from those who don't.

Financial lingo and terminology are used at one point to explain and parallel mental health advice - effective and likely helpful for those with a financial background. Psychological factors and tools for long-term 'investment' translate as relevant and interesting. The price of workaholism and the concept of recovery remind readers of the importance of self investment and self-care. This is an easy to read, practical and informative book, refreshing to read from various perspectives.

For a comprehensive list of COVID-19 Resources, including information on how you can volunteer, please go to:

https://www.socalpsych.org/covid-19-coronavirus-resources/

Committee Corner

Ethics Commitee

By William Arroyo, M.D., Chair

The Ethics Committee of each district branch (DB) is the body which is responsible for reviewing complaints of potentially unethical conduct by an APA member. The Committee reviews such complaints through the prism of the Ethics Principles of the American Psychiatric Association (APA) which is officially entitled, Principles of Medical Ethics with Annotations Especially Applicable to Psychiatry (2013). These are the exact set of principles of medical ethics, hereafter referred to as Principles, established by the American Medical Association (AMA). (There are nine Principles, the last of which was adopted by the AMA in 2001.) However, as the title implies the APA has further elaborated on the Principles through annotated statements which more readily makes them applicable to the practice of psychiatry. These annotations have been updated periodically based on the updating of the original principles by the AMA. In addition, the APA Board of Trustees has established procedures for reviews by district branch ethics committees (DBEC) in accordance with the minimal requirements set forth in federal law, known as the Healthcare Quality Improvement Act. Each DB is expected to amend procedures, if necessary, to conform with applicable state laws. The APA procedures for reviewing allegations are more elaborate than any other medical organization. Most national medical organizations do not impose review of allegations of ethical misconduct on its members with the exception of very egregious misconduct which in most cases has led to a revocation of a state medical licensure.

There are various facets of the procedures that require due diligence on the part of the DBEC. The complaints, in general, are directly submitted in writing to the DB office; on occasion, one may be referred to SCPS by the APA. The role of the APA Ethics Committee in the ethics complaints review process is largely restricted to an appeals procedure when the member is not satisfied with the outcome recommended by the DBEC.

The preliminary phase of the review of an ethics complaint is to determine whether or not the DB has 'jurisdiction' of the complaint. Any complaint must be submitted to the DBEC in writing. The DBEC must then determine whether or not the written complaint is actually about a member of the DB. The person who submits the complaint must have first-hand knowledge of the complaint and is referred to as the 'complainant.' In general, complaints are submitted by a patient but can also be submitted by, for example, another physician. In those instances when an administrative authority, e.g., Medical Board of California (MBC), issues a notice about disciplinary actions taken against a physician, such actions may serve as the basis of a complaint; the DBEC may move forward in the review of this complaint through an 'extrinsic evidence' review process by which the DBEC will review those documents issued by the MBC.

If the submitted complaint, as determined by the DBEC, appears to be a violation of the Principles, then the DBEC may offer the 'accused member' psychiatrist (1) the option of pursuing an 'educational' route by which the DBEC will recommend certain formal courses that address the allegations of ethical misconduct identified by the DBEC of the Principles or (2) the option of a 'hearing' in which members of the DBEC will conduct a more formalized process in which both the complainant and the accused member are invited to discuss the allegations of ethical misconduct. The Educational Option is generally reserved for minor breaches while the Hearing Option is used for more egregious acts. The DBEC can recommend any of three sanctions as a result of a finding of ethical misconduct at a hearing. The sanctions, which are reviewed by the APA Ethics Committee before being finalized, are: Reprimand, which is the least severe; Suspension from the APA with limited benefits; or Expulsion from the APA, which is ultimately a decision made by the APA Board of Trustees. Suspensions and expulsions are reported to the state licensure body and National Data Practitioners Bank.

DONALD A. SCHWARTZ, M.D. (1926-2020)

By: Richard Tuch, M.D.

In my 40 years practicing psychiatry and psychoanalysis, I never before felt moved to lionize the likes of any of my many mentors . . . until April of this year, when I read of the passing of a truly original and beloved teacher who taught hundreds of psychiatric residents the art of psychiatry during his twenty year tenure on the faculty at the Neuropsychiatric Institute [1] at the University of California at Los Angeles (UCLA).

Donald Schwartz (1926-2020) was widely respected as a consummate clinician. He served as a role model for a generation of UCLA residents who were deeply touched by the human way in which Don went about relating to students, who were universally fond of Don and found in him traits they admired and wished to emulate. Don was a one-of-a-kind teacher whose creativity, brilliance, and generosity was unparalleled; he loved to teach, and students loved what he had to say. Don was a joy to be around; his delight was readily apparent in his eyes, which literally twinkled. And though he retired from the University thirty years ago, his memory lives on in the minds of scores of psychiatrists whose lives he touched.

"Don was among my most important mentors," writes Joel Yager, M.D., Former Director of the Psychiatric Residency Program at UCLA. "Amongst the towering giants of the department, Don stood out in my mind as the kindest, wisest, most mature and down to earth. He was humble, extraordinarily capable, and forgiving. He saw through ego, narcissism and inflated self-importance that was in abundance among some senior faculty and senior clinical supervisors." Michael Gitlin, M.D., writes that "in a world of smart people, Don was one of the ones who was wise, which is a much rarer quality."

Don taught two courses that stand out as memorable. Don knew tons about organizational dynamics. He was schooled in systems theory and was sufficiently equipped to teach a graduate course on that subject to business school students had he so desired. One was lucky to have access to the depth of Don's thinking. It was Don who taught that—all too often—those who attempt to directly exert power, tend to lose power in the process. Talk about an eye-opening insight into group psychology. Though few who took his course expected themselves to end up working in institutions, that did not matter to the residents, who were awed by Don's insights about the inner workings of organizational life. "His lessons on power, responsibility, authority and other aspects of group and organizational dynamics," notes Yager, " have served me well throughout my career."

Another of Don's courses was one that provided the most exquisitely practical, nuts-and-bolts guidance to graduating residents about the ins and outs of setting up and running one's own psychiatric practice. Don's course was a breath of fresh air coming at the tail end of years upon years of academic education. His course offered invaluable information about such practical matters as negotiating office leases, soundproofing office spaces, culling community referrals, the ins and outs of insurance, and so on and so forth. Psychiatric training programs that lack such a vital course would do well to follow Don's example by providing their own residents a comparable course to prepare them for life after residency.

Don's parting gift to graduating residents became his signature: he provided each with a small white button upon which w as printed four simple words: "Don't be too sure." That pretty much summed up the core lesson Don wished to impart. He was extraordinarily non-doctrinaire. Not only did he want students to think for themselves, he wanted them to resist the compelling and comforting draw of theories that generated answers, which—in turn—gave one the impression there was nothing left to understand or solve about the case. Don was on a life-long, single-minded campaign to steer students away from the dangers of what two British analysts—Britton and Stein (1994) —would later go on to refer to as an "overvalued idea"—a core concept of psychoanalytic training.

Those who teach trainees find the concept of the overvalued idea, or some variation thereof, invaluable because it leads to cautioning students about the danger of placing undue faith in preliminary theories about a case in the absence of sufficient supporting evidence that, if gleaned, could heighten the chance that theory held water. Hypothesis generation—in particular, regarding the dynamic formulation—is central to the work of psychotherapy, but trainees inclined to accept explanations that seem to hold "the answer" must remain alert to the possibility that theory is doing little more than assuaging their anxiety over not yet knowing what to "make" of the clinical material. An essential goal of supervision is to help supervisees tolerate uncertainty, to help them keep an open mind rather than rushing to judgment by prematurely settling on a comforting formulation that provides the illusion—not recognized as such—that one knows more about the patient

than one actually does. And it was that button Don Schwartz religiously handed out each year at the culmination of residency training that served to remind each and every trainee of this essential lesson.

[1] Now known as the Semel Institute for Neuroscience and Human Behavior.

2. Britton, R. Steiner, J. (1994), Interpretation: Selected Fact or Overhauled Idea? Int. J. of Psychoanal, 75:1069-1078

Council Highlights
March 12, 2020
Matthew Goldenberg, D.O., *Secretary*

Outline of Notable Meeting Events and Discussion
*Everyone Participated remotely

The meeting was called to order by Dr. Cheung at 7:07PM.

Minutes from the previous meeting were unanimously approved.

COVID-19-SCPS, CPA, APA: Tonight's meeting was held remotely via Zoom. The installation may be postponed for a later date. Inland region meeting will be postponed for a later date. Disaster relief committee will postpone a training. CPA will postpone the CPA meeting and the advocacy day meeting. APA annual meeting is under discussion. Dr. Bonds discussed the County's efforts around street psychiatry and homelessness.

CPA Update: Dr. Cheung provided an update that the agreement had been terminated by three DBs and in response SCPS and Central CA followed suit. We are in a state of limbo. The CPA elections will continue. At this time, every member will have a vote, whether or not they have paid their CPA portions of dues. Several members gave their opinions and updates.

Rudin and Williams Awards: These are CPA/APA awards. The Williams award is given to anyone who has made a significant contribution to psychiatry. The Rudin award is related to contribution to governmental affairs. Many names were suggested for nominations including Dan Willick and Robert Cabaj. Mindi Thelen was nominated for the Williams award. Dan Willick was nominated for the Rudin award.

Ventura Councilor: There is a vacancy for several years. Two members have contacted Mindi and there will be a special election.

SPP Drop Issue: Member's cards are being declined and they are being dropped from APA.

APMC- Movie: The movie is online, on youtube, for public viewing.

Newsletter: Dr. Goldenberg provided an update and thanked Dr. Thomas Strouse and Janet Charoensook for the contributions to this month's "green edition". He asked members for ideas on how to increase readership. Many ideas were suggested. Mindi requested that each member send the link of this month's newsletter to four colleagues.

Treasurer's Report: Dr. Ijeaku provided a financial update and noted we are behind on collections to date. We are overbudget about $4,800. Last month we were about $28,000 over cash on hand compared to last year. "We are not looking that good basically" due to the stock market changes. The report was unanimously accepted.

Membership Report: Dr. Ijeaku listed the members who have submitted applications.
The new members were unanimously approved.

Assembly Report: Dr. Soldinger provided a brief update.

Legislative Report: Dr. Dr. Shaner provided a update on forthcoming bills.

Program Report: Mindi provided an update on the January meeting. It did well but not as strong as previous meetings. It was discussed on the program committee to provide self-assessment CME credits.

New Business: There was no new business.

Old Business: There was no old business.

The meeting was adjourned by Dr. Cheung at 8:58 pm.

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