



WASHINGTON PSYCHIATRIC SOCIETY NEWS

NOV/DEC 2008

WPS HOLDS ANNUAL AWARDS DINNER



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The Washington Psychiatric Society held its Annual Awards Dinner on November 7 at the DC University Club. The meeting was attended by many members of the APA Board.

The Wellstone Mental Health Visionary Award was presented to **Senator Edward M. Kennedy** for his work on passing parity legislation for the Medicare program as well as his support of the recently passed Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (HR 1424). This measure requires health plans that offer mental health coverage to have the same benefits, co-payments, and treatment limits as other types of health care. The award was accepted by **Connie Garner**, his much appreciated lead health policy staffer.

The Community Advocate of the Year Award was given to University Legal Services and accepted by **Patrick Wojahn**. This organization is the protection and advocacy program for the District of Columbia; and it is honored for all its good works but especially for addressing dangerous conditions at Saint Elizabeths Hospital.

Dr. Eliot Sorel received the Psychiatrist of the Year Award for his membership initiative for Residents and Early Career Psychiatrists, called Developing Careers and Enhancing Leadership Skills.

Dr. Shanique Cartwright of Howard University was given the Resident of the Year Award for her work on the Board and her extraordinary commitment to the membership program initiated by Dr. Sorel.

We honored **Michael Houston, MD** as Past President of WPS. He was, as Dr. Harold Eist noted, our 57th President who "was our first president at the helm when we developed, full bore, a new virtual administrative



Dr. Sorel and Connie Garner.

staff, and he was our shepherd as we dealt with a period of adjustment, a period of the working out of 'kinks' which would have been more difficult if not for his thoughtful creativity, steadiness, and computer smarts. He built on the fiscally responsible work of President Richard Ratner to improve our financial status. He worked on the Society's strategic plan. He encouraged the participation of our chapters in strengthening bonds, reaching across the aisles before President-Elect Obama and he presided over our growth in membership."

An Award of Special Recognition was given to **Virginia Governor Tim Kaine** for his work with the mental health task force following the events at Virginia Tech.

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WPS RECEIVES AWARDS AND POSITIONS

On May 4 2008, at their annual meeting in Washington, DC, Dr. Martin A. Funk was elected National President of the American Society of Psychoanalytic Physicians. Dr. Funk is wearing two hats as he is also President of the DC Chapter of the ASPP.

In September, Dr. Harold Eist was honored by NAMI and given their Heroes-in-the-Fight Award.

Congratulations to Dr. Robert Keisling for winning election to the Board of the Medical Society of the District of Columbia. Dr. Sorel writes: "Founded in 1819, MSDC has had a longstanding tradition of advocating for our patients, our colleagues and our profession. The DC Psychiatric Society has had a most productive and mutually beneficial relationship with MSDC, over the years, including passage of the Ray Parity Bill in 1986, which was the first such bill in the nation. It is rewarding to see our relationship reinvigorated."



Washington Psychiatric Society

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THE PRESIDENT'S COLUMN

OPEN LETTER TO DR. NADA STOTLAND, APA PRESIDENT



Dear Dr. Stotland:

Thank you for attending and speaking at the WPS Awards Dinner. You participated in a long-standing tradition, making the evening valuable and informative for our members. I know they appreciated your talk.

True to your credo, you forthrightly expressed your views as the leader of our APA and advocated a reduction in committees, crucial components of governance.

From left to right: Drs. Crowley, Morrison, Eist, and Van Susteren

Much in your career has been admirable, not exclusively, but most particularly, your ongoing battle for women's rights, which have not yet realized equality.

This year an energized population, more women than men, used their hard won vote to change the direction of our country. The population, once relatively dormant, was activated by grasping the importance, value and necessity of their involvement if we were to preserve our democracy. More people voted than at any time in our history.

Our APA, the most democratic medical professional organization in the world, should heed the message of the wider electorate. Active membership participation is critical to our organizational preservation.

As you know, ten years ago, when an earlier budget crunch hit the APA, 50% of the cuts were taken out of the 10% of our budget which was allocated to governance.

It is true that democracies are hard to manage; but governance is all about member involvement and this

should never be minimized. Instead, everything should be done to enhance this. Two of the most active DB's in the country, WPS and Maryland, have elected 3 of the past 9 APA Presidents, and we may elect a 4th this year.

The WPS is working hard to assure 100% resident enrollment over the next year. I believe we will succeed. We need opportunities, locally and nationally, for these young colleagues to learn and to grow. Our professional organizations must provide these. Components are more than rag tag groups of members. They are the soil from which our future leaders emerge.

The APA used to spend nearly 10 million dollars on governance. We are down now to 3.7 million and thinking of cutting this number by an additional million. We get huge value for our investment in governance. This should be increased—not diminished.

Let us learn from your Chicago neighbor and bring more members into the fold—not fewer.

Harold I. Eist, MD, DLFAPA
President, WPS
Past President, APA

IN RESPONSE TO DR. EIST

I commend Dr. Eist for his comments in the last newsletter, responding to my article about the pharmaceutical industry [Pawns in the Game, July/August]. They affirm the importance of this issue. I also applaud his efforts to distribute medications to the underserved; sadly, as I noted previously, they deviate from the norm as most drug samples are dispensed to wealthy, insured patients. (1) Some other remarks of his invite commentary.

First, his belief that "a priori" thinking justifies the claim that representatives of the pharmaceutical industry affect physicians' behaviors ignores well-respected social science research. (2, 3) Next, his inability to recall which drug company funds a particular CME activity is not surprising. Spingarn et al (4), for example, report that house officers attending industry supported Grand Rounds have similar amnesia; nevertheless, they subsequently alter prescribing patterns to favor products of the sponsoring company. Third, I had suggested limitations, not complete restrictions, on industry's influence in educational activities (an issue raised at a recent meeting of the Board of Trustees of the APA). That hardly equates to—in Dr. Eist's words—"throwing out the baby with the bath water."

Most importantly, I am interested in knowing on what basis Dr. Eist asserts that "the majority of WPS members disagree with three opinionated NEJM editors" as to how the pharmaceutical industry influences our profession. The claim suggests WPS membership is a distinctive cohort of APA. Dr. Stotland's latest column in *Psychiatric News* [Feelings About Pharma, October 3, 2008] presents a sampling of invited communications from psychiatrists that reflects a "wide range of attitudes" about drug companies. Her effort to facilitate such self-examination is to be applauded—and, more importantly, replicated by WPS. We should canvass our members to understand their sentiments concerning industry's impact on medical professionalism. Whether or not a consensus exists, the process of discovery would at least facilitate a dialogue about the issue. And if there is agreement that—to use my metaphor—we are pawns in the game, then we can choose to be otherwise. As one respondent to Dr. Stotland advocates, "Let's make the rules...[and] not wait for the drug companies or the Congress to tell us what to do." The profession's passivity and, at times, compliance with third parties during the nascent years of managed care allowed those organizations to wield destructive power. "Physicians" (professionals) became "providers" (employees) and, to a disturbing degree, non-professionals dictated treatment parameters. If we react similarly to current practices of the pharmaceutical industry we will

cede considerable control over the way we define and treat illness, educate trainees, set research goals and report their findings, and allocate health care resources.

The disagreement between Dr. Eist and myself is trivial compared to a need to educate and energize our membership about this issue. I encourage discussion among us—the listserv would be an appropriate venue—and hope it will encourage the APA President and Board of Trustees to action. Though currently losing the battle we are not helpless.

—Stephen A. Green, MD, MA

1. Cutrona, SL., Woolhandler, S., Lasser, KE., Bor, DH., McCormick, D., and Himmelstein, D.: Characteristics of recipients of free prescription drug samples: a nationally representative analysis. *American Journal of Public Health* 98:284-289, 2008.

2. Messick, DM. and Sentis, KP: Fairness, preference, and fairness biases, in *Equity theory: psychological and sociological perspectives*, ed. D. Messick and K. Cook. New York, NY, Praeger, 1983.

3. Dana, J. and Lowenstein, G.: A social science perspective on gifts to physicians from industry. *New England Journal of Medicine* 290:252-255, 2003.

4. Spingarn, R., Berlin, J., and Strom, B.: When pharmaceutical manufacturers' employees present ground rounds, what do residents remember? *Academic Medicine* 71:86-88, 1996.

PSYCHOANALYTIC RESEARCH: A PARADIGM SHIFT?

Psychoanalytic (Psychodynamic) Psychotherapy is the most widely used approach to treatment of mental illnesses. Surprisingly, it is also the least defined. Psychoanalysts think of it as “second best” or “psychoanalysis-with-parameters”, and Cognitive-Behavioral therapists in their research studies often refer to it as “treatment-as-usual”.

It doesn't improve the self-esteem of psychoanalytic psychotherapists that reviews of comparative studies of effectiveness of Psychoanalytic Psychotherapy (PP) to other therapies usually demonstrate its only moderate effectiveness. PP is usually found to be more effective than placebos and less effective than or equal to other therapies, especially CBT.

There are reasons to believe that since most of the research comparing PP with other treatments was done by non-analytically trained researchers, its effectiveness may have been undervalued as a result of poor definition and a lack of adequate quality control [1]. However, the disadvantage in which the psychoanalytic community finds itself is of its own doing and mostly stems from reluctance to clearly define what PP is and to subject PP to vigorous testing by research. This reluctance is understandable historically, but in current conditions is inexcusable. Thankfully, the situation is slowly changing and lately, we see an increasing number of impressive research projects conducted by analysts belonging to psychoanalytic societies all over the world [2]. Perhaps the recent review pointing to the greater effectiveness of long term,

intensive, psychodynamic treatment, published in JAMA, will further fuel this trend [3].

A real sea change in the area of PP research, in our opinion, was the development and publication of the “Manual of Panic-Focused Psychodynamic Psychotherapy” by B. Milrod, F. Bush, A. Cooper, and T. Shapiro from Cornell University Medical College [4]. The PFPP manual offers a unique opportunity to define psychoanalytic treatment and to control its delivery in a research setting. Using the Manual, B. Milrod et al [5] have demonstrated the superiority of 12 weeks of twice per week manualized Panic-Focused Psychodynamic Psychotherapy (PFPP) performed by highly trained psychotherapists to Applied Relaxation Training (ART is a recognized behavioral therapy for Panic Disorder). This work is groundbreaking. For the first time, a study performed according to externally-recognized clinical trial standards has shown that a psychodynamic intervention is statistically effective compared to a control intervention.

Does this study constitute a very promising beginning of a revival, or a last flame of a dying fire of the old “treatment-as-usual” approach?

The authors of this article are trying to prove the former. In an effort to replicate and extend the Milrod et al results, we started a clinical trial of effectiveness of Panic-Focused Psychodynamic Psychotherapy delivered in the private practice setting. It is funded by AB Foundation for Medical Research, co-sponsored by Baltimore-Washington Center for Psychoanalysis, and is conducted in collaboration with Dr. B. Milrod. We are looking for support and, possibly, participation from the members of the psychotherapeutic community in the Washington Metropolitan Area. Currently, the most pressing issue for us is finding patients appropriate for the Study, to whom we offer free treatment. To qualify, patients will have to have a primary diagnosis of Panic Disorder with or without Agoraphobia. Comorbid disorders like Depression or Personality Disorders do not automatically disqualify from participation in the study. We will not accept patients who are currently suicidal or abusing substances. Everyone interested in the study or wishing to refer a patient for free treatment is welcome to visit www.DCPanicTreatmentStudy.com, call (202) 459-4556, or contact one of us directly.

References:

1. Ablon JS, Jones EE. “Validity of controlled clinical trials of psychotherapy: findings from the NIMH treatment of depression collaborative research program.” *Am J Psychiatry* 2002 159; 775-783.
2. Fonagy, Ed. “An open door review of outcome studies in psychoanalysis” International Psychoanalytical Association. 2002.
3. Leichsenring and Rabung. “Effectiveness of Long-term Psychodynamic Psychotherapy: A Meta-analysis.” *JAMA*. 2008; 300: 1551-1565.
4. Milrod, Busch, Cooper, Shapiro. *Manual of Panic-Focused Psychodynamic Psychotherapy*. American Psychiatric Press, Inc. 1997.
5. Milrod, Leon, Busch, Rudden, Schwalberg, Clarkin, Aronson, Singer, Turchin, Klass, Graf, Teres, Shear. “A Randomized Controlled Clinical Trial of Psychoanalytic Psychotherapy for Panic Disorder.” *Am J Psychiatry*. 2007; 164:265-272.

By Pavel Snejevski, PhD, Kate Rickard, PsyD and Claudette Pilger, PsyD

DC LICENSE RENEWAL NOTICE; YOUR LICENSE WILL EXPIRE ON DECEMBER 31, 2008

Government of the District of Columbia Department of Health
– DC Board of Medicine

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MDs and Doctors of Osteopathy will also renew Physician Profiles and controlled substance registrations. You must use Internet Explorer 6.0 or higher.

■ To contact the DC Boards of Medicine or Chiropractic, please call the Citywide Call Center at 311.

■ To request a paper application, please call 1-877-672-2174.

FIRST TIME RENEWAL APPLICANTS:

Continuing Education is not required for those who are first time renewal applicants who were licensed by exam or were enrolled in an approved training program during any part of the two-year period prior to renewal. While we encourage the exempted licensees above to take CE courses, continuing education is not required of exempted licensees for this period.

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THE EFFECTS OF SUICIDE ON CLINICIANS

A Research Perspective

The suicide of a patient is a traumatic event in the life of a psychotherapist, and is often not talked about or studied for complicated reasons such as shame, stigma or fear of litigation. This silence is remarkable since research suggests that up to 50% of clinicians will lose a patient to suicide in the course of their career.

The Consortium for Psychoanalytic Research will be sponsoring a one-day conference in which Dr. Jane G. Tillman will present "The Effect of Suicide on Clinicians: A Research Perspective." Dr. Tillman is a clinical psychologist and supervisor at the Austen Riggs Center in Stockbridge, MA. She currently chairs the Ethics Committee for Division 39 of the APA and serves on the Task Force for Suicide Survivors for Suicide Prevention International. She has published and presented her research on the effect of patient suicide on clinicians and is currently working on a research project interviewing people who have survived a near-lethal suicide attempt.

Dr. Tillman will present data from a study in which she interviewed psychotherapists who have had a patient commit suicide. Eight themes common to this experience emerged from these data and help to outline the predictable responses of clinicians to such an event. Understanding the acute and long-

term consequences of patient suicide on professional identity and ongoing clinical practice will be reviewed.

Conference participants will learn about qualitative research methodology and the existing literature on the impact of suicide on clinicians. They will have the opportunity to review their own experiences and attitudes toward working with suicidal patients and their responses to colleagues who have had a patient commit suicide. Understanding the potential effect of having a patient commit suicide may help the clinician anticipate the difficulties associated with this painful professional experience. The Program Chair is Gerald P. Perman, MD. The Facilitator will be Melanie Starr Costello, PhD, and discussants will include Nancy Meyer, MSW, LICSW and Anton Trinidad, MD.

The conference will take place on Sunday, February 1, 2009 from 8:30 am until 4:30 pm. It will be held at Sibley Memorial Hospital, Ernst Auditorium, 5255 Loughboro Road, NW, Washington, DC, 20016. The registration fee is \$60 general and \$30 for full-time students and active military. A continental breakfast and boxed lunch is included with advance registration. Additional information can be obtained at www.cprincedc.org.

By Gerald P. Perman, MD



Can your claims examiner pass this test?

1. What does Axis III of the DSM-IV classification signify?
2. What is tardive dyskinesia?
3. What is the significance of the "Tarasoff" decision?
4. How often should lithium be monitored?
5. Which population is most at risk for suicide?
6. What precautions should be taken before administering ECT?
7. What is the definition of suicidal ideation?

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THE WORK OF A NATION. THE CENTER OF INTELLIGENCE.



Top: Dr. Melvin Sabshin and Dr. Scott Hagaman

Middle: Dr. Scully and Dr. Jeffrey Akman, Chair at GWU

Bottom: Dr. Nada Stotland

Continued from page 1.

Journalists of the Year Award went to **Dana Priest** and **Anne Hull** of the Washington Post for their investigative articles on the mental health treatment of returning soldiers.

Dr. Nada Stotland, President of the APA, whom Dr. Eist lauded as having “labored long and hard in the APA vineyard,” spoke about a series of initiatives that engage the attentions of our national organization. As Dr. Eist stated: “She has admirable grit, is a world class advocate and she articulately tells it ‘like it is.’”

Among our guests were **Dr. Melvin Sabshin**, past Medical Director of the APA, **Dr. Jay Scully**, current APA Medical Director, **Alan Schatzberg**, President-Elect of the APA, and **Dr. Scott Hagaman**, President of the Maryland Psychiatric Society.

Classified Ads

Office Space Available

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in lovely modern building. On third floor, with large window views, in a suite with other psychotherapists and two psychiatrists. Long established practice with many referrals. Central to Washington, DC, Baltimore, and Annapolis. Wonderful opportunity! \$875 per month, cleaning and utilities included. Please call 410-721-8709 and ask for Jerril.

Old Town, Alexandria.

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Conferences of Interest

SENSUALITY AND SEXUALITY ACROSS THE DIVIDE OF SHAME,

with Joseph Lichtenberg, MD. December 6, 2008, 8:30-12:30. National 4-H Conference Center, 7100 Connecticut Avenue, Chevy Chase, MD 20815. Presented by The Institute of Contemporary Psychotherapy and Psychoanalysis. Fees: ICP&P Members Free; Non-members, \$85; Students \$35. Send check, name, e-mail, postal address and phone number to: ICP&P, 4601 Connecticut Ave., NW, Suite 8, Washington, DC 2008. Information www.icpeast.org.

THE INTERNATIONAL ACADEMY OF BEHAVIORAL MEDICINE, COUNSELING AND PSYCHOTHERAPY INC. (IABMCP)

is co-sponsoring a number of upcoming programs of interest to mental health professionals.

The 35th Annual Advanced International Winter Symposium, “**Addictive Disorders and Behavioral Health,**” will be held in Colorado Springs, CO, in January 28-31, 2009. Tuition is waived for IABMCP Members attending the Winter Symposium.

There will be a four-day conference focusing on the **treatment of eating disorders** in July in Las Vegas. Programs for 2009 are also planned for Philadelphia and Chicago. Significant tuition savings are available to Academy members for these and other conferences.

Information about these conferences, other upcoming programs, and information about membership in IABMCP can be found at: www.IABMCP.net.

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Members receive one free 300 word ad per year!



BOOKNOTES

I wanted to acknowledge and congratulate John Zinner for his chapter, "Psychodynamic Couples Therapy: An Object Relations Approach" that is included as part of a major compilation of psychoanalytically informed therapies edited by Glen Gabbard. The book title is Textbook of Psychotherapeutic Treatments.

John's chapter is a major contribution and is due out shortly.

—Editor

TIPS ON FILLING IN THE CMS 1500 FORM FOR MEDICARE

By Erminia Scarcella, MD, FAPA

TRAILBLAZER was terminated as the fiscal intermediary of MEDICARE in July. Our new intermediary is HIGHMARK MEDICARE SERVICES. I fill out the forms myself so I know how tricky this can be, especially since Medicare changed the CMS 1500 form recently. I decided to investigate. After some confusion, I was able to learn some facts I thought would be useful to other members of WPS.

The details are noted as follows:

1. Do not use punctuation anywhere. For example, type or write Washington DC and not Washington, D.C.
2. Do not use your Medicare number, called a PTAN, anymore. Use only your NPI number in the requested white areas in sections 24J, 32a, and 33a.
3. Use 4 digit #s for the birthday year as in block #3 and only 2 digit #s for any other required dates as in sections 12, 24, and 31.
4. Do not write anything in the shaded areas of 24I, where some of us once wrote IC in the ID qualifier section: leave it blank.

Above all, be sure to use the last revision of the 1500 claim form. It will state in the lower right hand corner: APPROVED OMB-0938-0999 FORM CMS-1500 (08-05).

It is useful to use the Highmark website at www.highmarkmedicare.com/partb/refman/chapter9.html. You can download the MEDICARE part B Reference Manual and read Chapter 9 which details completion of the form.

This site can help you to learn how to fill every block, but pay attention to the language. It can be tricky!