
PSYCHIATRIST

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Newsletter of the Southern California Psychiatric Society

President's Column

United Again

J. Zeb Little, M.D., Ph.D.



As my young patients' heady exuberance reminds me, summertime is a time for celebration. Whether it's release from the demands of school, enjoying time outdoors, or a family vacation, there is clearly much to celebrate in this season. As SCPS members we, too, have much to celebrate including an increase in our membership numbers and a reduction in our organization's expenses. These developments, I'm happy to report, will be reflected in a reduction of our membership dues next year.

We also can celebrate the first meeting of all five of California's APA District Branches as the California State Association of Psychiatrists (CSAP), a cooperative association of California District Branches for the coordination of lobbying and advocacy efforts. It is heartening to once again see the leadership of each District Branch working together to address our state's pressing mental health needs. With the perspective of being SCPS's newly elected President and with the 4th of July fast approaching, it has been a poignant and uplifting experience to witness the successful unification of California's District Branches brought about by dedicated professionals and through the workings of a transparent democratic process. This has enabled the state's District Branches to overcome division and difference by championing equal representation and mutual respect for all members. And, it will encourage unity between our groups by providing mechanisms to fairly resolve conflict and rules to channel our energies into productive discourse and meaningful action. It is personally and professionally gratifying to participate in this undertaking to support and advocate for our state's psychiatric community and the causes we serve.

The satisfying experience of participating in this exercise of representative democracy with CSAP stands in stark contrast to the distress of bearing witness to the recent attacks on our nation's democracy. Efforts by a few members of our government to deny the outcome of a national election, as detailed by the January 6th Committee, is without precedent in America's history. How close these efforts came to subverting the democratic process and reducing our democratic institutions to tools for personal gain reveals how vulnerable our system of government can be when those in power choose not to follow the rules.

Perhaps more troubling is the recognition that the societal and governmental norms that allow our democracy to function are also under attack. The economics and algorithms underlying various forms of media along with the ubiquitousness of misinformation are reinforcing entrenched social and cultural divisions. Political gridlock and lack of meaningful progress on issues of social and economic importance are leading to frustration, hopelessness, and loss of confidence in our government to affect needed change. Court rulings that weaken the separation of economic and political power as well as Church and State are eroding the protections that have provided at least a semblance of all people being treated equally under the Constitution. In these events, we can see the very seeds of discontent that have persuaded other societies to abandon democratic governance.

As psychiatric physicians participating in an organization like SCPS which is dedicated to advancing the well-

being of all people through the promotion of mental health, we have something to offer to help counter these worrisome social and political developments. While I dare not hope that people would recognize in their leaders the manifestations of projection, splitting, and omnipotent denial that evidence the presence of the Paranoid-Schizoid Position, described by Melanie Klein as the mind's first and most primitive attempt at self-organization, I do believe people are hungry for information to help themselves, to understand others, and to better interpret the changes happening around them. As mental health professionals, we can serve a powerful role in educating the public on matters of psychological health and function and can provide tools to help fight misinformation with input based on science and empathy. We can help explain how group dynamics affect the choices and behaviors of individuals within those groups and assist them in developing more effective approaches to address their differences. As students of human nature and professional listeners, we also can encourage the dialogue and self-reflection required to address the blindspots we all suffer that allow systemic bias to remain rooted in our society. So, as we celebrate the as-yet-not-fully-ripened fruits of our democracy this summer, let's also appreciate the opportunities our psychological understanding holds for us to actively serve our communities, our society, and our freedom to govern ourselves.

In This Issue...	
Letter from the Editor	3
More Important Than Unity, Even	5
Are We at Our <i>Wit's</i> End?	6
Private Practice Committee Update	8
Book Review: Confidence	9
Council Highlights	10
Classified Ads:	
Harbor-UCLA Emergency Room	12

The SCPS Council wishes you a joyful and healthy summer.

Don't forget, no August issue. See you in September.

July 2022

By Newsletter Editor
Matthew Goldenberg D.O.



Happy July!

It is officially summer. The days are long, the kids are out of school and the supreme court is taking away rights for the first time in our nation's history. Luckily, we live in California, where the state will protect women's reproductive rights and have a [national psychiatric organization \(the APA\) that is standing up for Woman](#). So long as the federal government does not make that illegal.

As mental health experts, [our patients have a never-ending list of stressors](#). From the continued covid-19 pandemic, to the war in Ukraine, to the January 6th insurrection, to pending midterm elections, to a possible recession, inflation, gas prices, housing/rent costs, mass shootings... the list is nearly endless.

Our work is cut out for us.

However, I have confidence that [the field of psychiatry will continue to support our patients](#) and policies that improve the mental health and wellness of all our of neighbors. This includes finding [ways to decrease firearm related violence](#).

This is why organized psychiatry is more important than ever. Dr. Shaner's article this month shares how SCPS is making a difference through CSAP and how SCPS is getting its voice heard.

I am proud to be a member of SCPS and to work with my colleagues to use our skills, our knowledge and our privilege as psychiatrists to leave things better than we found them.

If you are on the fence about getting involved, I encourage you to join an SCPS committee, write into the newsletter and share your perspective or write Mindi a note to tell SCPS what we are doing right or could do better.

There is no time more important than the present.

Stay safe,

Matthew Goldenberg D.O.
Acting SCPS Newsletter Editor
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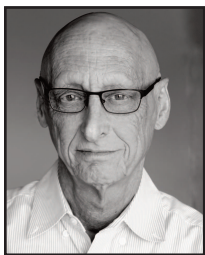
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More Important than Unity, Even...

By: Roderick Shaner, MD
West LA Councilor
Co-chair, Government Affairs Committee



After three long years, it has finally happened. All the California District Branches—CCPS, NCPS, OCPS, SCPS, and SDPS—are again fully reunited under a powerful statewide organization for psychiatric advocacy in California: The California State Association of Psychiatrists—CSAP! Together, we three thousand APA psychiatrists have the credibility, financial reserves, and highly respected advocacy team through which we effectively communicate a single set of messages to California legislators.

Unity is important, but our new CSAP structure provides us with something even more valuable. This statewide voice of psychiatry is truly *our* voice.

Our legislative advocacy is now shaped only by us, developing solely from the votes of our APA members. We need no intermediaries giving directions to lobbyists without our explicit direction and beyond our knowledge or control. We have full transparency that ensures that conflicts of interest are fully disclosed. We are again a fully member-driven organization.

Of course, this creates new responsibilities for SCPS. When it comes to advocacy going forward, we can't rely on others to do the thinking for us. We must stay informed and involved. Advocacy is indeed complicated. Doing it through SCPS and CSAP is by far the best way of insuring that California government accurately hears and responds to the true concerns and requests of our diverse membership.

The SCPS and CSAP Government Affairs Committees provide a wealth of information and regular summary reports about legislative bills and other issues, all on the SCPS website under Advocacy. We solicit determinative membership direction on the actions that we should take, based upon member communication via email to SCPS, letters to SCPS Psychiatrist, direct contact with SCPS Councilors and Officers, and ultimately through our votes at every SCPS election.

Our new strength couldn't come at a more opportune time. Major issues for psychiatry and medicine in general hang in the balance. Even as this is written, a matrix of bills that can change LPS law and restore the rights of our most severely ill patients to access treatment are making their ways through legislative committees. Actions regarding insurance parity, liability, and scope of practice are also in play. The future is always uncertain. But our newly unified advocacy will undoubtedly make it better, especially when it is, through CSAP, the clear voice of California APA psychiatry.

Are we at our Wit's end?

Eric M. Plakun, MD
Medical Director/CEO, Austen Riggs Center



We live in interesting times when it comes to access to treatment for mental and substance use disorders. Both the president and surgeon general recognize that there is a national crisis in mental health, shameful health disparities in access to care persist, and a recent Department of Labor review of over 150 insurance companies' parity compliance revealed inadequate implementation of the Mental Health Parity and Addiction Equity Act 14 years after it became law

(<https://www.dol.gov/sites/dolgov/files/EBSA/laws-and-regulations/laws/mental-health-parity/report-to-congress-2022-realizing-parity-reducing-stigma-and-raising-awareness.pdf>). Despite the clear need for improved access to care in treatment of mental and substance use disorders, a 3-judge panel of the Ninth Circuit Court of Appeals recently overturned the landmark verdict in *Wit v. United Behavioral Health (UBH)* on a technicality. As psychiatrists, we have an interest in voicing our concern about this outcome, which can only exacerbate the above problems.

For those unfamiliar with the case, *Wit* is a federal class action addressing the restrictive access to care guidelines used by UBH to determine the need for outpatient, intensive outpatient, and residential treatment. Given my experience serving as expert in adult psychiatric disorders in *Wit*, I have followed how the case has unfolded.

In his more than 100-page penalty phase verdict, Ninth District Court Chief Magistrate Judge Joseph Spero laid out the details of his finding that UBH breached its fiduciary duty to its insureds by allowing its finance department to impose overly restrictive access to care guidelines that limited treatment to mere crisis stabilization, which Judge Spero found to be inconsistent with generally accepted standards of care (*Wit v United Behavioral Health*, No 14-cv-02346-JCS, ND Calif, March 5, 2019). In the similarly lengthy penalty phase verdict, Judge Spero required UBH to reprocess nearly 70,000 claims, imposed a 10-year injunction against UBH, assigned a Special Master to oversee training of UBH employees in their fiduciary duty and in the use of access to care guidelines consistent with generally accepted standards of care that are developed by nonprofit professional societies (<https://casetext.com/case/wit-v-united-behavioral-health-12>).

Former US Congressman Patrick Kennedy called the verdict a “game changer” in implementation of the mental health parity law. If extended beyond UBH to other ERISA plans, to other commercial insurance, and to Medicare and Medicaid, the verdict would not only advance implementation of the parity law, but also reduce shameful health disparities. Psychiatrists, other mental health professionals, consumer organizations, and the general public recognize these as laudable goals that are objectively responsive to the current crisis in mental health.

UBH appealed the verdict to the Ninth Circuit Court of Appeals, where a 3-judge panel issued a brief verdict that scarcely mentioned the clinical issues involved or the evidence at trial, found no flaws in the plaintiffs' clinical perspective, but issued a decision overturning the verdict in *Wit* based on a technicality. That is, the panel concluded that, just because a treatment is within generally accepted standards of care, an insurance company does not have to cover it. Thus, they determined, finances may override generally accepted standards of care that are defined by professional organizations. This is a puzzling perspective. On the medical/surgical side, it is comparable to an insurance company finance department adopting treatment guidelines to cover only non-surgical treatments for acute appendicitis

as a cost saving measure.

This decision is not only puzzling but undercuts full implementation of the mental health parity law, fails patients, and has the potential to aggravate shameful health disparities. Plaintiffs' attorneys have filed a request for an "en banc" rehearing before the entire 29-member Ninth Circuit Court of Appeals, citing multiple examples of why the decision is flawed (https://www.zuckerman.com/sites/default/files/2022-05/Wit_Rehearing_Petition.pdf). The APA, AMA, other professional organizations, NAMI, California and several other states have filed strong amicus briefs supporting the request for rehearing, but this is an uphill struggle. Requests for rehearing are infrequently accepted. However, public awareness and concern about the nationwide implications of a decision like this can increase the likelihood of an en banc review.

Fortunately, even if the overturning of the verdict stands, California law already requires that access to care guidelines be based on generally accepted standards of care developed by nonprofit professional societies. This reflects California's national leadership role in such matters. Most other states are less fortunate, though Oregon, Illinois and a handful of others have followed California's lead.

There is, though, still another crucial leadership role for California psychiatrists to play in supporting the request for an en banc rehearing by the entire Ninth Circuit Court of Appeals. You can use your professional and personal voice in civil discourse about the importance of the original verdict in Wit in addressing the nation's mental health crisis, fully implementing the mental health parity law, and reducing shameful health disparities nationwide. You can emphasize the impact of the reversal of the verdict by noting the comparison to insurance company exclusion of nonsurgical treatments of acute appendicitis or myriad other examples of how unacceptable this stance would be in treating medical disorders.

The time to act is now. Letters to the editor, social media posts, consciousness raising among colleagues and consumer groups, and other steps consistent with our professionalism, are opportunities to create public awareness and concern about the 3-judge panel's decision and the importance of an en banc review. This colleague from Massachusetts hopes California psychiatrists will use your voices.

Reference:

Plakun EM. Improving access to psychotherapy: implications of Wit Versus United Behavioral Health. *Journal of Psychiatric Practice*. 2021;27;199–202

Member Alert – Prescription of Benzodiazepines

This is to alert SCPS members to recent enforcement activity by the Medical Board of California regarding the prescription of Benzodiazepines. I participate in a list serve with over 50 attorneys who represent physicians before the Medical Board. Several attorneys report that the Medical Board is investigating and prosecuting long term prescription of benzodiazepines (over 3 months) as being below the standard of care, except in certain limited situations. Other states have adopted guidelines limiting the prescription of benzodiazepines. See, for example, <https://www.nmhealth.org/view/guide/6327> Click on "Publications" and click on "Guidelines for the Use of Benzodiazepines". The law permits the Medical Board easy access to psychiatric prescribing practices using the CURES database and that access is permitted without notice to or the consent of either the prescribing physician or the involved patient.

Daniel H. Willick, Esq.

Private Practice Committee Update

What: The SCPS private practice committee is pleased to announce that it is being revitalized in 2022. The committee will serve as the hub for all psychiatrists in private practice in Los Angeles and surrounding areas.

Who: If you are new to private practice, have been in private practice for many years or are considering starting a private practice you are welcome and encouraged to join the committee.

Why: This WILL be a committee that serves to give SCPS members access to valuable networking and education and will NOT be a heavy working commitment for committee members.

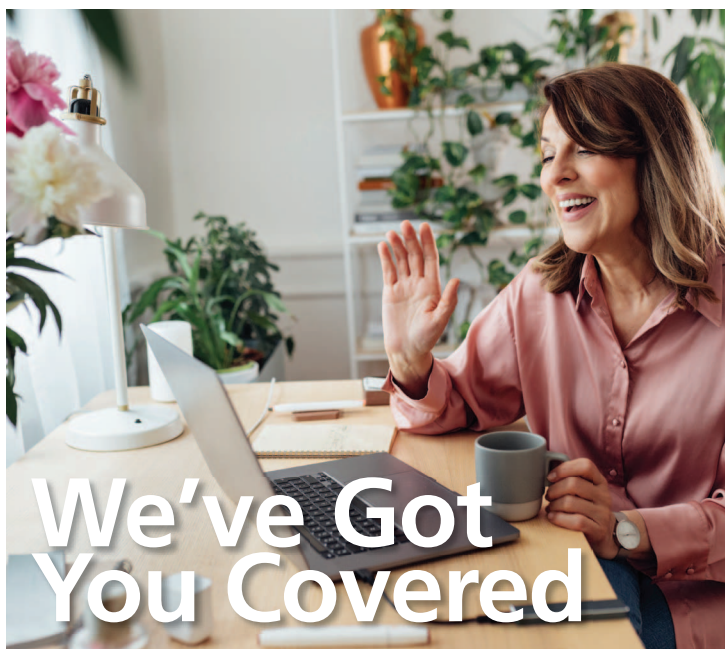
How: Committee activities may include private practice related educational programming, journal clubs, social and networking events, advocacy, legal and risk management updates and trainings, opportunities for mentoring and private practice related services and product introductions.

When: The committee plans to hold its first meeting in late August or early September and the first meeting will be partially a social event to get to know members of the committee and partially to develop the committee's goals and action items for the 2022 to 2023 calendar year.

If you are interested in attending the first meeting to learn more about the SCPS Private Practice Committee please contact Mindi to get added to the roster.

Matt Goldenberg D.O.
Chair, Private Practice Committee

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Book reviewed by Kavita Khajuria, MD

“...a sweet spot between despair and arrogance...”



As part of the Emotional Intelligence Series, fourteen essays explain how to use emotional intelligence to promote confidence at work. Authors include Gallo, Kanter, Molinsky and Chamorro-Premuzic, to name a few. It turns out that no one is immune to bouts of insecurity at work, regardless of rank, and the imposter syndrome is more prevalent than we realize. Opportunities and risks are encouraged to be embraced to facilitate growth, with a disregard of what others think, albeit to an extent. Confidence - the compounded accumulation of ‘small wins’, requires investment of energy, discipline, and professionalism. And it’s not just a self-absorbed venture - confidence reportedly inspires others and simultaneously boosts happiness and self-esteem. Confidence is also noted to grow when one anticipates down slides and prepares for alternatives. It’s the art of moving on, rather than getting stuck in the ‘blame game’. Recurrent themes include openness to new situations, expanding the comfort zone, and learning from missteps - authors note a learning mindset to cultivate growth and resilience. Yet navigation of change requires flexibility and ongoing new performances. Preparatory mental secrets of top athletes are shared, including the benefits of rituals to ‘get into the groove’, and meditation on ones ‘greatest hits’ before getting out there. Readers are cautioned on ‘little’ learning, the beginners bubble and overconfidence. The difference between winners and losers is spelled out. Other topics include ways to look more confident during presentations, the power of positive body language, various facets of the ‘voice’, and characteristics of great leaders. Tools are shared on management of self-doubt and the inner critic. The content eventually turns to gender - differing perceptions of confidence of women and men, and as research shows - there’s a long way to go. Gender oriented incompetence, Freud’s perception on the process of leadership, and research results on personality related differences are shared, as well as barriers to leadership positions for women. On a differing note, the concluding chapter offers reasons as to why less confident people may be more successful. This is an interesting, easy, and relatively quick read.

Council Highlights

May 12, 2022

Haig Goenjian, M.D., *Secretary*



PRESIDENT'S REPORT

Dr. Ijeaku

A. Farewell Remarks: Given by Dr. Ijeaku, who gave thanks and expressed her appreciation to the council. Recognition and appreciation given to the leaving officers, Dr. LoAllen and Dr. Goenjian.

B. CSAP PAC: CSAP asked SCPS for contribution and provided their reasons for request. EC has voted yes previous to this current council meeting. The amount is \$7800, which was already budgeted for by the Finance Committee.

Council has ratified this position - passed unanimously.

C. CSAP Committees - GAC has 3 members (Dr. Shaner, Dr. Bindra, Dr. Wood), with Dr. Little joining for next term. We are looking for a 5th.

Finance Committee - Currently comprised of Dr. Kelly and Dr. Goldenberg

NEWSLETTER COMMITTEE REPORT

Dr. Goldenberg

New Process and upcoming July Issue were discussed and the success of the Film Project was highlighted.

The coming months theme will be Ethics, and guested by Bill Arroyo

Dr. Goldenberg has created a Google Sheets sign up sheet for the new process. The respective committee or council member will be signing up for a month in which they will be supplying or sourcing an article.

Per our prior meetings motion, each council member will be asked to write 2 articles per year. Committee Chairs will be asked to give an update twice a year regarding their committee updates. Committees can take over an entire month and do a theme for a month as guest editor. If they should do this, then they will not have to meet the other requirements.

TREASURER'S REPORT

Dr. Goldenberg

April Financials and

Cash on Hand Report - Income for the month: Loss approx 5k

Income for the year: Over budget by 16k for the year, which is reflected by under budget by 28k, overall loss of 32k in mutual funds

Overall Income for the year is overbudget by approx 4k

Expenses over budget by 4k for the month

For the year under by 3k

Passed unanimously.

Tax Return (Action item)

- Due May 15th for us non profits. In 2021, total earnings -
- The return was provided by our accountant. Per Mindi's review, it looks correct and accurate.
- Passed unanimously

GAC REPORT

Dr. Shaner

6 Agenda Items and 3 Motions were reviewed:

Agenda 1: The GAC of CSAP covered two items SB 1338 and SB 1416. SB 1416, the Eggman Bill, is regarding changing the definition of Gravely Disabled, which has not changed for many years.

Agenda 2: Motion 1: Jointly made by GAC and the Diversity and Culture Committee; regarding the impact on SB 1338 - re CARE Courts. This involves the distribution of over 14 Billion USD.

Dr. Wood presented the motion. It has the potential of providing services to those underserved and in need. She also highlighted concerns regarding seeking clarity of this Bill. She also expressed concerns regarding tracking their matrix, etc.

Discussion circulated regarding the role and execution of Care Court.

Therefore, be it resolved that:

1. SCPS take a Support if Amended Position on SB 1338, and
2. SCPS advise CSAP to request amended language from the authors that addresses the deficient clarity in the four areas noted in a manner that corrects its potential adverse effects upon mental health treatment equity and social justice

Passed unanimously

Agenda 3: The CSAP Board asked the APA Assembly for guidance regarding their previous letter to the DB's seeking our status of the requirement of being a part of a statewide advocacy organization.

Agenda 4: Motion

Proposal to add members-in-training and ECPs to SCPS GAC

No discussion

Passed unanimously.

Agenda 5: Motion 3:

Therefore, be it resolved that:

SCPS will:

1. Proactively inform SCPS membership via the SCPS website, emails, and newsletter of the reasons that the passage of AB 35 has been overwhelmingly assured through negotiations that occurred without input of any member-driven specialty medical organizations, and the manner in which SCPS will engage with CMA through our CSAP representation on the CMA Council on Legislation (COL) to prioritize legislative advocacy to mitigate the consequences of AB 35 for stability of medical practice, costs of health services, and access to care for our patients
2. Develop through CSAP and other member-driven advocacy organizations a statewide effort to address through legislation the effects of AB 35, existing policies of the State Department of Justice, and insurance industry actions upon physician practice and patient access, including, but not limited to:
 1. Increasing the current \$30,000 settlement dollar threshold for medical board investigations. For example, the dollar threshold should increase at the same rate as the increased cap limits on damages.
 2. Developing effective regulatory guidelines governing CURES investigations by the medical board for physicians who are investigated by the medical board for non-prescribing related settlements
 3. Developing state regulations to increase protections against frivolous liability cases
 4. Developing robust and effective regulatory oversight and control of medical liability insurance costs and associated insurance industry practices
 5. Developing regulations to more effectively govern Medical Board and state investigative procedures associated with adverse finding regarding medical liability and settlement costs.
3. Urge all California DBs to join with us through our CSAP representatives on the CMA Council on Legislation to strongly recommend to CMA leadership that:

1. CMA more fully involves member-driven local and statewide medical organizations in future negotiations regarding legislation that critically affects the economics of professional practice and access of patients to medical care and thereby:

Ensure those organizations will have both the foundation and credibility for joining CMA in supporting the outcomes of such negotiations

Vote 15 yes 1 no, 2 abstentions

Agenda 6: CSAP will put together a policy platform. SCPS currently has our own policy platform.

MEMBERSHIP REPORT

Dr. Ijeaku

2 new RFM, 2 new GM; Passed unanimously

FELLOWSHIP AND AWARDS

A. Approve Nominees

- Dr. Ijeaku recuses herself. Council has to approve applications for nominees. Approve members for DFAPA Nomination: Ijeoma Ijeaku, M.D., and Jessica Jeffrey, M.D.

- Passed unanimously

CLASSIFIED ADVERTISEMENTS

The Harbor-UCLA Psychiatric Emergency Room is seeking a full-time attending Psychiatrist. The Harbor-UCLA Psychiatric ER is an emergency mental health facility that operates as part of Harbor-UCLA Medical Center, a public teaching hospital affiliated with the David Geffen School of Medicine at UCLA. The position requires rapid diagnosis, acute pharmacological management, risk assessment, and crisis management in a culturally diverse patient population, many of whom come from socioeconomically disadvantaged backgrounds. The position requires supervision and teaching of residents from the Harbor-UCLA Psychiatry training program and other programs, as well as medical students. The treatment team consists of attending staff, nurses, social workers, and trainees. The position is a core part of the Harbor-UCLA Psychiatry residency training program and would be expected to include an appointment in the Department of Psychiatry and Biobehavioral Sciences at UCLA. This is a Los Angeles County Department of Health Services position, with benefits that include 457(b) matching plan and Los Angeles County Pension plan. Applicants should be board-eligible or board-certified in Psychiatry, able to thrive in an acute Psychiatry setting that requires rapid assessment and decision-making and have interest in teaching and contributing to the training of Psychiatry residents.

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Michael Makhinson, M.D., Ph.D.

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SCPS Newsletter

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