THE WASHINGTON PSYCHIATRIC SOCIETY News

SEPTEMBER/OCTOBER 2007

Diagnostic and Statistical Manuals and Mental Trauma

Roger Peele, M.D., DLFAPA and Diana Martin, M. D.

Every day, from the beginning of the profession, psychiatrists have worked to help people cope with mental traumas. Mental trauma has played a large role in the theory and practice of psychiatry over the past two centuries. In the first half of the nineteenth century, moral therapy was seen as effective, in part, because it offered patients asylum from mental stress. Late in that century, the recognition of the effects of trauma, especially in childhood, led to the development in the twentieth century of major theories on human psychopathology and its treatment.

A large body of modern research has shown that a past experience of trauma can lead to psychic effects that are unpredictable, myriad, and devastating. However, recent versions of the DSM have not reflected this reality. A history of trauma is associated, potentially, with almost every diagnosis in the DSM; but very few diagnoses cite trauma as etiologic. The DSM has failed to reflect two crucial, widely accepted and obvious concepts. The first is that the psychopathology associated with trauma is not directly proportional to the severity of the trauma. The second is that the possible psychological manifestations of trauma are not confined to a neat checklist of symptoms. A review of the way in which the DSM has struggled to come to grips with this great amoeboid body of theory and evidence shows the stumbling blocks facing DSM editors.

DSM-I (1952), written by George Raines of Georgetown University Medical Center, advanced the idea that many illnesses were a reaction to stress and trauma. The severity of the disorders listed in this manual were classified as "reactions," such as, "schizophrenic reaction" and "depressive reaction". The recognition that trauma and stress could have many manifestations is one reason some psychiatrists feel that the DSM-1 was superior to any subsequent version.

DSM-II (1968), written to conform to the ICD-8, reduced the number of "reactions" to thirteen and most of these were limited to disorders in children and adolescents.

DSM-III (1980) had ten terms suggesting mental trauma was etiologic: PTSD, Brief Reactive Psychosis and eight Adjustment Disorders. PTSD was placed within the group of anxiety disorders and given criteria sets with three major headings: persistent experiencing, avoidance or numbing, and hyperarousal symptoms. For PTSD and Brief Reactive Psychosis, trauma was defined as "a recognizable psychosocial stressor that would evoke significant symptoms of distress in almost anyone." For the Adjustment Disorders, mental trauma was defined as "a maladaptive reaction to an identifiable stressor that occurs within three months of the onset of the stressor".

DSM-IIIR (1994) raised the hurdle for PTSD so that a person must have "experienced an event that is outside the range of usual human experience and that would be markedly distressing for almost anyone." Brief Reactive Psychosis was now defined as a response to "one or more events that, singly or together, would be markedly stressful to almost anyone in similar circumstances in the person's culture." Adjustment Disorders were reactions to "an identifiable psychosocial stressor (or multiple stressors) that occurs within three months of onset of the stressor."

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What's Inside . . .

The President's Column

By Michael J. Houston, M.D..

Changes continue within the WPS. Most members are aware that this past April our Executive Director resigned. This led the Board of Directors in enlist the help of Jackie Eder-Van Hook and her company, Transition Management Consulting, Inc. to help us with the task of reviewing our office procedures and planning for a change in management. As the WPS had grown over the years, the cost of maintaining a stand- alone staff structure and two offices has increased significantly, resulting in our need to use our reserves to pay for the related expenses. Ms. Eder-Van Hook, acting as our interim Executive Director, recommended that the Board explore outsourcing the WPS's administrative activities to an association management company. Among the many benefits of her proposal was the potential to reduce our personnel and office costs by well over 60 percent. The Board unanimously agreed that the recommendation was worthwhile pursuing.

Over the last two months, the Executive Committee of the Board reviewed management proposals from two local association management companies. After interviewing the companies' directors, the executive committee recommended that the WPS contract with the Next Wave Group, a Maryland-based Management Company run by Patricia Troy, CAE. Ms. Troy and her team bring years of experience to the WPS and will manage the Society's day-to-day operations. Over the next few months as Ms. Troy and the Next Wave Group team begin to take on the management of the WPS, members should see some changes that I think they will welcome, such as online access to updating your membership information, online registration for CME meetings, and electronic communications. We are excited about the possibilities that this change will create for the Society and free up resources to be spent on future member benefits. Thank you for your patience and understanding over these past few months as we make our Society stronger and better able to serve our members. Stay tuned for future updates.

In other news, if you haven't had the opportunity to visit the Resident's Village on the WPS website at www.dcpsych.org, please take a few minutes to do so. This section of the website, unique to the WPS, was designed and implemented by two outstanding resident members of the WPS, Hind Benjelloun from Georgetown University and Enrico Suardi from St. Elizabeth's Hospital. Working with WPS members Eliot Sorel and Constance Dunlap, the residents have used the website to increase the involvement of residents at all of the area's training programs. The website contains helpful information on licensing and setting up a practice as well as a sampling of the creative written work of several residents. It is definitely worth a visit to the website to see what our younger members are up to.

Lastly, if you haven't yet marked the date yet, save the evening of November 2nd for the WPS Annual Awards Dinner. It's a great opportunity to catch up with colleagues and honor those individuals who continue to make the WPS a great organization.

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Thanks for helping us to improve our services to you.

Committee Report

The Embassy Disaster Preparedness Committee under the direction of Dr. Erminia Scarcella announces that the Japanese Embassy has joined the project. Drs. Rodney Drake, Gordon Kirschner, and Antonia Baum are the psychiatrist advisors.

Save the Date

The 2007 Washington Psychiatric Society Awards Banquet will be held on Friday, November 2, 2007 from 6:30 PM to 10 PM at the Cosmos Club, Washington, DC

The Fromm-Reichmann Cottage

Those WPS members, who worked at or visited Chestnut Lodge, remember the charming 1936 Colonial Revival house on the grounds that was the office and residence of Dr. Frieda Fromm-Reichmann from 1936 until her death in 1957. It was used for meetings and small receptions. Since the Lodge closed its doors in 1997, much of the property has been sold for residential development.

The Fromm-Reichmann cottage still stands. It was deeded to Peerless Rockville, a non-profit organization, in the Spring of 2007 and will be restored and used to interpret the history of Chestnut Lodge and the pivotal role of Dr. Frieda Fromm-Reichmann. Peerless is seeking volunteers to serve on their advisory committee regarding educational programs for the public. Further information is available at 301-762-0096 or at their web site: www.peerlessrockville.org

NEW SERIES

Washington Area Researchers Tell Us What They Are Doing in Their Current Projects

Dr. Daniel Lieberman's Research at George Wasington University Medical Center

I became the director of the Clinical Psychiatric Research Center at George Washington University in 2002. Our research studies include industry sponsored trials of new investigational drugs and research on the development of automated forms of treatment that can be delivered over the Internet to increase patient access to evidence-based therapies. The automated treatment development is currently focused on two areas: Alcohol Abuse and Bipolar Disorder.

Dr.Frederick Goodwin and I are working on a web site that allows individuals with Bipolar Disorder to access a series of interactive modules that will expose them to bipolar-specific therapeutic interventions. The treatment is loosely based on the well-tested psychoeducation manual developed by Frances Colom and Eduard Vieta. Dr. Frederick Jacobsen is collaborating with Dr. Goodwin and I to test the first module, which walks subjects through the creation of a retrospective life chart using a guided interview format. The life chart has been shown to highlight the recurrent nature of the illness, the effects of external events on cycling, and the consequences of medication adherence and non-adherence.

One of the challenges of studying Bipolar Disorder is the heterogeneity of the illness. The DSM-IV-TR diagnostic nosology allows enormous variability as a result of its polythetic approach, in which a specified number of symptoms are selected from a larger list. Dr.Roger Peele noted that a branch of mathematics called enumerative combinatorics could be applied to the DSM-IV-TR to calculate the number of ways the diagnostic criteria could be satisfied. Working with Dr.Maryam Razavi and Dr. Peele, we evaluated the criteria for Bipolar Disorder and calculated that there are billions of different presentations that meet the full criteria for this disorder. We believe that this number is greater than commonly thought, and that this type of mathematical evaluation will become standard practice as new diagnostic criteria are developed for DSM-V.

The most common comorbidity seen among patients with Bipolar Disorder is substance abuse. Unfortunately, these comorbid patients are often excluded from clinical trials, and as a result, we know very little about them. Drs.George Kolodner, Suena Huang, Kenneth Williams, and I are studying a group of comorbid patients who are receiving substance abuse treatment at the Kolmac Clinic. This retrospective study focuses on the risk of switch to mania when these patients are exposed to the combination of an antidepressant and a mood stabilizer.

Only 8 percent of alcohol abusers receive traditional treatment, and new ways are needed to coax people into treatment who do not yet recognize the full extent of their problem. Alcohol check-up is a web site I designed to address this problem. Dr. Huang and I have been analyzing data from this site. We found that we were able to reach a population that was significantly different from treatment-seeking alcohol abusers; and that by delivering a motivational enhancement intervention, the site was able to increase interest in treatment.

For women, pregnancy may represent a period of increased motivation for sobriety. Drs. Jenae Neiderhiser and David Reiss facilitated access to a database that was created to study the gene environment interaction in early growth and development. Dr. Huang and I are analyzing clinical correlates of successful substance use cessation among pregnant women in this study. We are focusing primarily on modifiable factors such as depression and anxiety.

George Washington University is one of several sites in this area that participate in industry-sponsored multi-center clinical trials. Dr. Williams, Dr. Huang, and I are currently working with a number of novel compounds in phase II and III trials. These include a corticotropin releasing factor receptor antagonist, a 5HT1A agonist, a neurokinin A receptor antagonist, and a nicotinic receptor partial agonist. We are hopeful that these studies will play a role in making new treatments available to psychiatric patients.

Daniel Lieberman, M.D.

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OBITUARIES

Henrietta Leonard

After a fierce and determined battle with ovarian cancer, Dr. Henrietta Leonard died on August 15, 2007 at the age of 53. She spent her last days on Chebeague Island off the coast of Maine, in the care of her husband, Dr. Kenneth Rickler, and in the company of her much loved 16 year old twin sons, Nathaniel and Alexander, and her extended family.

Dr.Leonard was a well known child psychiatrist and a Fellow of the American Academy of Child and Adolescent Psychiatry. She graduated from George Washington University Medical School where she also completed her Adult and Child Psychiatric training. Henrietta, in spite of her early death, left many professional accomplishments: in writing, teaching, research and administration. She spent her last twelve years at Brown University where she was a Professor of Psychiatry, Director of Brown University School of Medicine's Child Psychiatry Fellowship Training Program and the Triple Board Residency Program. She was also recognized for her research at NIMH and Brown University School of Medicine on Obsessive Compulsive Disorder, Selective Mutism and Childhood Anxiety Disorder.

Henrietta was gracious, kind, caring and respectful to students and colleagues. She consistently recognized, nurtured, and admired the accomplishments and strengths of others and will be missed by many. She was a good friend.

By Linda Dickson, MSW

Jagadish C. Malhotra

Jagadish C. Malhotra died June 22, 2007 in Portage, Michigan at the age of 91. Dr. Malhotra lived in Burke, Virginia from 1981-2002.

He was born in Dera Ghazi Khan, Pakistan, long before the partition; when this region was part of India. Dr. Malhotra graduated from the medical school in Hyderabad, Sindh. His first work was as a traveling physician who visited his patients on horseback or camelback, traveling through the Thar Desert. He came to the United States in 1957 to study psychiatry at the Menninger in Topeka, Kansas. His psychiatric practice took him to towns from Helmuth, New York to Essondale, British Columbia.

Dr. Malhotra was a voracious reader with a huge and interesting library. He was an admirer of the humanist reformers: Mahatma Gandhi, Martin Luther King, Jr, Albert Einstein, and George Bernard Shaw. He wrote papers on the relationship of yoga to psychiatry.

He retired to the Washington area but put himself, when others might rest, to good and useful work at the Federal City Shelter of D.C.

Dr. Malhotra left behind his wife of 66 years, Sumitra Malhotra of Portage, Michigan and two sons, three grandchildren, and two great-grandchildren.

Donald W. Hammersley

Dr. Donald Hammersley, past member of the Washington Psychiatric Society Board and Deputy Medical Director of the American Psychiatric Association from 1971 to 1988, died July 16, 2007 at the age of 82. Don was deeply loved by those who knew him. He was down to earth, a true homespun philosopher who was unique. He was devoted to the poor and needy and, in his quiet and gentle way, he called to mind Will Rogers. Don and I rode back and forth to WPS meetings for many years: I looked forward to those trips because he was a pleasure to listen to and because I hoped to learn how to become more like him-softer, and more accepting of the human condition. Those of us who knew him wish that more of you might have been blessed by the same opportunity. We grieve the loss of Don and the loss to future generations who will only know him from those who carry his memory in their hearts. I can assure you he will brook no listing of his credentials although he would accept our affection and respect. I think he might be embarrassed by compliments and would caution those who are inclined to give them to not get too carried away.

He is survived by his wife, Edith Sasman Hammersley, three children, seven grandchildren, and a great grand-son. A daughter died before him.

By Harold Eist, M.D., DLFAPA

William Goldstein, M. D.

William N. Goldstein, M. D. died 11/16/06 after a long illness. He will be missed by innumerable colleagues, friends, and students. He was a practicing and teaching psychoanalyst and general psychiatrist, an inspiring and dedicated teacher, a respected theorist and prolific author. He wrote on the borderline personality spectrum and its treatment with psychodynamic psychotherapy as well as on effective psychotherapy with patients of other diagnoses. He authored four books and over 35 articles. Dr. Goldstein held teaching positions at St. Elizabeth's Hospital, Howard University School of Medicine, George Washington University Medical Center, the Institute of Contemporary Psychotherapy and Psychoanalysis, and the Baltimore Washington Institute, now called the Center for Psychoanalysis.

Dr. Martin Caeser comments: Bill Goldstein possessed a rare combination of qualities: intelligence, wide ranging, intense curiosity, intellectual honesty, and the capacity

Continued on next page

to spontaneously connect with others. It all came together, allowing Bill to be a favorite teacher, a lucid writer, an engaged therapist with the most difficult patients and a beloved friend. Bill was a great guy.

Dr. Judy Chertoff writes: Losing Bill was a terrible blow. He was first of all a dear friend and colleague at the Baltimore Washington Center for Psychoanalysis. He seemed to be everywhere: adding programs, creating and teaching courses, and writing papers. He was a crucial member of the Curriculum Committee for many years and began the Program for Psychotherapy Training. He gave numerous lectures and courses and he bridged the gaps between many psychoanalytic theories and methods of training. Although we could barely keep up with him, he influenced us all to open our minds.

Dr. Ann Birk adds: Bill welcomed challenges in his private practice and accepted referrals of difficult borderline patients with friendly and disarming gratitude. His books and papers will be of lasting benefit to his colleagues and students. He will be missed greatly by the psychiatric and psychoanalytic communities.

By Ann C. Birk, M.D.

Correction to Dr. Sydney Salus (July-August edition)

WPS regrets the inadvertent omission of the names of the survivors of the death of our colleague, Dr. Sydney Salus. Dr. Salus is survived by his wife of 28 years, Virginia Salus of Hillsboro Beach Florida; two children from his first marriage, Robert Salus of New Orleans and Gail Salus of Studio City, California, and a grandson, Brett Salus of New Orleans. ■

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NOTICES:

"Repeating and Recalling Pre-Verbal Memories Through Play: The Psychoanalysis of a Six-Year-Old Boy Who Suffered Trauma as an Infant" will be presented October 13, 2007 at the Baltimore Washington Center for Psychoanalysis from 5:00-6:30 p.m. Inge-Martine Pretorious, Ph.D. will lead the seminar and Charles Parks, PhD will lead the discussion. For more information see www.bwanalysis.org or call 301-470-3635 or 410-792-8060

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Diagnostic *continued from page 1*

DSM-IV (1994) raised the bar again. To diagnose PTSD, it is necessary that "the person has been exposed to a traumatic event in which both of the following were present: 1. The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others and 2. The person's response involved intense fear, helplessness, or horror. A notation stated: In children, this may be expressed instead by disorganized or agitated behavior.

The DSM-IV added a diagnosis called Acute Stress Disorder (ASD). In defining it, the manual took the odd position that dissociative signs were required. As a result, many patients who met criteria for PTSD never qualified for ASD even if the trauma was horrific and the psychopathology ruinous.

The DSM-IV retained the DSMIIIR's definition of stressor for Brief Reactive Psychosis and Adjustment Disorders but removed the word "psychosocial" from the stressor definition for Adjustment Disorders.

The concept of trauma as a causative factor in mental illness is so crucial to psychiatry that it must be addressed with greatest diligence by the authors of the DSM-V if we are to preserve the credibility of the profession. But how should the DSM-V address trauma? Should it limit the definition of a trauma to a life-threatening event? Should it limit the definition of trauma to anxiety signs and symptoms? Neither seems justified. ■

Next Wave Group Assumes Society's Management

Effective September 1, 2007, Next Wave Group, LLC, a Maryland-based association, will assume management of WPS. Next Wave Group is a full service management firm with six other management clients.

Collectively Next Wave Group, LLC team members provide expertise in accounting, database management, event management, corporate relationships, project management, strategic planning, and publications.

"Next Wave Group specializes in using cost-effective technology to integrate back office functions, such as accounting, event management, and governance. We also use powerful communications tools to build connectedness with members," says Pat Troy, CAE, the firm's president. Ms. Troy will serve as the WPS administrator.

Next Wave Group makes heavy use of technology, including web-based applications and VOiP phones (telephone over the internet), allowing Next Wave Group to operate virtually, with its employees and contractors all working from home offices. The resulting savings are passed along to clients.

Ms. Troy says, "We are very pleased to add the Washington Psychiatric Society to our list of management clients. We have been impressed with the members' enthusiasm for and dedication to this Society and to mental health issues in the Washington region. We look forward to providing excellent services allowing the volunteer leaders and members to focus on the important tasks that only they can provide."

Our initial focus will be on getting to know the Society – its culture and its members, as well as reviewing and analyzing existing systems, and seeking out best practices as models for each area of operation. "It has been a great help to be able to take over the Society's management after an interim executive director. This will lessen our learning curve tremendously," said Pat Troy. ■

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