

## Nominating Committee Candidates for 2005 WPS Offices

**M**eeting December 20, the Washington Psychiatric Society's Nominating Committee developed the slate of candidates for the 2005 WPS elections.

The WPS office will mail a complete roster of candidates with their position statements on January 20, 2005. WPS members will have until February 15 to present petition candidates for the March election. For WPS offices, petitions must be signed by five percent of the voting membership – 48 signatures.

Candidates presented by the Nominating Committee are:

**President – Elect:** Richard A. Ratner, MD. Dr. Ratner is a general, adolescent and forensic psychiatrist in private practice in Washington and Bethesda. He is a current At Large member of the WPS Board of Directors.

**Secretary:** Louis E. Kopolow, MD. Dr. Kopolow is the clinical director of Associated Psychotherapy Centers in Gaithersburg. He is the current Secretary of the Board and is standing for re-election.

**At Large Director: (elect two)**  
**Husseini Manji, MD:** Dr. Manji is the chief of the Laboratory of Molecular Pathophysiology and director of the Mood and Anxiety Program at the National Institute of Mental Health in Bethesda.

**James Griffith, MD.** Dr. Griffith is the Director of Residency Training at the George Washington University Department of Psychiatry. In 2003 WPS honored him as the Psychiatrist of the Year for his efforts

to establish a mental health program in Kosovo.

**Early Career Psychiatrist Representative:** Kavitha Rao, MD. Dr. Rao recently completed her psychiatry residency at George Washington and is in private practice in Washington.

Also on the Ballot will be candidates for each of the Chapter offices. Chapter officers were nominated by their respective Chapter Nominating Committees.

### **District of Columbia**

**Chapter Chair:** Constance Dunlap, MD. Dr. Dunlap is in private practice in Washington and is a current At Large member of the WPS Board of Directors.

**Secretary/Treasurer:** Steven Lipsius, MD. Dr. Lipsius is the current Chapter Secretary/Treasurer and is running for re-election. He is in private practice in Washington.

### **Northern Virginia**

**Chapter Chair:** Eric Steckler, MD. Dr. Steckler is the current Chapter Chair, filling the unexpired term since 2003 of Nooreddin Mirmirani, MD. He is in the private practice of adult and child and adolescent psychiatry in Fairfax.

**Secretary/Treasurer:** Valerie Buyse, MD. Dr. Buyse is in private practice in Vienna.

### **Suburban Maryland**

**Chapter Chair:** Louis E. Kopolow. (See Secretary description above)

**Secretary/Treasurer:** Shira H. Rubinstein, MD. Dr. Rubinstein is the current Secretary/Treasurer of the Chapter. She is in private practice in Silver Spring.

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Also on the ballot will be two proposed amendments to the WPS Constitution. Members will be asked to authorize the appointment of the Chairs of the WPS Ethics Committee and the Continuing Medical Education Committee to seats on the Board of Directors.

Additionally, a proposal to expand the Executive Committee (President, President-Elect, Secretary and Treasurer) to include the Chairs of each chapter will be put forward. The Executive Committee meets monthly to set Board agendas, track action/make course corrections on various initiatives and act on behalf of the Society between Board meetings.

Members of the WPS Nominating Committee for 2005 were: Jeffrey Akman, MD, chair; Leslie Goransson, MD, Edward Kirby, MD and Catherine May, MD. ■

# New British Guidelines Advise Physicians on Treatment of Depression and Anxiety

(Reprinted with permission from NAMI E-news)

## Background

On December 6, 2004, the Institute for Clinical Excellence (NICE) issued guidelines for the British National Health Service on the treatment and care of people with depression and anxiety. The guidelines take into account recent information from the British Medicines and Healthcare Products Regulatory Agency (MHRA), the body that performs similar regulatory functions as the FDA.

The advice being communicated to health professionals in Great Britain focuses on the use of SSRIs in adults and concludes that the balance of risks and benefits of all

SSRIs in adults remains positive. However, according to the guidelines, prescribers and consumers should be aware of the side effect profile of these medications and the need for monitoring patients being treated for depressive illness or anxiety disorders.

## Depression Guideline

The guideline on depression recommends that for mild and moderate depression, psychological treatments specifically focused on depression, such as problem-solving therapy, cognitive behavior therapy and counseling, can be as effective as drug treatments and should be offered as treatment options.

The guideline also recommends that:

- Antidepressants should not be used for the initial treatment of mild depression, because the risk-benefit ratio is poor.
- For patients with mild depression who do not want an intervention or who, in the opinion of the health care professional, may recover with no intervention, a further assessment should be

arranged, normally within two (2) weeks ('watchful waiting').

- When an anti-depressant is prescribed for moderate or severe depression it should be an SSRI, because SSRIs are as effective as tricyclic anti-depressants and their use is less likely to be discontinued because of side effects.
- All patients prescribed anti-depressants should be informed that, although the drugs are not associated with tolerance and craving, discontinuation/withdrawal symptoms may occur due to stopping or missing doses or, occasionally, due to reducing the dose of the drug.
- Screening should be conducted for all high risk groups - for example, those with a past history of depression, significant physical illnesses causing disability, or other mental health problems such as dementia.
- For severe depression, psychological treatment, such as cognitive behavioral therapy (CBT) should be used in combination with anti-depressant medication.

## Anxiety Guideline

The guideline on anxiety recommends that patients should be offered any of the following three types of intervention, taking into account patient preferences. In descending order of long term effectiveness, these interventions are:

- Psychological therapy, such as CBT.
- Medication, such as SSRIs licensed for generalized anxiety disorder.
- Self help, such as the use of written materials based on CBT principles.



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## NAMI's Views on the New Guidelines

- The British guidelines do not say that anti-depressant medications should not be used. Rather, they emphasize that in cases of mild depression, other forms of therapy should be tried before medication. Decisions on treatment—whether through antidepressants, talk therapy or diet and exercise — must ultimately be made by the doctor and the patient — weighing potential benefits, risks, and alternatives. The choice of any medication for any illness must be made carefully, with informed consent.
- Depression is the leading cause of disability around the world and needs thoughtful interventions. Suicide is an outcome strongly associated with depression. Mild

depression can quickly turn into severe depression. Severe depression is not always easily recognized. In some cases, people with severe depression are able to pursue normal, daily routines, with the severity of the symptoms and the degree of functional impairment associated with these symptoms not readily apparent. In these cases, time may be of the essence. It may be appropriate to prescribe medications as the first response, followed only then by talk therapy and diet and exercise changes. Side effects and withdrawal effects can be effectively managed — but lost lives are irretrievable.

- It is important also to recognize that many people with depression self-medicate with alcohol or drugs. Co-occurring substance use or abuse complicates the treatment of depression and increases the risks of those with depression. Pharmacological treatment with anti-depressant medication is a far better alternative than self-medicating with alcohol or other drugs.
- These guidelines should not serve as a reason for physicians in the United States to stop prescribing

anti-depressant medications in appropriate cases, or for consumers to stop taking anti-depressant medications. As stated above, decisions about medications or alternative forms of treatment should be made carefully, through consultation between treating physicians and their patients.

- It is important to note that the British announcement involves guidelines - not restriction or prohibition. There also are cultural and political distinctions between British and American health practice; medical practice under the British health service system is heavily regulated and relies less on individual clinical judgment than the American system. ■

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## OBITUARIES:

### Louis F. Rittelmeyer Jr., MD, DLFAPA

Louis F. Rittelmeyer Jr., 79, retired professor of psychiatry at Georgetown University School of Medicine, died June 28 at his home in Alexandria. He had amyotrophic lateral sclerosis, also known as Lou Gehrig's disease.

Born in Mobile, AL, he earned his medical degree from the University of Alabama in Birmingham in 1947. He interned at Mercy Hospital in Chicago. His general medical practice in Mobile was interrupted by two years of service as a captain in the Army Medical Corps during the Korean War.

He began his career in medical education in 1954 at the University of Tennessee and later at the University of Mississippi, teaching family practice before it became a recognized specialty. He pioneered efforts to raise standards of practice, which led to the recognition of family medicine as a primary care specialty.

He began a residency in psychiatry at Georgetown in 1963 and joined the faculty there in 1966. There he

developed programs for teaching psychiatric principles to practicing physicians and family practice residents. He directed the adult psychiatry clinic for many years and was chairman of the department from 1982 to 1986. He retired from his full-time position in 1992 and continued teaching as a volunteer until 2002.

Dr. Rittelmeyer was a Distinguished Life Fellow of the American Psychiatric Association and a diplomate of the Board of Psychiatry and Neurology. The Georgetown University Teacher of the Year Award in Psychiatric Residency has been named in his honor.

### Joseph E. Rankin, MD, Psychiatrist

Dr. Rankin endowed the Yochelson Chair in Psychiatry at GW, presently occupied by Jeff Akman. Joseph E. Rankin, 84, a psychiatrist and longtime professor at George Washington University School of Medicine, died Sept. 14 of congestive heart failure at his home in Annapolis.

Dr. Rankin taught at GWU from 1956 to 1982. He also had a private practice in Annapolis, where he had lived since 1962.

He was born in Washington and grew up in Baltimore. He attended the University of Notre Dame for two years before transferring to Catholic University on a football scholarship. He also was active in drama at Catholic, from which he graduated in 1942. He received his medical degree from GWU in 1946. From 1946 to 1950, he was a doctor with the U.S. Navy.

After training in psychiatry at St. Elizabeths Hospital, he was a psychiatric counselor on the staff of Catholic University from 1953 to 1956.

He endowed a chair of psychiatry at George Washington's medical school in honor of his wife, Eunice Rankin, and former GWU professor Leon Yochelson. He also endowed an athletic scholarship at Towson University in memory of two of his brothers.

Dr. Rankin was a member of the American Psychiatric Association and was a founding member of the Psychiatric Institute of Washington.

His wife of 36 years, Eunice Cameron Rankin, died in 1979.

Survivors include three sons, Stephen Rankin of Fulton, Mark Rankin of Alderpoint, Calif., and Gregory Rankin of Greenbelt. ■



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#### A Morning Workshop on Professional Ethics

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**Richard Bloch, JD**, General Counsel, Maryland Psychological Association

Topics include privilege, confidentiality and disclosure, reporting obligations in connection with abuse, the therapist's duty to warn, record-keeping and patient privacy under HIPAA. Three CE credit hours for each session will be awarded to participants. Full attendance at the session is required to receive CE credits.

Free to ICP&P members. Non-members fee is \$75. ICP&P members may register by emailing [icpeastadmin@att.net](mailto:icpeastadmin@att.net) or by calling 202-686-9300, ext. 4

# SCIENCE

## Matters

### Georgetown U Opens Center for Trauma and the Community

By Bonnie Green, PhD, professor of psychiatry at Georgetown

A recent development in the Department of Psychiatry at the Georgetown University Medical Center is the September opening of the **Georgetown Center for Trauma and the Community**, an NIMH-funded collaborative research initiative focused on developing effective mental health treatment in primary care settings for low-income women and their families. The Center will work with local service primary care settings and providers to develop and test innovative treatment approaches for depression and PTSD, aimed at improving low-income women's overall health and the health of their families. Georgetown Psychiatry is partnering with the

Department of Family Medicine and the School of Nursing and Health Studies at Georgetown, and with MEDTAP, International of Bethesda, MD. Community partners are Unity Health Care of Washington, DC; the Primary Care Coalition of Montgomery County, MD; and the Health Department of Prince George's County, MD.

Interdisciplinary teams within the Center will conduct research to advance culturally appropriate and innovative methods and research designs for trauma intervention. The Center will also provide coordinated research training and mentoring, and will maintain ongoing community partnerships to inform its direction and to implement collaborative research activities. In addition to conducting their own research, Center members will support many existing research efforts at Georgetown that are focused on improving health outcomes for abused children and women, preventing child neglect, and treating depression and substance abuse in women and adolescents.

The Director of the Center for Trauma is Bonnie L. Green, PhD, Professor of Psychiatry, an expert on trauma, PTSD, and health outcomes in trauma populations. Associate Directors are Mary Ann Dutton, PhD, Professor of Psychiatry, an expert on post-traumatic stress disorder and battered women; Sharon Landesman Ramey, PhD, Professor, School of Nursing and Health Studies, a child devel-

opment and methods expert, and director of the Center for Health and Education, and Dennis Revicki, PhD, of MEDTAP International, a veteran health care services and cost-effectiveness researcher. The NIH's National Institute of Mental Health will provide \$2.5 million over five years to fund the Center.

In addition to three studies that are funded as part of the center, many ongoing and planned studies of the Center's investigative team and its affiliates fit nicely with the Center's overall purpose and will be supported by Center infrastructure. These studies include investigations of the longitudinal impacts of domestic violence on health and mental health, predictions of good and poor pregnancy outcomes in high risk teen mothers, the cost-effectiveness of treatments for depression in primary care, parent training interventions for low-income mothers, and development and testing of various other interventions to be delivered outside of specialty sector settings. This initiative is the culmination of a decade of mental health services work that has focused on low-income minority populations in the Washington DC area, as well as the considerable trauma expertise of Georgetown Psychiatry faculty members. We are pleased to have the opportunity and the support to work actively with community partners to develop sustainable primary care based mental health interventions. ■

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# Psychiatrists Continue Aggressive Advocacy; Preview of 2005 Virginia and Maryland General Assemblies

## Access to Psychiatric Meds Key Issue in Virginia

By Cal Whitehead, WPS Northern Virginia Chapter and Psychiatric Society of Virginia Lobbyist

### Medicaid Preferred Drug List (PDL) and Access to Psychiatric Meds

WPS continues to play a key role in the fight to carve-out psychiatric medications from a restrictive formulary. We are working closely with Department of Medical Assistance Services (DMAS) administrators, members of the Pharmacy and Therapeutics (P&T) Committee, and legislators to offer information about alternative approaches to improving care and reducing Medicaid pharmaceutical expenses. Organized psychiatry strongly opposes "fail first" and other policies that could disrupt Medicaid fee-for-service patients' access to medications. At its most recent meeting, the P&T Committee made all anti-depressants and anti-anxiety medications "preferred drugs", with the exception of some SSRIs. Delegate Phil Hamilton (R-Newport News) plans to introduce a measure that would maintain the carve-out for psychiatric drugs, which would prevent DMAS from requiring prior authorization.

### Protection of Patient Records and Psychotherapy Notes

Psychiatry is leading medicine's effort to ensure that physician psychotherapy notes in Virginia enjoy the same protections they are afforded under HIPAA. We worked with the Attorney General's office to craft legislation that will restrict third party access to psychotherapy notes. This measure will be included in the Joint Commission on Health Care's legislative package.

### Mental Health Parity

Organized psychiatry collaborated with Virginians for Mental Health Equity (VMHE) to provide supportive testimony for HB 294 (Ware, R-

Powhatan), which provides that anorexia nervosa and bulimia nervosa are biologically-based mental illnesses under the law. Richmond psychiatrist Bela Sood, MD, a representative from NIMH, Miss Virginia Mariah Rice, and a Richmond family testified at the October 18 hearing of the Joint Commission on Mandated Benefits. Unfortunately, the Commission at its November 16 meeting recommended against passing the bill. At Delegate Ware's urging, the Virginia Association of Health Plans (VAHP) is meeting with proponents of the bill to address coverage problems.

### Psychologists' Attempts for Prescriptive Authority

We do not expect such legislation during the 2005 Virginia General Assembly but we have noted increased political activity and contributions from the Virginia Psychologists Political Action Committee.

### PsychMD PAC

Last year, WPS teamed with the Psychiatric Society of Virginia to form PsychMD PAC, the separate political arm for psychiatry. PsychMD surpassed its first year fundraising goal of \$7500. These funds are used to promote our agenda of a better system for psychiatric medicine, in the public and private sectors. To contribute, please visit [http://www.psva.org/legis\\_psychmd.htm](http://www.psva.org/legis_psychmd.htm)

### Organized Medicine's Agenda

- 1 Assignment of Benefits (AOB) and Fair Business Practices: Legislation would require health insurance companies to honor a patient's voluntary assignment of benefits to a physician. Physicians would have the ability to receive direct payment for services, which is currently enjoyed by dentists and oral surgeons in Virginia.
- 2 Increased Medicaid Reimbursement: Organized medicine will

pursue across-the-board reimbursement increases for physicians.

- 3 Tort Reform: The Medical Society of Virginia and specialty societies continue to push lawmakers to support measures that would improve the availability and affordability of medical malpractice insurance.

For more information on any of these issues or to raise other concerns, please contact Cal Whitehead at [cwhitehead@whiteheadconsulting.net](mailto:cwhitehead@whiteheadconsulting.net).

## Surburban Legislators Hold Key Posts in '05

Montgomery and Prince George's legislators are again in key legislative roles in the 2005 General Assembly. Sen. Brian Frosh of Montgomery is Chair of the Judicial Proceedings Committee which will be a key committee in the malpractice reform deliberations. Del. Shelia Hixson also of Montgomery chairs the House of Delegates Ways and Means Committee which oversees revenue bills.

We do not expect to see a psychologist prescribing bill this year in Maryland. Such a bill, however, is on the horizon making this a good year to establish contact with your state legislators. One way to do that is to support the Maryland Psychiatric Political Action Committee (MPPAC) with your contributions. PAC contributions may be sent to the WPS office at 3615 Wisconsin Ave, NW/Washington, DC 20016.

Contacting your legislators throughout the session (January-April) is important. To find your senators and delegates, visit the WPS web site. Go to Links and click on Maryland legislature. Click on "Find a legislator." Follow the prompts to enter your address and you'll see the names and contact information for your representatives. You may also wish to join your SMPS colleagues on February 15 as they travel to Annapolis for the annual MPPAC legislative reception where you'll have a chance to meet and talk personally with your state senator and delegates. Watch your mail for more information on this annual event. ■

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■ **Academic Psychiatrist** A search continues for The Department of Psychiatry and Behavioral Sciences at the GWU Medical Faculty Associates, an independent non-profit clinical practice affiliated with the George Washington University Department is seeking a psychiatrist for a full-time academic appointment. This position will include: 1) oversight of an acute admissions team with psychiatry residents and medical students on the 20-bed psychiatric unit in the GWU Hospital; 2) outpatient clinical work; and, 3) opportunities for clinical research. The applicant must be license eligible in the District of Columbia and Board Certified or Board Eligible in General Psychiatry.

Academic rank and salary will be commensurate with qualifications. Review of applications began on March 22, 2004 and will continue until the position is filled. Please send letter of interest and CV to Jeffrey S. Akman, MD, Chair, Department of Psychiatry and Behavioral Sciences, 2150 Pennsylvania Avenue, NW, Washington, DC 20037. Tel. 202-741-2880; fax 202-741-2891. The GWU Medical Faculty Associates is an Equal Opportunity/Affirmative Action Employer.

■ **Psychiatrist** - Half time (20 hours per week) Child and Adolescent Psychiatrist to work as part of multidisciplinary team at JCAHO accredited State of Maryland Residential and Day Treatment Center. Award winning special education program on site. Generous paid leave and State of Maryland Benefits. Flexible hours and light on call shared by 5 other psychiatrists. Mail Resumes to: Personnel Dept., John L. Gildner RICA, 15000 Broschart Road, Rockville, MD 20850 or Fax to 301-309-9004 attention Claudette Bernstein, MD, Medical Director.

■ **Hospitalist for Psychiatric Teaching Unit** An opportunity for a psychiatrist to join 3 other hospitalists to manage patients on an inpatient psychiatry unit. This full time position is on a 34-bed psychiatric unit serving as a primary teaching rotation for psychiatric residents and students from local medical schools. Clinical care and teaching are required. Clinical tasks are supported by a voluntary medical staff who take rotating call.

The position is geographically full time, with private practice allowed. Requirements include completion of an accredited psychiatric residency and board eligibility, with the expectation that board certification will be obtained within 2 years of employment. The hospital is an 800 bed tertiary care not for profit facility in a culturally diverse location 25 minutes from downtown Washington, DC. Competitive salary and benefits, including educational funding.

Contact: Thomas N. Wise, MD @ 703-776-3626

■ **Psychiatrists** - BC/BE Psychiatrists needed for FT inpatient, partial hospitalization and outpatient work at a nationally recognized eating disorders program. Send CV to Steven Crawford, MD, 7601 Osler Drive, 4<sup>th</sup> Floor Jordan Center, Towson, MD 21204 or fax to 410-427-2001.

■ **Emergency Room Consultant** - St. Joseph Medical Center is seeking Psychiatrists for emergency room consultations. Day, evening and weekend hours are available. Contact Steven Crawford, MD, telephone 410-427-2100 or fax to 410-427-2001.

■ **Part-Time** - Villa Maria Continuum is looking for a part-time BC-BE psychiatrist for its outpatient clinic in Frederick, MD. As part of a network of mental health programs spread throughout Maryland, our Frederick clinic provides outpatient services to children, adolescents, adults, and families. Located in a beautiful section of downtown historic Frederick, and staffed by a dedicated group of mental health professionals, the program is a very pleasant and energizing place to work. Support services are ideal, both clinically and administratively. Ample time is made available to provide high-quality psychiatric assessments and medication management. As a result of the clinic primarily serving a Medical Assistance population, managed care responsibilities are minimal. The position will involve working only with our adult clients aged 18 and over. To schedule a time to interview for the position, please call Annie Kelley at 301-898-7900.

### ■ **GEORGETOWN UNIVERSITY HOSPITAL DEPARTMENT OF PSYCHIATRY - RESIDENT'S CLINIC**

The Resident's Clinic of the Department of Psychiatry, Georgetown University Hospital is currently recruiting new patients for this program. Patients receive comprehensive outpatient psychiatric evaluation and treatment by PGY III and IV residents under

supervision of the teaching faculty at substantially reduced cost. Initial Evaluations are \$65 and subsequent visits (45-50 minute combined psychotherapy and pharmacotherapy) are \$30. Adjunctive group psychotherapy (for patients in individual treatment) is \$20.

Following initial evaluation, patients are assigned for individual weekly psychotherapy and pharmacologic treatment as may be individually indicated by their condition.

For information or referral of patients contact: Dr. Richard Filson at 202-687-0681. ■

## NOTICES

### February 26, 2005, 5:00 - 6:30 p.m.

Speaker, Kirsten Dahl, Ph.D., Discussant, Michael Jasnow, Ph.D., "Continuities and Discontinuities in Development: How it Looks from the Perspective of Child Analysis". Sponsored by the Baltimore Washington Society for Psychoanalysis - [www.bwanalysis.org](http://www.bwanalysis.org) or call 410-792-8060 or 301-470-3635.

**Baltimore Film Series** - The Baltimore Museum of Art - Fridays, 7:30 p.m.

**April 1** - In America, Discussant, Allan Gold, M.D.

**April 8** - Together, Discussant, Leon Levin, M.D.

**April 15** - Finding Nemo, Discussant, Noreen Honeycutt, Ph.D.

**April 22** - Lost in Translation, Discussant, Paul Roberts, M.D.

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# WPS International Graduates and Embassies Link for Disaster Preparedness

By *Erminia Scarcella, MD*

Since the days following 9/11, Washington, DC, probably more than other communities in the nation, has stood at heightened alert for terrorist activities. WPS members have taken an active role in preparing themselves to serve our community should disaster – either manmade or natural- strike our region. As the nation's capital, Washington is home to a large contingent of foreign nationals, many of whom belong to the 180 embassies and legations in the city.

In 2003, the WPS IMG group organized an outreach program to assist the diplomatic community. Our goal is to link a WPS member with the embassy of his/her native country.

As we make connections with the embassies, we convey to them the need for and the value of a mental health component in addressing medical emergencies generated by a disaster. We can serve an educational need on the kinds of mental health problems that may follow a

disaster in the immediate aftermath and the years that follow. WPS IMGs in the program have agreed to be available even on site at the embassy should disaster strike and to serve at the request and direction of the Ambassador. Participants have undergone disaster response training and will keep themselves current on the literature and available for additional training opportunities.

At present, 12 embassies have agreed to be a part of our program. Where we are not able to find a WPS member from a particular country, we have matched that embassy with a psychiatrist who speaks the native language. Current matches are:

**Apostolic Nunciature (Vatican)**  
*Erminia Scarcella, MD*

**Egypt**  
*Victor Khayat, MD and Ali Rifai, MD*

**France**  
*Mia Kogan, MD; Antoine Hani, MD and Mariana Niemtzoff, MD*

**Germany**  
*Fred Hilkert, MD*

**Israel**  
*Fortuna Israel, MD*

**Italy**  
*Erminia Scarcella, MD*

**Romania**  
*Simona Pic Both, MD*

**South Africa**  
*Connie Dunlap, MD; Varsha Morar, MD, Saul Levin, MD*

**Nigeria**  
*Oghensume Umugbe, MD*

**Sri Lanka**  
*David Ratnavale, MD*

Two embassies, Czech Republic and Poland have agreed to the program but we need to find psychiatrists who speak those languages. I will fill the void until we identify WPS members for these embassies.

As the list of embassies participating grows, we invite WPS IMG members from other nations to join our program and commit to this important program and service to the diplomatic community. Also, we invite non IMG psychiatrists to join. Psychiatrists who are not members of WPS and wish to participate in the program may call Walter Hill in the WPS office at 202-244-7750 or email [whill@wdcpsych.org](mailto:whill@wdcpsych.org) for information on joining both WPS and the Embassy Project. We need more psychiatrists. I will be happy to talk with you about participating and answer questions you may have about the Embassy Project. Contact me at 202-244-5462 or by email at [ermsca@bellatlantic.net](mailto:ermsca@bellatlantic.net). ■

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