

# PSYCHIATRIST

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Newsletter of the Southern California Psychiatric Society

## President's Column

# Committee: The Workhorse of any Organization

George A. Fouras, M.D.



Many of us have heard, and some subscribe to, the adage of “If you want something done right, you have to do it yourself!” While in some cases this may be true, in the case of a professional organization one will quickly find themselves overwhelmed with the weight of tasks that must be accomplished. What I have found to be a key trait of successful leaders is the ability to say “no” and to rely on others to perform tasks that are needed for the whole. Some may see delegation of responsibilities as a sign of shirking their duty, or somehow being inadequate to the task. Far from it, it is a sign of strength in that one is not only aware of their own limitations, but also aware of the strengths of others, leading to a collaborative effort with superior results.

One area where this is most relevant is the committees of an organization. Not everyone has the desire to enter in an election to hold a position within an organization. For some members, who have a more narrow interest, membership in a committee is a place where they are able to participate in the workings of the organization and strike a balance between personal and professional responsibilities. It is here that the needs of the organization may be met. Each committee should have a charge given to them by the Board of Directors to carry out. Tasks are then given to the group and work products generated to be sent back to the Board for consideration and action. In this manner, an organization, or for us SCPS, is able to better utilize the skills of our larger membership for the benefit of us all.

Another benefit is that the committees serve as the pool from which future leaders are identified, nurtured, and mentored to take over the reins of responsibility when it is time for the current leadership to move on.

SCPS has a variety of committees covering a broad scope of possible interests for our members. It is my goal, this year, to increase the participation of the membership in our committees and to expose young leaders to what may be possible for them within organized psychiatry/medicine.

Below, I have listed our current committees, along with the current chair, a short description and an indication if the committee is a standing (permanent), elective, or ad hoc committee.

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Academic Liaison – Standing committee. Chair: Lawrence Gross, MD. Open to members who are local training directors or in academic institutions.

Art of Psychiatric Med – Elective committee Chair: Michelle Furata, MD Open to members who want to combine creative energies with professional life.

Conflict of Interest – Ad hoc committee Chair: Erick Cheung, MD

Constitution and By- Laws—Ad hoc committee Chair: Roderick Shaner, MD. Convened when needed to conduct a periodic review of our by-laws.

Disaster committee – Elective committee Chair: Danielle Chang, MD. Open to all members. Now focusing on the COVID-19 pandemic.

ECP- Elective committee Co-chairs: Katherine Unverferth, MD and Ara Darakjian, MD

Ethics committee— Standing committee Chair: William Arroyo, MD This committee meets on an as needed basis. Membership is by appointment and vetting.

Fellowship and Awards – Standing committee Co-chairs: Lawrence Gross, MD and Larry Lawrence, MD Open to Distinguished Fellows. This committee puts forth the awards section of the installation dinner and nominates candidates for Distinguished Fellowship in the APA yearly.

Finance Committee- Standing committee. Chaired each year by the current Treasurer and Treasurer- elect. This committee develops and manages the budget of SCPS. It also reviews the investment portfolio of SCPS and makes recommendations to Council as needed. This committee is open to all members by appointment of the President.

Financial Investment Group- Elective committee Co-chairs: Zeb Little, MD and George Fouras, MD This committee or group exists to educate members on personal finance and investment through interactive presentation and discussion. Open to all members on a periodic basis. No investment advice is given, but rather a forum for learning.

LGBTQ Issues Committee— Elective committee Chair: Vacant Open to all members.

Government Affairs- Standing committee Chair: Ron Thurston, MD, Roderick Shaner MD, and Steven Soldinger, MD. This committee is open to all members who have an interest in government affairs, pending legislation and policy regarding the practice of medicine.

Medicare – Ad hoc committee Chair: David Trader, MD Focuses on issues pertaining to Medicare.

Membership Committee- Standing committee Chair: Current President-elect. This committee is open to all members. This committee processes new applications for membership, creates programs for the recruitment and the retention of members, processes applications for dues relief and sets policy for membership in SCPS.

Newsletter Committee- Standing committee Chair: Matthew Goldenberg, MD Open to all members who have an interest in editing and production of the newsletter.

Private Practice- Standing committee Chair: Michael Gales, MD Open to all members who have an interest in private practice as a mode of service delivery.

Program Committee- Standing committee Chair: Michael Gales, MD Open to all members who have an interest in developing CME programs for SCPS.

Public Affairs Committee- Standing committee Chair: Christina Ford, MD Open to all members who are interested in developing our media presence and liaisons with other agencies such as the LAPD.

Residents/ Fellows Committee – Standing committee Co-chairs: Mark Ard, MD and Katherine Camfield, MD Open to RFM members only. This committee hosts the annual career fair and other events specific to RFMs.

Tellers Committee – Ad Hoc committee Chaired each year by the President-elect for the purpose of tabulating the votes of an election.

Website Committee – Ad Hoc committee Chair: Katherine Unverferth, MD Open to all members who have an interest in website development for SCPS.

Women's Committee– Standing committee Co-chairs: Janet Martin, MD and Kristina Eipl, MD Open to all members who have an interest in developing programs regarding women's issues.

If you have any interest in becoming a member of a committee, or would like more information, please feel free to contact the chair of relevant committee, Ms. Mindi Thelen at (310) 815-3650 or myself at (213) 739-2345 or [gfouras@dmh.lacounty.gov](mailto:gfouras@dmh.lacounty.gov).

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# At a Loss for Words

By: Matthew Goldenberg, D.O.  
SCPS Newsletter Editor



In May our featured article by Dr. Brian Hurley was about the intersection of LGBT and gender issues and mental health. His article was informative and encapsulated 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 again want to thank Dr. Brian Hurley for his very thorough contribution to our SCPS newsletter!

This month, our featured article is by our President Elect Dr. Ijeoma Ijeaku. Her article, “Self-Care Tips for the Pandemic and its Aftermath” could not be timelier or more useful. Concepts and strategies like who is the “fittest” among us, emotional intelligence and the benefits of physical activity are helpful when battling burnout and now can be used to battle the negative effects of the pandemic. She reminds us of the importance of faith and in having meaning and purpose in our lives. I want to thank Dr. Ijeaku for her very thoughtful article!

This month, between the ongoing pandemic and the outbreak of protests and rioting linked to widespread frustrations about the death of George Floyd, the latest in the ever-growing list of African Americans killed and seemingly not receiving justice, I am at a loss for words. Today, I watched on the local news, as helicopters buzzed over my home, as the city of Santa Monica where I was born and raised and where I currently raise my children, was looted and set on fire just blocks from an organized and peaceful protest about racial injustice and inequality. It is hard to believe that this is where we are. I felt a mix of emotions and tomorrow I will put them aside and dive back into my work with my patients. Most of you will do the same. For a few more moments, let’s all do some reflection...

As you recall, Dr. Curley Bonds, a recent SCPS past President, wrote an amazingly informative and eye-opening article in our September 2019 newsletter about race and mental health. I have asked Dr. Bonds if he would share some additional thoughts about the intersection of race, mental health and the current instability that is rocking our nation and he has agreed to do so in the next month’s newsletter. In the meantime, we are reprinting his last article below. I hope you enjoy it once again.

With our cities burning it is easy to lose sight of what set off the anger and firestorm. So let us remember together...

One Minute

Two Minutes

Three Minutes

Four Minutes

Five Minutes

Six Minutes

Seven Minutes

Eight Minutes

8 Minutes 46 Seconds he was held down with a knee on his neck and his name is George Floyd.



Stay safe,

Matthew Goldenberg, D.O.  
SCPS Newsletter Editor  
Secretary (2019 – 2020)  
Email: [docgoldenberg@gmail.com](mailto:docgoldenberg@gmail.com)



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# Self-Care Tips for the Pandemic and its Aftermath

Ijeoma Ijeaku MD MPH FAPA, President-Elect, Southern CA Psychiatric Society



Throughout the ages, humans have dealt with periods of uncertainties. When uncertainties arise, the ability to cope is necessary for survival. The term ‘survival of the fittest’ although originally applied in Darwinian theory to refer to natural selection and reproductive success, is defined by the Meriam Webster dictionary as *the natural process by which organisms **best adjusted** to their environment are most successful in surviving and reproducing*. As a psychiatrist, the most important part of that definition to me is ‘best adjusted’. Thus, by extrapolation, ‘survival of the fittest’ applies to the ability to survive when our environment presents situations that task us, and this is dependent on our ability to adapt effectively to these situa-

tions.

On March 11, 2020, the World Health Organization (WHO) declared the COVID 19 a pandemic, just a month after it had previously declared that the condition is a public health emergency of international concern. Within several days of this declaration, California became the first state in the US to declare the shelter-in-place order. The order to stay home gave rise to various levels of anxieties about the nature of the novel virus including its transmission pattern, associated symptoms and fatality rates. Individuals and communities went berserk as they cleared out shelves at the grocery stores buying both essential and non-essential commodities. The possession of the toilet paper became the biggest predictor of disaster preparedness!

The schools were shut down, companies cut back on their productivity and even shut down in some cases leading to the worst unemployment situation in US history since the Great Depression with over forty million job losses. Of those who still had jobs, some took pay cuts and most had to start working from home. As our homes became the new hub for all aspects and domains of our lives, the impact of the physical distancing from others began to really hit us.

While our frontline workers continue to place themselves in harm’s way on a daily basis as they perform their roles as bus drivers, fire fighters, police officers, emergency room medical and non-medical staff, hospital workers, mental health workers, grocery workers, social service workers, food service workers and others who play critical roles in customer and public service, we have all become aware that the government was not quite prepared to deal with the pandemic. Most individuals function in the spirit of teamwork; the belief that while I play my role, you will play yours and together our team is stronger. The idea that our government failed to hold their own end of the bargain while our frontline workers literally laid down their lives in service to others is mind blowing. Amidst the chaos, the news from our homes, our neighborhoods and all over the world frighten us with the alarming rate of destruction of the human race, as both young and old die and our own mortality continues to stare us in the face...

During this pandemic era and its aftermath, the unpredictability of the times is our new reality. There is so much that is unknown, and it is difficult to plan like we used to. As the infection rages, our sense of wellbeing is constantly challenged. Even as we cautiously start to re-engage in society, the fear of a resurgence as well as the drain (physical, mental, emotional, financial etc) that we have suffered so far are ongoing issues we have to deal with. Therefore, we must rely on principles that have guided us during previous periods of uncertainty in our own lives. As we transition to a constantly changing new normal, we must also understudy others that have succeeded in similar situations and emulate the values that have guided them to success. In other words, we must groom ourselves for survival so that we can become one of the ‘fittest’

I like to think that the ‘fittest’ among us are those individuals with emotional competence assessed through their emotional intelligence; the so-called EQ. The dictionary defines emotional intelligence as ‘the ability to understand the way people feel and react and to use this skill to make good judgments and to avoid or solve problems’ A 2018 article from *Psych Central* opines that emotional intelligence (EQ) is more important than one’s intelligence (IQ) in attaining success in their lives and careers.

Emotionally intelligent people are aware that we are in a ‘once in a lifetime’ situation. They understand that we

have to stay positive, focus on what is important and the stuff that really matters, understudy what is known about the situation but still embrace what is unknown about it. They are not preoccupied by their problems, yet they have contingency plans for non-desirable outcomes. They know when to trust their instincts and yet they recognize their own limitations

As we play various roles, we need to stay open to learning what we can about this novel virus while appreciating the fact that there is still so much more to learn. We must stay attuned to the changes that are constantly occurring as we make new discoveries and we must be prepared to adapt to these changes. We must stay resolute in our belief that there will be light at the end of the tunnel for life is meaningless without hope. We must spend 'time' with loved ones while observing the guidelines of physical distancing. We also gain from connecting with others we share things in common with. The social support forums online serve this purpose. Social media and other modalities of communicating in the ultra-modern world have provided us with the tools to keep in touch and spend quality time while remaining at safe distances from each other. Our ability to stay connected boosts various aspects of our lives including our immune system which is a critical piece of being one of the 'fittest' in this era

Staying active has never been more important. Moderate to vigorous exercise is a necessity for fitness and a boost to our immunity. According to the Department of Health and Human Services' *Physical Activity Guidelines for Americans*, adults should do at least 150 minutes (2 hours and 30 minutes) to 300 minutes (5 hours) a week of moderate-intensity, or 75 minutes (1 hour and 15 minutes) to 150 minutes (2 hours and 30 minutes) a week of vigorous-intensity aerobic physical activity for substantial health benefits. Some modifications to the above are made for other populations (see References for link to the website to access more guidelines)

The experts have informed us that the medically fragile and vulnerable are susceptible to the most negative effects of the virus. Statistics of deaths among persons with underlying conditions fill our media. For those with pre-existing medical conditions, we need to take our prescribed medications religiously, observe stricter physical distancing measures and follow directives from our healthcare providers in addition to the general measures. For those considered generally healthy, we need to follow up with our routine health maintenance measures, eat healthy, get optimal sleep, drink lots of water and practice safety measures such as frequent handwashing, avoiding touches to the face, wearing masks and staying six feet away from others when in public places

Research has shown that individuals with faith tend to have better outcomes in various domains of health status. The creation of meaning and purpose in one's life is paramount in the drive towards survival. This pandemic era has created a need for reflections about what is important. The next step is embracing what is important and aligning one's behaviors with one's values

If we apply ourselves adequately to the above principles, we would have made serious attempts at improving our wellbeing; a great predictor of health-related quality of life, as well as gaining major scores on the emotional intelligence quotient (EQ) which is the hallmark of being one of the 'fittest'. While we cannot predict the future, we stay rest assured that we are in the best position to take on whatever comes

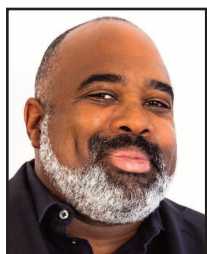
So, ask yourself 'How can I add to my EQ score?' 'How can I improve my wellbeing?' 'How may I become one of the fittest so that I can improve my chances of surviving this pandemic as well as its aftermath?'

#### References:

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# Race and American Psychiatry

By Curley Bonds, MD, DFAPA



Now that I am working fulltime as a public sector psychiatric administrator with a daunting array of duties and responsibilities, I'm frequently asked "Why do you still do private practice?" The question usually comes from friends and colleagues who worry about my mental wellbeing and fear that I'm overworking. When Dr. Goldenberg asked me to write a companion piece to his article about the Central Park Five [*Southern California Psychiatrist*, July issue 2019], I readily agreed. While collecting my thoughts I realized that the primary reason I still travel to Westwood every other Saturday to do med checks and psychotherapy is that it *helps* me to maintain my sanity. I spend my work week trying to help restructure and create a new level of responsibility and accountability in the largest public mental health system in the country. This is a Sisyphean task - so it helps to spend time providing care that also allows me to do advocacy at a grassroots level. The words that follow are my attempt to explain how this works.

At least once a month I receive a request from a distressed family seeking something very specific - an African American psychiatrist to help them intervene with their young son or daughter in the throes of what they perceive to be a mental health crisis. The stories that they tell are strangely predictable. The common denominator is that they have witnessed themselves or been told by an instructor/coach/neighbor that their child is exhibiting unacceptable behaviors that put them at risk for everything from school expulsion to incarceration. In the worst of these scenarios their loved one has already had an encounter with law enforcement that invariably did not go well. Their worst nightmare is to have their child become the next opening story on the evening news, another young Black suicide/homicide-by-cop statistic. (One need only watch or read the press nightly regularly to realize that their fears are not delusional). In many cases they have already attempted to access mental health treatment, but the outcomes have been disappointing. They are sent on an endless goose chase by their insurance company as they attempt to find providers who are 'in network' who accept their coverage. Those who have the financial resources to afford a private psychiatrist quickly learn that the number of African American psychiatrists even in a booming metropolis like Los Angeles is very small. The most recent statistics available suggest that only about 2 percent of American Psychiatrists self-identify as being of African descent. If you apply this statistic to the roughly 1000 active SCPs members, one could estimate that about 20 would be Black. When you subtract those of us who have positions that are mostly administrative, academic or institutional – the number of APA affiliated African American psychiatrists available to see private patients can practically be counted on one hand.

One might question the necessity of having culturally congruent psychiatric treatment. Arguably any psychiatrist can treat any patient provided that they share a common language and possess basic diagnostic and treatment competencies. But another perspective is that we all harbor unconscious biases that may cause us to prejudge individuals with backgrounds different than our own resulting in suboptimal care. A clear example is the research (replicated multiple times) that African Americans are over diagnosed with schizophrenia and other psychotic disorders than non-white patients presenting with the same constellation of symptoms. African Americans also tend to receive higher doses of antipsychotic medications than whites despite the fact that they may be at greater risk for untoward side effects like tardive dyskinesia. It is hard to pin these findings on blatant racism, but they do point to institutions that have allowed systemic discrimination to persist.

There are multiple unmeasurable or difficult to measure aspects of care that contribute to treatment adherence and outcomes like countertransference, comfort with disclosing private or embarrassing secrets and the ability to efficiently communicate using culturally specific language without having to provide subtitles. As an example, if a patient tells me that they grew up in Baldwin Hills, belong to an AME Church, pledged Delta Sigma Theta at Spellman and that they participated in Jack and Jill social clubs as a child – I instantly know volumes about their values, socioeconomic status and robustness of their social network. These things are impossible to learn by completing a mandatory 2 hour CME course on so-called cultural competence or unconscious bias. My treatment plan, crafted with the patient's input, will incorporate culturally relevant elements that others might overlook. By these statements I do not mean to imply that only Black psychiatrists can be effective providers for Black patients. But I would strongly argue that for some, they are much more likely to seek care, remain in care and benefit more from care if their doctor or therapist share a similar cultural and ethnic background.

In 1999, Surgeon General Dr. David Satcher produced a groundbreaking report on Mental Health in our country. His report highlighted the fact that despite many efforts to reduce disparities, the ability for African Americans to access mental health treatment is far below their non-Black peers. Sadly, twenty years later, this situation remains unchanged. A primary reason for the inequity is the failure of American medical schools and psychiatry residency programs to train a sufficient number of psychiatrists and other mental health professionals to meet community demands of underserved minority communities. Evidence has shown that institutions like Charles R. Drew, Morehouse and Howard that have missions dedicating them to train minority physicians do indeed produce more doctors who practice within the safety net. Since 1969 the Black Psychiatrists of America (BPA) has created a space for political activism and provided a platform supporting academics who have dedicated their careers to teaching and research focused on Black patients. The founders of this organization saw a need for a group focused on the priorities of the African American community in a way that the APA did not. The election of Dr. Altha Stewart as the first African American president of the APA coincided with the 50<sup>th</sup> Anniversary of the BPA and was a shining moment of optimism for our field. While attending the annual meeting in San Francisco I appreciated the increased volume of sessions dedicated to the notion that the APA can and should do more to highlight and address health disparities among underrepresented populations.

While we have advanced in many ways towards parity and equality in access to care and training, the number of African Americans entering our specialty still lags behind where it should be. Programs like the APA Minority Fellows Program and [The APA Black Men in Early Psychiatry Mentorship Program \(BMEPP\)](#) encouraging African American male undergraduate students to consider careers in psychiatry. These programs help to reduce some of the barriers that contribute to the low percentages of African American psychiatrists. They are much needed, especially as senior psychiatrists retire or pass away. A notable recent loss to our field was Dr. Carl Bell who devoted his career to issues relevant to the African American community like the impact of interpersonal violence, trauma and fetal alcohol syndrome. Dr. Bell was well known for raising the alarm bell through his insightful lectures about how risk factors that impact Black Americans were tempered by protective factors like strong families, spirituality and appropriate mental health care.

The challenges facing African American patients cannot be addressed solely by minority providers. If we are to move forward towards the ultimate goal of closing the health disparity gap, we need all hands-on deck. The first step in this direction is awareness and education for all of us so that we can come together as a profession to take a stand that racial discrimination in any form is unacceptable. Advocacy is an important but underutilized tool that may at times require us to navigate territory outside of our comfort zone. 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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<https://www.healthright360.org/job/socal-associate-medical-director-prototypes>

## THE 2020 PER FOUNDATION EXCELLENCE IN PSYCHIATRIC EDUCATION AWARD

This award, established by the PER Foundation, recognizes outstanding achievements by psychiatric residents during their training. It honors exceptional work by a resident in each residency training program in the SCPS region. Each year, general psychiatry residency training directors in the SCPS region nominate one resident from his/her program that excels in any of the following areas: research, teaching and education, community involvement, or patient care. The nominations are reviewed and approved by the SCPS Academic Liaison Committee. The awardees are typically announced and introduced at the SCPS Installation and Awards Reception, which was canceled this year because of the COVID-19 pandemic, so they are presented here.

### 2020 PER FOUNDATION EXCELLENCE IN PSYCHIATRIC EDUCATION AWARDEES

**INAN CHAPMAN, M.D.**

**and her mentors at the UCLA-Olive View Psychiatry Residency Training Program**

*to acknowledge her Leadership as Chief Resident*

**SARAH STALEY, M.D.**

**and her mentors at the Department of Psychiatry, Harbor-UCLA Medical Center**

*to acknowledge her Contributions to Medical Student Education: "Psychiatry Shelf Review"*

**CHRISTINA DOWNING, D.O., M.P.H.**

**and her mentors at the Arrowhead Regional Medical Center**

*to acknowledge her Research Contribution: "The Prevalence of Allergic Reactions to Gloves in Healthcare Workers"*

**JOSHUA CENIDO, M.D., M.B.A.**

**and his mentors at the Psychiatry Residency Program, Charles R. Drew University of Medicine and Science**

*to acknowledge his Research Contribution: "Environmental Interventions for Physical and Mental Health: Challenges and Opportunities for Greater Los Angeles"*

**JACKSON BRAMMER, M.D.**

**and his mentors at the Kaiser Permanente Southern California Psychiatry Residency Program**

*to acknowledge his Contributions to Patient Care*

**SAMUEL LEE, M.D.**

**and his mentors at the Department of Psychiatry, Loma Linda University School of Medicine**

*to acknowledge his Educational Contributions and Mentorship as Wellness Chief Resident*

**SOPHIE ROSSEEL, M.D.**

**and her mentors at the Department of Psychiatry, Semel Institute for Neurosciences and Human Behavior**

**David Geffen School of Medicine at UCLA**

*to acknowledge her Teaching Contributions and Leadership as Chief Resident of Psychotherapy, including the Design and Implementation of an Inpatient Psychiatry Interview Course*

**AGNES KWON SIMONE, D.O.**

**and her mentors at the UCLA-Greater Los Angeles VA Psychiatry Residency Program**

*to acknowledge her Leadership and Teaching, Administrative, and Clinical Contributions as Program Chief Resident*

**ALAN CHEN, M.D.**

**and his mentors at the Department of Psychiatry and the Behavioral Sciences**

**Keck School of Medicine of USC**

*to acknowledge his Leadership and Teaching, Administrative, and Clinical Contributions as Chief Resident for Education: "Development and Evaluation of a Cloud-Based Information Technology System to Improve Resident Access to the Didactic Curriculum"*

**CONGRATULATIONS TO ALL!!**

# The University of California Riverside Psychiatry Residency Training Program

By: Takesha Cooper, MD, MS



I was born in South Central Los Angeles to working class parents who grew up in the deep South. They had a vision of a better life for their children, so when a job opportunity at the California Institution for Men in Chino opened up, my father became a correctional officer and with the promise of affordable housing, moved his family to Moreno Valley which is where I grew up. My pediatrician at the Riverside Medical Clinic inspired me to consider medicine as a career and I knew my future was in caring for children. As a medical student, I discovered the fascinating world of psychiatry which eventually led me to the Bay Area for residency, fellowship and solo private practice. Wanting to be closer to family, I moved back home to Riverside County in

2013 and began teaching at the UC Riverside School of Medicine, eventually serving as the Associate Training Director of the Child and Adolescent Psychiatry Fellowship Program, and now as the Psychiatry Residency Training Director.

The UC Riverside Psychiatry Residency Training Program was founded in 2014 with the mission of providing innovative healthcare today and training the physicians of tomorrow. Since that time, we have grown immensely under the leadership of our Department Chair, Gerald A. Maguire, MD. As an ACGME accredited program, we train up to 32 residents per year and offer advanced fellowship training in Child and Adolescent Psychiatry and recently developed an addiction medicine fellowship in partnership with the Hazelden Betty Ford Foundation and Eisenhower Health. Some of our other clinical partners include Riverside University Health System, Patton State Hospital, Pacific Grove Hospital, Clinicas de Salud del Pueblo, Veterans Affairs in Long Beach & Loma Linda, Kaiser Riverside and more. Our main university clinical operation, UCR Health is located downtown Riverside and our trainees treat patients using state of the art medications, psychotherapy and participate in neuropsychological assessment of patients at this site. We also have clinical operations based in Orange County and the Coachella Valley.

As the only university-based academic program in Riverside County, and with our active and vibrant research endeavors, our residents collaborate with faculty in the department of Psychology, Biomedical Sciences, Center for Healthy Communities and more. Residents are encouraged to spend time in scholarly pursuits, including clinical and research opportunities, rather than spending time encumbered by service commitments. This year alone, residents have collaborated with faculty members to publish articles/chapters on The Pharmacologic Treatment of Stuttering and its Neuropharmacologic Basis, New Medications for Neuropsychiatric Disorders, Psychopharmacology of Prescribing to Diverse Children and more. Prior to the pandemic, our residents were scheduled to present more than 10 posters at the APA meeting. In addition, our department is working on a 4 volume Case Series textbook with our faculty member and expert world-renowned psychopharmacologist, Dr. Stephen Stahl, MD, PhD that will highlight cases treated by our UCR residents and faculty. This text is modeled after Dr. Stahl's Essential Psychopharmacology Case Studies series and is aimed at exemplifying the complexity of psychopharmacology, including teaching points and the multitude of adjustments required in the pursuit of a good outcome for our patients. In the spirit of teamwork, most of our residents are partnering with a faculty member and medical student to collaborate on each chapter.

Our program features dedicated faculty mentors, opportunities to earn financial assistance through work opportunities, and financial support to present at national and international conferences. In addition, the program features no call or weekends. Residents have an opportunity to work closely with our Chair, Dr. Maguire who in addition to treating patients, works closely supervising residents in clinic. Also, our Associate Program Directors Brenda Jensen, MD at the VA Long Beach works hands-on with residents and Richard Lee, MD who also serves as the Child and Adolescent Psychiatry Fellowship Training Director supervises residents while on their child psychiatry rotation in their second year. Next year, we are incorporating an advanced psychopharmacology clinic supervised by Dr. Stahl who will provide expert advice to residents treating patients with refractory illness. Didactic lectures are protected time on Wednesdays and include traditional lectures as well as case conferences from renowned experts including Roger McIntyre, MD and even the Dean of our medical school who also is a

child, adolescent and addiction psychiatrist, Dr. Deborah Deas, MD, MPH.

We believe we have developed a unique psychiatry residency training program that emphasizes innovative clinical care in a variety of settings. Given that our patient population in the Inland Empire is culturally diverse, we encourage cultural humility and acceptance of our patients and each other and some of our residents serve on our Diversity Advisory Committee which works on ways to improve equity and inclusion within our program including implementing holistic review of our residency applicants. We have a diverse group of faculty that reflects not only ethnic/racial diversity but acknowledging diversity in its broadest sense. Of our incoming interns, 50% were considered financially disadvantaged in high school or before, 62.5% speak more than 1 language and many are from groups underrepresented in medicine. To help foster inclusion and reduce barriers to higher education access, we support pathway and outreach programs all the way from middle school through high school, college and medical school to mentor promising candidates from underserved communities to provide care to the population they represent. With such diversity in training with supervision from internationally renowned faculty in a variety of treatment settings, our graduates are well prepared to serve our community. To further support our trainees, we provide loan repayment to our graduates to stay with us to provide care to our underserved community, and many are able to join our faculty upon completion of residency and/or fellowship training. We hold to the simple operating principle that education and quality of life are first and foremost, and perhaps because of this, more than 20% of our graduating medical students have chosen to enter our field of psychiatry thereby helping reduce the healthcare shortage of mental health providers in the Inland Southern California area.

<https://somppsych.ucr.edu/>



Residents, fellows and department leadership at the San Diego Padre's game during our annual retreat in 2019.

Takesha Cooper, MD, MS  
Associate Clinical Professor of Psychiatry  
Equity Advisor  
Chair, Admissions Committee  
Program Director - Adult Psychiatry Residency  
Vice Chair of Education - Department of Psychiatry and Neuroscience  
UC Riverside School of Medicine

## Rising Strong as a Spiritual Practice

By Brené Brown PhD, LCSW

Sounds True Audiobook.

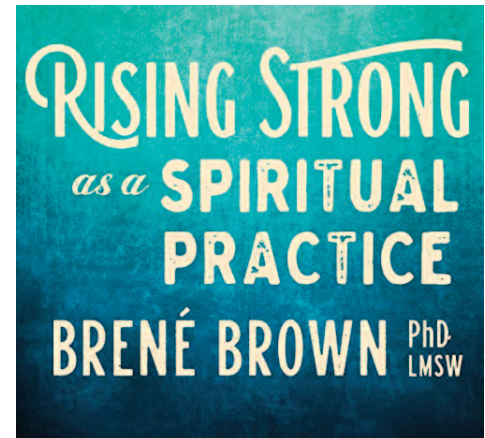
2017

\$24.95

ISBN 978-1-62203-781-0

Genre: Self Help

Reviewed by Kavita Khajuria, MD



“An inextricable connection to something bigger than ourselves”



Brené Brown is a research professor whose areas of expertise include vulnerability, courage, empathy, and shame. Her research on resilience reveals spirituality to emerge as a critical component to overcoming struggles. Spirituality refers to an inextricable connection to something bigger than ourselves, rooted in love, belonging, and wholeness - which brings a sense of perspective, purpose and meaning.

Taped in front of a live non medical audience, this audiobook contains 3 sessions -the Reckoning, the Rumble & the Revolution, and Rising Strong with Difficult Rumbles. Each provide a down to earth, unrestrained perspective on issues that speak to everyone and focus on emotional self-awareness and growth, amply illustrated with storytelling, albeit with few research references. It concludes with a Q & A.

The Reckoning describes the feeling of being emotionally hooked when under duress and the need for recognition and articulation. Studies reveal most people to express very few emotions. Anxiety is explained as a contagious affect - a function of groups, rooted in families of origin, an excess of which can cause one to over function - with control and micromanagement - or under function - with forgetfulness or misplacement. The importance of emotional experience is stressed including the painful ones, rather than self numbing with alcohol or illicit. She emphasizes the need to get comfortable with discomfort and to manage discomfort appropriately with contemplation – and to allow for eventual emergence from a place of integrity. The Rumble emphasizes the need to express oneself -‘let it loose on the page’. She notes that resilient people don’t deny their emotions - they write them down. Those who write about their trauma tend to heal profoundly faster. She notes the absence of proper processing to often result in filling in the missing links with subjective fears and beliefs, and creation of conspiracies. ‘Revolution’ refers to integration, to make whole – by integration of learning from life experiences.

Do people do the best they can? Dr. Brown discusses this. Perfectionism, grief and fear can get in the way. According to her research findings, the one feature that most compassionate people have in common are boundaries - lack of which can incite a lack of integrity. Further topics include grief, unused creativity, expressive writing, forgiveness, and true friendship. Compassion and empathy are compared and explained. Listeners are warned against being a part of any group wherein one can’t pose questions or disagree.

The concluding Q &A offers personal thoughts and perspectives on the above, including parenting. The material is simple and relevant, especially for those with high stress patient encounters – as anyone can get frozen or speechless when inundated or overwhelmed, and regret actions or inactions later on.

# 'Swallow' - Movie Review

by Tim Thelen



As cinemas are closed indefinitely due to COVID-19, the only way for film-goers to keep up with new releases are subscription services which stream movies to the comfort of viewers' own homes. Although, by no means a "comfortable" film to watch, the new independently produced 'Swallow' is a fascinating psychological horror movie which addresses the rare eating disorder, pica.

Hunter (Haley Bennett) is a young newlywed living "the perfect life" in a beautiful new home in upscale suburbia. But the façade quickly fades as Hunter, a former retail salesperson is revealed as a directionless young woman married to a man whose interests are dominated by his professional life. When Hunter becomes pregnant her husband is overjoyed, but Hunter clearly has mixed feelings. Her world of isolation includes an over-bearing mother-in-law who attempts to gauge Hunter's true level of happiness and presents her with a book on overcoming postpartum depression. Hunter's only outlet appears to be her compulsion to swallow increasing unusual, and non-edible objects, the first of which include a marble and a push pin.

Pica(1) is often described as a psychological disorder characterized by an appetite for substances that are largely non-nutritive, such as ice (pagophagia); hair (trichophagia); paper (xylophagia)(2); drywall or paint; sharp objects (acuphagia)(3); metal (metallophagia); stones (lithophagia) or soil (geophagia); glass (hyalophagia); feces (coprophagia); and chalk(4). According to DSM-V criteria, for these actions to be considered pica, they must persist for more than one month at an age where eating such objects is considered developmentally inappropriate, not part of culturally sanctioned practice, and sufficiently severe to warrant clinical attention. It can lead to intoxication in children, which can result in an impairment of both physical and mental development. In addition, it can also lead to surgical emergencies due to an intestinal obstruction as well as more subtle symptoms such as nutritional deficiencies and parasitosis(5). Pica has been linked to other mental and emotional disorders. Stressors such as emotional trauma, maternal deprivation, family issues, parental neglect, pregnancy, and a disorganized family structure are strongly linked to pica as a form of comfort(6). Pica is most commonly seen in pregnant women(7), small children, and persons with developmental disabilities such as autism(8). 'Swallow's protagonist is an amalgam of many of these factors.

As Hunter's dangerous obsession intensifies, she is temporarily hospitalized and later referred for psychological counseling. It is soon revealed that Hunter's deep psychological wounds began upon her realization that she entered this world as a result of her mother's rape. Tragically, she carries a photograph of her father – the rapist who has apparently served time for his felony. Her compulsion to swallow dangerous objects fuels her need for a sense of power. But Hunter's distress is soon accentuated by her husband's indiscretion with friends and family. As her situation becomes more desperate, a male nurse is hired to monitor her every move and to perform physical searches for harmful objects each time she intends to enter a bathroom or private area of the house. But Hunter's disease can't be cured solely by physical restraints, and she resorts to bolder experiments to confront the root of her problems.

Excellent performances, especially by Bennett (who also executive produced) as the victim of this horrifying emotional disorder, as well as stylish visuals from writer-director, Carlo Mirabella-Davis (his first feature) and cinematographer, Katelin Arizmendi take this film far above the level of a typical indie horror flick. Currently available on Amazon Prime, 'Swallow' is a mature and thoughtful, if not occasionally squirm-inducing thriller.

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# Updates from the SCPS Disaster Relief Committee

By: Danielle Chang, M.D., Chair



As we enter into June, our landscape is strikingly different from the way it appeared just a few months ago. We are being faced with loss and change as a society at a rate that is difficult to recognize, let alone process. As psychiatrists, our role is more important than ever in helping to address the mental health needs of a world in chaos and crisis. While we care for patients with increasingly more complex clinical presentations and psychosocial circumstances, it may be challenging to comprehend the significant impact these changes are having on us as individuals. Our psychiatric community can stand stronger in support for one another through communication, and the sharing of reliable information and access to resources.

The SCPS Disaster Relief Committee is focused on providing support to SCPS members during this time of tension and transition. Below are some selected resources and volunteer opportunities for psychiatrists. For more information or to join the SCPS Disaster Relief Committee, contact SCPS Executive Director, Mindi Thelen, at [scps2999@earthlink.net](mailto:scps2999@earthlink.net):

1) Members who are in need of support and would like a peer to reach out to them directly can email Mindi Thelen, at: [scps2999@earthlink.net](mailto:scps2999@earthlink.net)

2) The SCPS discussion board is open for members to post information, questions, or to initiate conversations about our current climate. To access the discussion board, please register for the SCPS online directory: <https://scps.memberclicks.net/login#/login>

3) The SCPS website has been updated with a COVID-19 landing page containing resources for psychiatrists, general information about COVID-19, and volunteer opportunities: <https://www.socalpsych.org/covid-19-coronavirus-resources/>

4) Los Angeles County Department of Mental Health COVID-19 Emotional Support Warm-line  
- To apply to volunteer to provide services to Los Angeles County residents in need of emotional support please proceed to the following link: <https://www.surveymonkey.com/r/LACDMHvq42420>

5) [Physiciansupportline.com](https://www.physiciansupportline.com)

- Physician Support Line is a national, free, and confidential support line service made up of 600+ volunteer psychiatrists, joined together in the determined hope to provide peer support for our physician colleagues as we all navigate the COVID-19 epidemic. No appointment necessary. Call the national support line at 1-888-409-0141.

6) Headspace

- US healthcare professionals who work in public health settings can sign up for free access to this meditation and mindfulness resource through 2020

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# Council Highlights

## April 8, 2020

Matthew Goldenberg, D.O., *Secretary*



\*Everyone Participated remotely

### Outline of Notable Meeting Events and Discussion

*The meeting was called to order by Dr. Cheung at 7:06PM.*

***Minutes from the previous meeting were unanimously approved.***

**CPA Updates:** Dr. Cheung provided an update that several DB's (including San Diego and Orange County) appear to be taking steps to leave CPA. There have been several more meetings with all the DBs and there appears to be areas of mutual interest.

**Inland Regional Meeting:** Dr. Cheung updated this was planned to be an in-person meeting. It will now take place on April 16<sup>th</sup>, 2020 at 7pm through a virtual conference call.

**COVID Issues** – Council members share concerns and updates from their universities and medical centers.

**Meeting Planning:** The SCPS installation was canceled. Mindi raised a question about the career fair and AIP meeting. It was suggested to be done via zoom.

**Zoom Meetings for Region Members:** Opportunities for local members to increase communication and support were discussed.

**SCPS Disaster Relief Efforts:** Dr. Chang discussed information on the SCPS website and the possibility for a SCPS virtual bulletin board. Dr. Bonds is working on a warm line for the County of Los Angeles and volunteers are being recruited to help with mental health issues for the general population, DMH employers and frontline workers. Training will happen for volunteers at UCLA.

**Small Business Loan:** A motion was made to apply for an SBA loan to cover payroll and rent for an 8 week period. ***It was unanimously approved.***

**Election Results:** Dr. Fouras congratulated the winners.

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.

Officers and Councillors will assume office on April 29th.

**Newsletter:** Dr. Goldenberg provided an update and thanked Dr. Shannon Suo for her contribution of this month's featured article on 90 day prescribing to the newsletter. He also thanked Dr. Danielle Chang for her article which updated about LA County's Covid-19 response. He again requested that each member send the link of this month's newsletter to colleagues and to find other ways to increase readership.

**Innovative Grant Update:** Mindi provided an update about the items that were ordered to increase marketing for SCPS.

**Treasurer's Report:** Dr. Ijeaku provided a financial update and noted we are behind on collections to date (176 members have not paid their dues). Total assets last year were \$372k and this year we are at \$312k. We are \$15k under budget cash on hand from last month. ***The report was unanimously accepted.***

**Assembly Report and Legislative Report:** Dr. Soldinger provided a brief update about the current action papers. Dr. Dr. Shaner provided a brief update on forthcoming legislative bills, which have been delayed due to Covid-19.

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

**New Business:** Dr. Cheung was recognized for his year of leadership as SCPS president and his stellar service during the CPA negotiations with the other DBs.

**Old Business:** There was no old business.

*The meeting was adjourned by Dr. Cheung at 8:57pm.*

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## SCPS Officers

President ..... George Fouras M.D.  
President-Elect ..... Ijeoma Ijeaku, M.D.  
Secretary ..... Eric Wagreich, M.D.  
Treasurer ..... Vacant  
Treasurer-Elect ..... Matthew Goldenberg D.O.

## Councillors by Region (Terms Expiring)

Inland ..... Reba Bindra, M.D. (2021)  
..... Aaron Gilmore, D.O. (2021)  
San Fernando Valley ..... Danielle Chang, M.D. (2022)  
..... Michelle Meshman, M.D. (2023)  
San Gabriel Valley/Los Angeles-East ..... Janet Charoensook, M.D. (2021)  
..... Amy Woods, M.D. (2022)  
Santa Barbara ..... vacant  
South Bay ..... Vivian Tang, M.D. (2023)  
South L.A. County ..... Haig Goenjian, M.D. (2023)  
Ventura ..... Joseph Vlaskovits, M.D. (2023)  
West Los Angeles ..... Patrick Kelly M.D. (2023)  
..... Galya Rees, M.D. (2021)  
..... Zeb Little, M.D. (2022)  
..... Ariel Seroussi, M.D. (2022)  
ECP Representative ..... Katherine Unverferth, M.D. (2021)  
ECP Deputy Representative ..... Ara Darakjian, M.D. (2021)  
RFM Representative ..... Mark Ard, M.D. (2021)  
..... Katherine Camfield, M.D. (2021)

Past Presidents ..... Joseph Simpson, M.D.  
..... Anita Red, M.D.  
..... Erick H. Cheung, M.D.  
Federal Legislative Representative ..... Steve Solding, M.D.  
State Legislative Representative ..... Roderick Shaner, M.D.  
Public Affairs Representative ..... Christina Ford, M.D.

Assembly Representatives .....  
David Fogelson, M.D. (2024) ..... Anita Red, M.D. (2024)  
Heather Silverman, M.D. (2022) ..... Steve Solding, M.D. (2021)

Executive Director ..... Mindi Thelen

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President-Elect ..... Shannon Suo, M.D.  
Treasurer ..... George Fouras, M.D.  
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Editor ..... Matthew Goldenberg, D.O.

Writer ..... Kavita Khajuria, M.D.

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