

WASHINGTON PSYCHIATRIC SOCIETY NEWS

MAY/JUNE 2009



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OUR MORAL OBLIGATION



By Lise Van Susteren, MD

I am a doctor. A psychiatrist. Over the years I have heard many troubling stories about the human condition. I have worked with individuals who were “on the ledge” emotionally. I have worked with people who fantasize about killing people, and some who have. I have listened to people recount being tortured and abused. I have evaluated the psychological states of foreign leaders who threaten world security. I have heard the details about children who have died at the hands of people who were out of their minds with drugs or illness. People have died in my arms, dropped dead at my feet.

Nothing has prepared me for what I am currently hearing: scientists all over the world warning us about the threat of catastrophic and irreversible climate change.

As a member of several organizations that involve professionals working in the field of mental health, I am stunned that this threat to the health of the planet and the public is so underplayed by these organizations and their members. An official from one leading organization expressed

regrets that she was unable to attend a recent forum wrestling with the psychological and mental health aspects of climate change and noted, “no one on the staff is interested.” The person she anointed in her place cancelled.

One of the missions of these associations is to relieve human suffering. As practitioners we help people to face reality. We chip away at their denial, knowing it can be a cover for behaviors that destroy their lives. When they see the world more clearly, we urge them to take charge—warning of the dangers of being passive.

Scientists every day are telling us that climate change is happening far faster than anyone had predicted and that the magnitude of the problem is unfathomable. “We have an emergency,” warns NASA scientist James Hansen. “People don’t know that. Continued ignorance and denial could make tragic consequences unavoidable.”

Why are our professional organizations and their members, those most skilled at exposing the danger of denial and destructive behaviors, so silent about this crisis? Are they in denial themselves? Surely the science isn’t disputed. Surely we don’t believe that destroying life on our planet is “not our problem.”

Our canon of ethics says we have a duty to protect the public health and to participate in activities that contribute to it.

Where, then, are the journal articles, the committee reports, the mission statements, action plans, letters to the editor, presentations, etc that attest to the gravity of what we are

hearing? Where are the recommendations that show how to break through denial and get people to change—quickly? Are we not the very ones who ought to seize upon warnings and confront the world before it is too late?

We see through resistance, excuses, faulty reasoning. We “get” urgency, we “get” life-long consequences. We see the anger, anxiety and depression caused by the mistakes and shortcomings of a previous generation. We know about trauma from repeated exposure to horrifying events. We are trained—indeed we are ethically bound—to respond to emergencies.

What are we waiting for?

We are already seeing wildfires, floods, sea level rise, storms, droughts, risks to our national security, and a mass extinction.

Lethal global overheating—strike the innocuous sounding “global warming”—is not something that may happen in the next century or even mid-century—it is happening now.

All of us, urgently and collectively, have a duty to warn our patients, co-workers, families, neighbors, friends. We have a duty to act—within our professional organizations, in our communities, offices and homes. Climate scientists are desperately trying to tell us to reduce our carbon emissions—to stop building new coal plants, to switch to clean renewable energy, to embrace energy efficiency—to “pay any price, bear any burden.”

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THE PRESIDENT'S COLUMN

WILLIAM B. LAWSON, MD, PhD, DFAPA



As I assume the Presidency of the Washington Psychiatric Society, I do so with joyful anticipation and some foreboding. There are a number of challenges facing us, fueled by an economic downturn and the need to reform our medical delivery system.

Our most immediate challenge is the reorganization of the American

Psychiatric Association. The APA is responding to the financial downturn but much of the reorganization is a result of the need to divest itself of industry influence. The APA is expected to be more efficient but there is no mandate to do less.

The District branches have always been the parts of the APA body that are most central to its members. I expect that the District branches will have to do more. This means that the Washington Psychiatric Society will have to step up to the plate to deal with the myriad legislative, research, and clinical issues that may affect psychiatrists. We are also one of the most important advocates for the needs of our patients, many of whom do not have the power that we can express on their behalf. It is up to us to educate the public about our profession. With four medical schools

and the NIH in our back yard, we in the Greater Washington area are specially placed to influence academic medicine.

We must inform politicians and insurance providers about the cost effectiveness of psychotherapy and psychotropic medication. We need to educate that all psychotherapy is not the same or equally effective nor are all psychotropic medications. Decisions about their availability should depend on the needs of individual physicians and their patients.

Psychiatry is one of the few medical specialties that showed a ten per cent growth in residency applicants by American medical school graduates. Our field is appealing and has a bright future. We members of WPS must ensure that these students made the right decision.

DR. LAWSON ANNOUNCES GIFT TO HOWARD UNIVERSITY DEPARTMENT OF PSYCHIATRY

The estate of Roy M. Coleman, Past President of WPS, donated the Complete Psychological Works of Freud to Howard University's Psychiatry and Behavioral Sciences Library.

NOMINATIONS OPEN FOR DC BOARD OF MEDICINE

By Robert Kiesling, MD, FAPA



There is one physician and one consumer vacancy on the DC Board of Medicine.

Eligibility for the physician slot includes: being a DC resident, engaged in the practice of medicine for at least three years, and being in good standing with the BOM and all other DC Government agencies. Requirements include:

- Spending approximately 4-8 hours per month of one's time, attending board meetings on the last Wednesday of every month from 9 AM to 1 PM except during the month of August,
- Participation on disciplinary hearing panels as needed,
- Attendance at a minimum of six of the required board meetings per year. Preferred specialty areas are Psychiatry, Family Practice, Pediatrics, OB/GYN, and Emergency Medicine.

Applicants may notify K. Edward Shanbacker, Executive Director of the DC Medical Society at Shanbacker@msdc.org.

Howard-Dartmouth 2009 Summer School



Development Workshops: Critical Aspects of Psychiatric Research with African-Americans

Who: Medical School Residents, Medical & Social Science Graduate Students,
Faculty, & Community Researchers

What: Interactive, informal, non-didactic informational sessions

When: Monday June 15, 2009 – Friday June 19, 2009

Where: Howard University Hospital

Course Directors: Dr. William Lawson, Dr. Ernest Quimby, Dr. Rob Whitley,
& Dr. Elizabeth Carpenter-Song

Just \$50 for Registration ~ Limited Enrollment

Earn Continuing Medical Education Units
Earn a Certificate of Participation / Completion

~ REGISTRATION ~

Register with Guileine F. Kraft at Howard University
Department of Psychiatry & Behavioral Sciences
2041 Georgia Avenue, NW, Washington, DC 20060, ATTN: Guileine F. Kraft
guikraft@yahoo.com ~ 202.865.0097
(Call / Email to reserve your seat, then place check in the mail to confirm)

Name: _____ **Institution:** _____

Department: _____ **Desire CME:** (Circle one) Yes No

Email: _____ **Phone:** _____

Payment: Name on Check: _____ Check #: _____

Make Check / Money Order Payable to Howard University Department of Psychiatry & Behavioral Sciences

Open to the Howard & Dartmouth communities & those interested in African American mental health

CENTRAL
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Make a difference for our nation by
helping us understand others.

Psychiatrists. Use your expertise to provide unique insight to our nation's leaders. Full-time, immediate opportunities exist in the DC metro area for licensed, board certified or eligible psychiatrists with interest in psychodynamic, cross-cultural, or forensic psychiatry in the Central Intelligence Agency. Work with a dynamic group of experts researching and writing assessments of foreign leaders and decision-making groups to inform senior US government policymakers.

These positions offer a fast-paced, varied, production-oriented work environment. Experience with high-functioning patients/subjects is essential. You will be encouraged to develop your professional ties and competence through sponsored continuing education and attendance at professional meetings.

Because of CIA's national security role, all applicants must successfully complete a thorough medical and psychological exam, a polygraph interview and an extensive background investigation. The CIA is America's premier intelligence agency and we are committed to building and maintaining a work force as diverse as the nation we serve. *An equal opportunity employer and a drug-free work force.*

For additional information and to apply, visit: www.cia.gov



THE WORK OF A NATION. THE CENTER OF INTELLIGENCE.

THE RED FLAG RULE

By Judith Nowak, MD, Editor

Recent regulations of the Federal Trade Commission, mandated under the 2003 Fair and Accurate Credit Transactions Act, require a variety of business entities—mainly financial and banking institutions—to implement a written program for preventing identity theft as well as detecting and responding to warning signs of such incidents. This is called the Red Flag Rule. The FTC maintains that when physicians defer payment for services, they become creditors—entities that regularly extend, renew or continue credit—under the “red flag” rules. Failure to comply could mean administrative penalties or up to \$2500 in fines per violation. To be compliant, physicians would need to:

- Identify relevant warning signs of identity theft. Such signs could include: A query from a patient regarding a bill or insurance statement for services never received or in another individual’s name; records showing medical treatment that is inconsistent with a patient’s medical history; suspicious documents, such as a forged driver’s license or health insurance card; a patient who has an insurance number but never produces a card or other documentation; a notice from a patient or law enforcement entity indicating possible identity theft.
- Establish policies and procedures to detect red flags in day-to-day operations. These may include verifying a patient’s identity and insurance information or reviewing medical records for discrepancies. Implementing the process requires senior management approval and appropriate staff training.

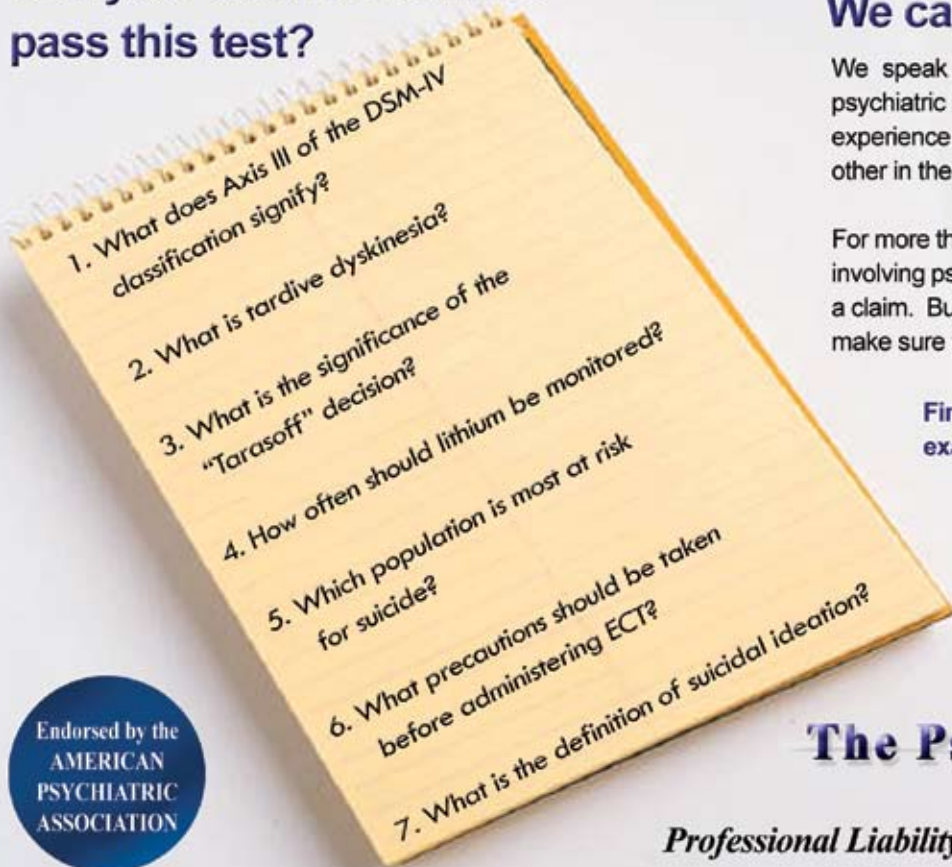
- Prevent and respond to incidents of identity theft or suspected fraud. This might entail changing account numbers or contacting an insurance carrier to deter the misuse of stolen information. The response also may include notifying the patient of any potential fraud.

- Update the program periodically to help identify and respond to new risks.

Karen Sanders, Director, APA Office of Healthcare Systems and Financing, is happy to report that the FTC will delay the compliance date for the “Red Flags Rule” until August 1, 2009. The APA and the AMA will use this time to convince the FTC and Congress that physicians are not “creditors” and therefore should not be subject to the rule.

In case we are required to be in compliance, the AMA has published information and PDF versions of the Guidance Document, Sample Policy, and the FTC’s Identity Theft Affidavit on the following AMA link:
<http://www.ama-assn.org/ama/no-index/physician-resources/red-flags-rule.shtml>

Can your claims examiner pass this test?



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Election Results: Officers/Board Members of WPS for 2009-2010

Submitted by the Teller's Committee: Drs. Gordon Kirschner and Glenn Legler, and the Chairman, Dr. Steven Lipsius

Number of Ballots	179
Discarded because Late or No Name	5
Number of Ballots Counted	174
Number of Ballots for WPS Officers and Amendment	174
Number of Ballots cast for Chapter Officers and Amendment	167

RESULTS

For the Amendment	130 Yes	4 No
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This amendment establishes the non-voting membership category of Affiliate Member, intended for members of other District Branches

Yes	No
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President-Elect (one year) for

Elizabeth Morrison, MD	167	2
Secretary (two years) for Avram Mack, MD	156	2

At Large Board Members (two years)

Voted for two (2)		
Richard Blanks, MD	145	1
Raymond Brown, MD	145	

Write Ins:

Antonia Baum, MD	1	
Rodney Burbach, MD	1	

Early Career Psychiatrist Representative (two years)

Sheela Kadekar, MD	146	0
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Assembly Delegate (three years)

Voted for two (2)		
Roger Peele, MD	165	0
Catherine May, MD	157	0

MIT Representatives (one year)

Voted for one per institution for a total of four members

David Driver, MD (Georgetown)	140	1
Ayesha Mian, MD (George Washington)	131	2
Ken Jones, MD (Howard)	132	1
Humaira Siddiqi, MD (St. Elizabeths)	129	1

ELECTION RESULTS FOR CHAPTER OFFICERS

Yes	No
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DC Psychiatric Society

President (two years) Hind Binjelloun, MD	92	1
DC Secretary/Treasurer (two years) Kayla Pope, MD	86	1

Northern VA Psychiatric Society

President (two years) James Dee, MD	53	0
Secretary (two years) Barry Gorman, MD	54	0
Treasurer (two years) Valerie Buyse, MD	53	0

Suburban MD Psychiatric Society

President (two years) Gustavo Goldstein, MD	78	1
Secretary/Treasurer (two years) Brian Crowley, MD	52	3

Obituary

Stewart L. Baker, MD



Stewart L. Baker, MD died on January 13, 2009 at the age of 88 in Silver Spring, Maryland. Dr. Baker was a native Washingtonian who graduated from Central High School and the University of Maryland. He received his medical degree from George Washington University Medical College in 1945. His training in Psychiatry was at the University of Vienna and Walter Reed Hospital. He did child training at Children's Hospital and studied group process at the Tavistock Training Institute in Mount Holyoke, Massachusetts.

Dr. Baker spent much of his career as a Chief of Psychiatry and Neurology at Army hospitals around the world. He started the first military-sponsored preschool nursery for severely disabled children in 1969 at the Army Hospital in Frankfurt, Germany. He was well known for developing comprehensive drug and alcohol abuse treatment programs for the Army and later directed similar programs for the Veterans Administration. He advocated confidentiality for military medical records and for patient's rights. In addition, he supported programs for returning prisoners of war, their families, and the families of those missing in action.

Dr. Baker retired at the rank of Colonel in 1974 and then resumed work at the Veterans Administration, serving as

Associate Director of Mental Health and Behavioral Sciences and Chief of Alcohol and Drug Dependence Treatment., directing the VA;s many programs in these areas of psychiatric practice.

After retiring for a second time in 1987, he returned to active duty in 1990 at the start of the Persian Gulf War and was reassigned to Walter Reed Army Medical Center where he worked briefly until illness forced a final retirement. However, he contributed to the profession as long as possible. For example, he taught ethics to medical students at the Uniformed Services University of the Health Sciences in Bethesda MD until four years before his death.

Dr. Baker received numerous awards that included the Legion of Merit, the Meritorious Service Medal and three awards of the Army Commendation Medal. He also received the VA;s Distinguished Career Award in 1987 and was honored by the American Psychiatric Association in 2003 when he became a Life Fellow.

Survivors include his wife of 62 years, Lois C. Baker of Silver Spring; three children, Charlotte Baker-Shenk of Sharpsburg, MD, Elizabeth Schmucker of Washington, DC and John Baker of Germantown, MD; and 10 grandchildren. A daughter, Margaret Baker, died in 1988.

With thanks to Patricia Sullivan, Washington Post Staff Writer

Classified Ads

Continued from page 1.

Mental health professionals vigorously endorse requirements to report cases of child abuse. It is a legal obligation, but it is also a moral one.

Is it any less compelling a moral obligation, in the name of all children now and in the future, to report that we are on track to hand over a planet that may be destroyed for generations to come?

I respectfully request that we, as mental health professionals, make a unified stand in support of actions to reduce the threat of catastrophic climate change.

Office Space Available

Foggy Bottom Sublet: Share attractive 2 office suite with 2 other psychiatrists. First floor office is handicap & Metro accessible. Front desk security 24/7. Shared in-suite waiting room, bathroom, kitchen, storage/fax room. Large sunny windows. Ideal for psychiatrist/psychotherapist. Available full or part time except Tues & Wed from 2-9pm. Contact: Donna Ticknor, MD 202-333-1350 or donnaticknord@verizon.net

Office in Bethesda Psychiatric Practice. Tranquil w/huge picture window: view of downtown Bethesda street. Shared waiting area accommodates children and adults. Professionally decorated. Can be leased furnished or unfurnished. If interested, please contact Caroline Sehon, MD at 301-951-4980 or carolinesehon@gmail.com.

4707 Connecticut Ave, NW. Prime location on Davenport St. Newly Renovated. Street entrance, Kitchen, Reserved parking. Ideal for psychiatrist or psychotherapist. 202 363-4333

Positions Available

Well-regarded, expanding, private, not-for-profit community mental health center in DC looking for **full-time psychiatrist** to provide psychiatric evaluations and medication management. Candidate must be board-certified, or, if recent residency grad, have pending certification. Important that candidate is comfortable working with a team that includes nurses, case managers, and psychotherapists. Salary and benefits competitive. Please provide current CV and references or any other questions to Gayle Neufeld, MD at gneufeld1@yahoo.com.

Psychiatrists Wanted. BC/BE, Adult and/or Child and Adolescent Specialist, Maryland Licensure. Join a busy fee for service/managed care practice in Gaithersburg, Md. –Convenient to Shady Grove Metro, Shady Grove Road and I-270. We use a team approach with collaboration between psychiatrists and other psychotherapists. 10-20 hrs a wk. Fax cover sheet and resume to 301-258-7482 or email apcadmin2@verizon.net.

Wanted: **Physicians** to perform psychiatric consultative examinations for disability for a DC agency. Must be DC licensed and board certified. Must have own office. For further information contact Martin Siskin at 202-442-8515 or email at martin.siskin@ssa.gov.

Georgetown University's Counseling and Psychiatric Service (CAPS), has a 24-hour per week position involving evaluation, consultation, medication management, and a limited amount of psychotherapy of college students as well as some after-hours, on-call telephone coverage. Required: M.D. or D.O, DC licensure, and board eligibility in psychiatry. Preferred: College student mental health experience and board certification in psychiatry. The successful candidate will demonstrate flexibility to adapt to changing work demands, comfort with a fast-paced environment, a strong work ethic, a congenial and collaborative working style, and a readiness to address multicultural issues. Starting date: July 1, 2009. Georgetown University is an equal opportunity/affirmative action employer. Apply through the Georgetown University Human Resources website: http://www12.georgetown.edu/hr/employment_services/joblist/job_description.cfm?CategoryID=3&RequestNo=20090298

DC PHYSICIANS MUST NOW USE THEIR DC CONTROLLED SUBSTANCES REGISTRATION NUMBER

All physicians and dentists licensed in the District of Columbia and prescribing controlled substances or narcotics (C2 thru C5) are required to have a DC Controlled Substance Registration Number in addition to their Federal DEA number.

It has been a requirement that this number be put on all prescriptions for controlled substances of any class. However, this was never enforced until recently; but DC Inspectors are now checking prescriptions for completeness and, specifically, inclusion of the DC number. Pharmacists will be fined for any incompleteness.

Therefore, please **put this number on your prescription pads** and give it when you prescribe controlled substances

by telephone or email. You can add it in ink to your preexisting forms until you need to order a new supply of pre-printed prescription pads.

If you do not have a DC Controlled Substances Registration number you can apply by going to the following DC Department of Health website:

hrla.doh.dc.gov/hrla/cwp/view,a,1385,q,573590.asp

Or you may contact Ms. Yvonne Briscoe Hall, Program Specialist with the Pharmaceutical Control Division, at 202-724-7338 or 724-4900.



Washington Psychiatric Society

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DR. PEELE WINS SPECIAL AWARD



At the American Society of Psychoanalytic Physicians' Scientific Dinner Meeting on February 19, 2009, Dr. Martin Funk presented the Dr. Henry P. and Page D. Laughlin Special Award to **Dr. Roger Peele** for his outstanding leadership in psychiatry with special emphasis on his attention to effective patient care.

NEW MEMBERSHIP CATEGORY

WPS members accepted an amendment to the By Laws, creating a new membership category: Affiliate Member. Affiliate members are members of another District Branch. They apply to the WPS Membership Committee for Affiliate Membership and the Membership Committee submits their request to the Board of Directors for approval. Dues and benefits are set by the Board. The dues shall initially be \$65, subject to subsequent changes by the Board.

SUSPENDED

Michael Meagher, MD, has been suspended for 5 years from the APA and the Washington Psychiatric Society. Dr. Meagher was found to have violated Section 1, Annotation 1; Section 2, Annotation 1; and Section 8 of the "Principles of Medical Ethics With Annotations Especially Applicable to Psychiatry," by the Ethics Committees of the Washington Psychiatric Society district branch and the APA. He was found to have committed a boundary violation with a patient.