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## THE PRESIDENT'S DINNER



WPS President William Lawson, MD, PhD, DFAPA, ended his term of office by hosting a President's Dinner at the National Press Club in Washington, DC. On April 9, 2010. The Washington Psychiatric Society 2010 President's Award was given to Annelle B. Primm, MD, MPH and to her father Beny J. Primm, MD. The evening was followed by music performed by Billy T's Time Machine, composed of our own WPS member Jerry Perman as well as Bill Thompson, Peter Falcone, and Senanu Asamoah.

Dr. Annelle Primm is Deputy Medical Director and Director of the Minority and National Affairs for the American Psychiatric Association, maintains a small private practice, and is a psychiatric consultant to On Our Own, a drop-in center for adults with mental illness. She is a fellow of the American Psychiatric Association

and recipient of numerous awards for her work in community psychiatry. Dr. Primm graduated with a BA in biology in 1976 from Harvard-Radcliffe, received her MD from Howard University in 1980 and completed a Residency in Psychiatry and an MPH from The Johns Hopkins University.

She produced a videotape called *Black and Blue* highlighting depression in the African American Community, encouraging minorities to seek treatment for mental illness. She subsequently produced the *Gray and Blue* video helping senior citizens recognize and treat depression.

As Director of Minority and National Affairs she works to promote diversity and cultural competence and to eliminate disparities in mental health. Among the divisions projects are:

### • Recovery to Practice Initiative

A joint project of the APA and the American Association of Community Psychiatrists to further the understanding and use of recovery-oriented services in psychiatry.

### • Diversity Resources

A variety of resources on mental health diversity including videos, reports, curriculum, and fact sheets.

### • OMNA on Tour Meetings

A series of meetings to engage communities to eliminate racial and ethnic disparities in mental health care.

Beny J. Primm, MD has been the Executive Director of the Addiction Research and Treatment Corporation

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Top: William Lawson, WPS President 2009-2010 at President's Dinner  
Bottom: Beny Primm, MD and Annelle Primm, MD, MPH, President's Awards Winners 2010



## Washington Psychiatric Society

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# THE PRESIDENT'S COLUMN

ELIZABETH MORRISON, MD, DFAPA



Dear Colleagues,

With trepidation and enthusiasm, I began my presidency at the close of the annual meetings of the APA in New Orleans. The next day, I took a post-Katrina tour with a life-long New Orleans' resident, a retired teacher who lived in the 9th Ward. While there is much to celebrate about the triumph of the human spirit, I was dismayed by the enormity of the destruction and by how much of it remains even five years later. A sobering first day in this office.

While the issues before WPS pale in comparison, they are nevertheless real. Only if our house is in order, are we able to serve the larger community, including our members and our patients. There is much to do.

I am in the process of appointing committee chairs and members. The energy of WPS comes from its members and how they wish to make use of WPS. Do you have an issue that you want to do something about? Do you see a problem that you think something should be done about? Let us know. I support bottom-up, grass roots ideas and projects. Short-term ad hoc committees and task forces can be the first step

towards change. You can also submit an article to the newsletter for publication.

I appreciate those of you who have signaled your interests by filling out our on-line volunteer sign up form. For others, it is never too late!

It comes as no surprise that WPS faces budgetary constraints. Income from grants, advertisements and sponsorships is down. We look for creative ways to deal with our fiscal shortfall. We look for innovations that allow us to further our missions and improve our vitality.

This summer the first order of business is reviewing our governance and financial structure. Then, the new Board will spend a good part of August 28 attending an orientation and planning retreat. Besides reviewing our bylaws and financial apparatus, receiving training in ethics, and setting goals for the coming year, we will grapple with the challenge that APA President

Carol Bernstein, M.D. gave to in-coming District Branch presidents. She wants each of the seventy-plus District Branches to identify three issues that it wants help with from the APA. Dr. Bernstein will then review and distill these myriad identified issues to develop a series of action items designed to serve the District Branches. As Jay Scully, M.D., Medical Director of the APA stated, "The APA's aim is for you to take care of patients. We take care of you."

Have a great summer.

PS: The picture is me digging out during one of the past winter's blizzards. While it was a lot of work, and having no electricity was not fun, my husband and I still managed to have fun with the shoveling. This might be a metaphor for my coming year. We will see.



# NOTES FROM THE BUREAUCRACY

By HAROLD I. EIST, MD, DLFAPA



## HOME SWEET HOME

Having determined that the “medical home” is a slightly different name for HMO, I wondered why the spin? Is it more saleable by the AMA and the APA to its membership who know that most patients deplore HMO’s, and that HMO’s generally provide inferior care? Is this yet another attempt by “our” associations under the aegis of the Institute Of Medicine (IOM) to peddle managed care that they have not yet been able to fully pull off?

Attempting to find the answer to this question, I read the Ralston paper quoted by the *Washington Post*, stating that the new health-care law “...might make your doctor better informed, more efficient, more responsive and, maybe, happier.”

The Post article makes it clear that seeing doctors reduces “total mortality and (produces) a 3% decrease in infant mortality and low birth weight babies.” This is a contentious and arguable proposition, better left to another “Notes”. In any event, it is proposed that doctors who see patients longer are happier and their patients are happier. With fewer doctors, it is hard to understand how clumping doctors together in HMO’s will accomplish this laudable goal.

The architects of our new homes will surround our primary care doctors with small bustling armies of assistants and assistants, assistants and assistants, assistants, assistants with whole cadres of para-assistants. Some might think of this happy family as part of the explanation for how our new home will reduce costs while extending life. Knowing how fractious and competitive physicians are and, in fact, are trained to be, it makes sense to insulate them with large masses of assistants to keep them away from each other and thence happy. Ingenious. Finally a lot of helpers in America will have titles, enhanced self esteem and better lifestyles by example. They will live longer and have healthier babies. At last they will have found their home sweet home.

(Please see “ER Couldn’t Rescue Physician” in the *Washington Post*, 6/15/10, a gripping account of the impact of the drop in care quality when provided by assistants rather than ER Docs. If we need more professionals we should train more, not fob patients off to assistants. The assistants in the long run will end up costing more if cost is the main consideration.)

## ELECTION RESULTS FOR WPS BOARD OF DIRECTORS

Effective May 26, 2010:

### President-Elect:

Robert Keisling, MD, FAPA

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Marium Parveen, MD

### Public Affairs:

Maheen Patel, MD

### Assembly Representative:

Eliot Sorel, MD, DLFAPA

### Early Career Psychiatrist Representative:

Nicholas Schor, MD

### Federal Legislative Representative:

Michael Houston, MD, FAPA

# EMBASSY DISASTER PREPAREDNESS FOR HAITI

By ERMINIA SCARCELLA, MD

Following the earthquake in January of this year, I visited the Haitian Embassy. I saw hundreds of boxes filled with everything that could help: clothing, food, medicine. There was a SHELTERBOX tent set up to demonstrate how each could shelter up to 10 people. These were provided by the Rotary which stands ready to send them to reach any disaster area in the world.

The Embassy was crowded with people who were doing, talking, moving, waiting to be told what needed doing—all of them volunteers to help coordinate the logistics for relief in that overwhelming disaster. I recognized representatives of the Department of Mental Health as well as representatives of the Church of Scientology.

Ambassador Raymond Joseph gave a speech from the stairway and with a calm voice, conveyed hope and the need to get humanitarian help in a timely fashion. When I met with him alone in his office, I found him to be cooperative and efficient, understanding the importance of the Embassy Disaster Preparedness project I was representing.

I visited often and arranged a meeting with Ambassador Joseph that included Drs. William Lawson and Gerald P. Perman: they were offering their services as volunteer psychiatrists to the Embassy along with Dr. Hind Benjelloun. The Ambassador spoke warmly and personably: he even played us a song expressing nostalgia for his country on the harmonica, sparked by Dr. Perman's passion for music. The emotions have no geographical boundaries.

I believe that we psychiatrists need to be more visible and more consistent in reassuring people that we listen to the wounded soul of suffering humanity.



*Top: Dr. Lawson, Ambassador Joseph, and Drs. Scarcella and Perman*

*Bottom right: Dr. Scarcella with Ambassador Joseph.*

*Bottom left: Dr. Scarcella and a SHELTERBOX tent.*

# 17<sup>TH</sup> ANNUAL CONSORTIUM FOR PSYCHOANALYTIC RESEARCH CONFERENCE ON MENTALIZATION

BY GERALD P. PERMAN, MD



GERALD P. PERMAN, MD

The Consortium for Psychoanalytic Research held its 17th annual conference at Sibley Memorial Hospital on February 21, 2010. The weather was ideal with sunshine and moderate temperatures. About 80 mental health clinicians were in attendance. The presenter was Patrick Luyten, Ph.D. and his theme was “Mentalization as a Multi-Dimensional Concept: Implications for the Treatment of Patients with Trauma-Related Psychopathology.” Dr. Luyten is Assistant Professor Research Group on Psychotherapy and Depth Psychology, Center for Psychoanalysis and Psychodynamic Psychology, Department of Psychology, Catholic University of Leuven. He has collaborated in cutting edge research in Belgium, the UK, and the US.

Dr. Luyten began with a 15-minute research exercise in which members of the audience rated 18 photos of faces for affect—happiness, sadness, disgust, fear, anger or surprise. Results were analyzed by Sheila Hafter Gray, MD and her two research assistants and presented later in the meeting.

Dr. Luyten defined early adversity/trauma as “any event that is too much for the individual to process.” This includes sexual abuse, physical abuse, and emotional abuse and neglect. Luyten said that the hypothalamic pituitary axis has critical time periods of activity and is “programmed” by childhood trauma resulting in a lifetime vulnerability to psychiatric illness. Secure attachment buffers the effect of early stress and trauma which are associated with a “disorder

of consciousness” with intergenerational transmission. The experience of trauma can remain unintegrated, dissociated and prone to being acted out rather than reflected upon. He called for a person-focused, not disorder-focused, approach to the patient.

Mentalization is a form of imaginative mental activity that involves perceiving and interpreting human behavior in terms of intentional mental states such as needs, desires, feelings, beliefs, goals, purposes, and reasons, that is fundamental to our ability to navigate the social world. It is a developmental achievement. The mirroring of self-states by a caretaker in the context of a secure attachment plays a key role in the development of MZ, affect regulation, a sense of identity, and self-control.

The origin of mentalizing is hypothesized to develop out of the *infant’s internalization of its mental representation in the mind of the caregiver*. This forms the core of the infant’s psychological self. With disorganized attachment and failed mirroring, an “alien” self develops and splits are created within the self-structure. Trauma is associated with the decoupling of the ability to mentalize. Pre-mentalizing modes of thinking reemerge, resulting in pressure to externalize internal mental states through projective identification.

Dr. Luyten then turned to mentalizing as a multi-dimensional concept, relating it to stress and affect regulation and neighboring concepts, such as mindfulness, empathy, and pathology of the self. **Automatic** (or implicit) mentalizing is nonconscious, nonverbal, unreflective and fast and is contrasted to **controlled** (or explicit) mentalizing that is conscious, verbal, reflective and slow. Arousal and stress inhibit controlled mentalizing and result in automatic mentalizing. The traumatized person tends to focus on the mental interior of the other, as opposed to their **external** physical and visible features. The **self-other** polarity collapses, resulting in identity diffusion. This can cause immediate misunderstanding of others and the potential for conflating the embodied simulation of another

person’s experiences with one’s own experience. Finally, the **cognitive-affective** dichotomy separates “attitude propositions” from “affective state propositions.” Dysfunction here results in emotional contagion, a predisposition to become emotionally overwhelmed, and an inability to integrate affect.

Treatment of the traumatized should not emphasize insight and deep interpretation, especially in the early phases of treatment. The therapeutic stance is one of identifying and accepting differences, actively questioning, and not feeling obligated to understand the non-understandable. Focus on the here-and-now. Successful treatment should result in your patient’s ability to relate to others in a secure way and they should be able to feel, tolerate, reflect upon, and be curious about, their own and others’ mental states. Finally they should have an improved ability to co-regulate stress in the presence of another (e.g. their spouse and close friends), and be able to seek help and feel gratitude when they have been helped.

In the second part of the conference, Dr. Luyten discussed his work with psychosomatic patients, noting that they often have dismissive attachment styles and deny psychological conflicts. Their mentalizing capacity is deactivated. Therapists need to stay in the here-and-now and communicate their interest in their patient as a prelude to helping them recover

their capacity to mentalize, partially through a process of identification. When asked how to learn mentalizing techniques, Luyten replied: “Get good training in psychotherapy, not Mickey Mouse training.”

Dr. Hafter Gray, Lauren Roselli and Janice Paton presented the results of the morning research exercise on affect recognition. More experienced clinicians (>30 years) had more confidence in their responses than those with less experience (<5 years), although their responses were not more accurate. Among the three discussants, Jill Savege Scharff, found areas of overlap and divergence between mentalization and object relations theory. Drs. Shoshana Ringel and Melanie Starr Costello gave clinical examples from their practices illustrative of some of Dr. Luyten’s ideas

One attendee asked how CBT compares to a mentalization approach. Dr. Luyten replied that they are similar but that an emphasis on repairing the capacity to mentalize is more interpersonal and transference focused and has roots in psychoanalytic therapy. Both approaches are highly structured and avoid retraumatization. He thought that 20-40 sessions can do a lot. He said this won’t make him popular with some in the psychoanalytic community but that we need to develop brief treatments with limited goals to help more people.

## WPS SALONS

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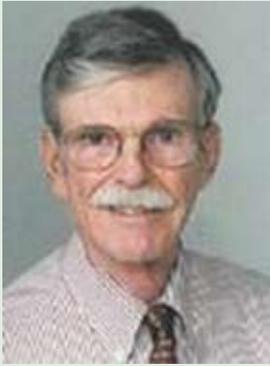
### SAVE THE DATES

OCT 19 • NOV 16 • DEC 14

DETAILS TO BE ANNOUNCED.

# Obituaries

## Houston Hood MacIntosh



Houston Hood MacIntosh, 73, a longtime member of our psychiatric community died February 14, 2010 of progressive supranuclear palsy at the Goodwin House in Falls Church, Virginia.

Dr. MacIntosh was born in West Springfield, Massachusetts. He attended Cornell University where he played trumpet in Cornell's Big Red Marching Band, having played as a child with the Massachusetts State Youth Orchestra. He graduated from the University of Rochester Medical School with honors in 1961 and completed his Psychiatric Residency at Yale University in 1965. After a two year tour of duty as Chief of Psychiatric Services at Scott Air Force Base Hospital, Illinois, Hugh returned to Yale in 1967 as a post doctoral fellow in student mental health. He moved to the Washington area in 1970 to study at the Washington Psychoanalytic Institute, now the Washington Center for Psychoanalysis.

Among his psychiatric positions were consultant in Georgetown University's Student Health Service, Attending Physician at Sibley Memorial Hospital and Staff Psychiatrist at St. Elizabeths Hospital. Dr. MacIntosh had an active private psychiatric/psychoanalytic practice and was a Teaching Analyst at the Washington Psychoanalytic Institute. He received the Community Service Award in 1989 from the Washington Psychiatric Society for his work on the Open Line and served as a past President of the Virginia Psychoanalytic Society. Houston was a devoted consultant psychiatrist at Gallaudet University's Student Mental Health Center and taught Howard University Medical students during their weekly rotation on mental health issues of the deaf.

As an expert on investments, Dr. MacIntosh was treasurer of four psychiatric/psychoanalytic societies, most recently the Forum on Psychiatry and the Humanities. Transforming financial expertise into personal philanthropy in 2006, he and his wife established a women's studies lecture series at Notre Dame Preparatory School in Baltimore where his wife is an alumna. Diane MacIntosh had established a women's literature collection at the Enoch Pratt Free Library in Baltimore over twenty years ago. She and Houston established a similar collection of books and library materials for the Mother Philemon Doyle Library in her beloved Notre Dame Preparatory School. It was dedicated in 2007 and consists of titles of biographies of famous women, studies of 18th century women in England, famous women scientists, and women in the Catholic Church. They also funded The Dr. Houston and Dr. Diane Dippold MacIntosh Women's Lecture Series which is offered annually free to the public. This year's lecture was attended by almost 1,000 members of the local community. Whenever forms called for the MacIntoshes to list number of children, Dr. MacIntosh wrote: "750-all girls."

No memorial of Houston would be adequate without noting his interests in athletics. An avid runner he completed 15 marathons, two Boston and two New York, with a personal best of 3 hours, 13 minutes, and 30 seconds (that is really good!!). He loved Old Town Alexandria, and ran on the bike path 40 minutes every day rain or shine until his illness prevented this. An ardent golfer, Hugh played classic courses in Scotland and England, including the almost mythic St. Andrews old Course. Competitive to the end, he was one of just eight Goodwin House residents who attended the 2009 Fairfax County Senior Olympics.

His marriages to Sally Ann McFarland and Laurie Sills ended in divorce. Survivors include his wife of 11 years, Dr. Diane Dippold MacIntosh of Alexandria; two children from his first marriage, William MacIntosh of Scottsdale, Arizona, and Laurie MacIntosh of Sacramento, California; and two sisters.

He was buried at New Cathedral Cemetery in Baltimore, Maryland, Reverend Thomas Pesci, S. J. president of Loyola Blakefield, officiating.

Memorial contributions may be made to: The Drs. Houston and Diane MacIntosh Women's Studies Lecture Series Notre Dame Preparatory School 815 Hampton Lane Towson, MD 21286

## Robert M. Greenberg MD

Dr. Robert Milton Greenberg, age 92, died on March 7, 2009.

He was born on October 24, 1916, in Washington DC. A graduate of George Washington University and George Washington University Medical School, he served as a Navy Commander during WWII. Dr. Greenberg was a psychiatrist in private practice, a member of the Eastern Psychoanalytic Association and volunteered his professional services at the Hebrew Home for the Aged.

Dr. Greenberg's first wife Johanna predeceased him as did his brother Harold E. Greenberg in whose honor he founded the Lt. Harold E. Greenberg Post #692 of the Jewish War Veterans of the USA.

He is survived by his wife Jean, his daughter Roberta Rae Hitt of St. Louis, Missouri, his son Harold Ellis Greenberg of Odenton, MD, and stepdaughters Susan Nash of St. Mary's, Maryland, Elaine Shapiro (Ronnie) of Bethesda, MD, and Jill Flax of Potomac, MD as well as 10 grandchildren and 15 great-grandchildren. He was buried at the King David Cemetery in Falls Church, VA and will be missed by his many friends and family.

Memorial donations may be made to: the Alzheimer's Disease Association, National Capital Area Chapter 11240 Waples Mill Road, Suite 402 Fairfax, VA 22030; or the American Diabetes Association P.O. BOX 11454 Alexandria, VA 22312

## William E. Stone

Dr. William Earl Stone, age 84, died February 24, 2010, at a hospital in Birmingham, Alabama. He was a Washington area Child Psychiatrist and a member of the American Academy of Child and Adolescent Psychiatry.

He was raised in Los Angeles, California and served in the Navy during World War II. Dr. Stone graduated in 1950 from Louisiana State University Medical School and served for some years as an Air Force physician.

Dr. Stone directed a mental health center in Newton, Massachusetts during the 1960's and early 1970's. He had an endowed psychiatry chair at the University of Texas Medical Branch in Galveston, Texas, before moving to the Washington area in 1976 where his work included a position on the Joint Commission on Accreditation of Hospitals.

He was a fundraiser and great supporter of the Kennedy Center Circles Board and had a particular interest in Hawaiian history and culture.

Dr. Stone is survived by his wife of 59 years, Nancy Walker Stone of Alexandria, VA; and two sons, Nick Stone of Charlottesville, VA and Kevin B. Stone of Alexandria, VA.

Continued from page 1.

(A.R.T.C.) of Brooklyn, NY since its inception in 1969. As one of the largest, minority non-profit community-based substance abuse treatment programs in the country. A.R.T.C. provides a multi-modality service and treatment program for approximately 2,300 men and women who are primarily the members of severely underserved populations. He is also President of the Urban Resource Institute.

Dr. Primm received his medical degree from the University of Geneva in Switzerland and has been widely published in numerous medical

journals and textbooks. Selected by four U.S. presidents to serve as consultant on a variety of substance abuse and public health issues, he was appointed to the Commission on AIDS by President Ronald Regan, selected as the first director of the Center for Substance Abuse Treatment of the U.S. Department of Health and Human Services by President George Bush, and named U.S. representative on issues of drug addiction and AIDS to the World Health Organization in Geneva.

## AMERICAN SOCIETY OF ADDICTION PSYCHIATRY WILL HOLD CONFERENCE

The American Academy of Addiction Psychiatry (AAAP) will hold its 21<sup>st</sup> Annual Meeting and Symposium December 2 - 5, 2010 in Boca Raton, Florida. It will provide researchers and health care practitioners the latest developments in treating mental health and substance abuse disorders. Meeting events include symposia, workshops, a poster session that will showcase new research in the field, lunch with the experts, breakfast for trainees, and a case conference with expert discussion. For additional information, call 401.524.3076 or visit <http://www2.aaap.org/>

## APA FELLOWSHIP APPLICATIONS

By MARYAM RAZAVI, MD, CHAIR, MEMBERSHIP COMMITTEE

During the 1990s, the Washington Psychiatric Society, through its Assembly Representatives—Larry Kline, Roger Peele and Larry Sack—advocated that the APA's Fellowship criteria be consistent with the Fellowship designations of other Medical Specialties; namely, that the basic requirement for Fellowship be passage of the specialty board exam. This change in the APA's Bylaws was finally achieved in 2001. We want to see WPS lead the way in recognizing members who have passed Boards—as other medical specialties do.

### The criteria to become an APA Fellow are:

- ▼ General Member for at least five years
- ▼ Certification by the American Board of Psychiatry and Neurology, the Royal College of Physicians and Surgeons of Canada, or the American Osteopathic Association
- ▼ Two letters of recommendation from current Fellows, Life Fellows, Distinguished Fellows or Distinguished Life Fellows (you can request WPS to provide these for you.)
- ▼ 30-day review period for the district branch to offer comments about the Fellowship candidate
- ▼ Approval by the APA Membership Committee
- ▼ Approval by the APA Board of Trustees

We invite those eligible for APA Fellowship to apply through WPS as soon as possible. Our WPS office must receive your completed paperwork before August 23, 2010.

For more information, please contact Jane Martin, Director of Member Services, at [janemartinso@yahoo.com](mailto:janemartinso@yahoo.com) or 410-626-1182.

## Classified Ads

### Positions Available

Growing mental health agency seeks **Child/Adolescent Psych., P/T Medical Dir.** contract position. MD will provide oversight for mental health core services/community based intervention for children/ families. Flex schedule w/ opportunity to serve clients at employer site and at psychiatrist's own office. Contact: [rgarvin.les@gmail.com](mailto:rgarvin.les@gmail.com) or 704-241-9706

McClendon Center - **Medical Director -Full Time** (80% clinical/20% administrative) Successful candidate will possess ability to inspire confidence and accountability, maximize performance results and demonstrate leadership. Must be a licensed medical doctor (M.D.) who is board-certified and authorized to practice psychiatry in Washington, DC and eligible to participate in the Washington, DC Medicaid Program. Must hold an unrestricted license to practice medicine in Washington, DC and unrestricted Drug Enforcement Administration (DEA) and state and federal controlled substance licenses.

Visit [www.mcclendoncenter.org](http://www.mcclendoncenter.org) for details.

Springfield Hospital Center is seeking **Board-certified or Board-eligible general psychiatrists** for our 350-bed MHA adult inpatient facility. Salary is negotiable, within MHA guidelines. Our rural, tobacco-free campus is 22 miles west of Baltimore, convenient to the Chesapeake Bay, Washington, and a variety of cultural, historic, sports, and recreational venues. Benefits include 27 paid days off in the first year, subsidized health insurance, free parking, a generous retirement program, and a truly pleasant workplace. A Medical Services physician is always on campus to attend to patients' somatic needs. Staff psychiatrists are not expected to work after hours, but some choose to supplement their salary by providing evening and weekend/holiday coverage under contract. In addition, we offer after-hours coverage contracts to psychiatrists who are not full-time staff members. Please send CV to Jonathan Book, M.D., Clinical Director, SHC, 6655 Sykesville Road, Sykesville, MD 21784. For questions, call 410-970-7006 or e-mail [JBook@dnhm.state.md.us](mailto:JBook@dnhm.state.md.us). EOE

Inpatient, Special Unit for Deaf Patients. Springfield Hospital Center is seeking a **BC/BE general psychiatrist** for the state of Maryland's special inpatient psychiatric unit for deaf patients. ASL interpreters are available 24/7. Salary is negotiable, within MHA guidelines. For other descriptive information, please see our accompanying ad for a general psychiatrist. Please send CV to Jonathan Book, M.D., Clinical Director, SHC, 6655 Sykesville Road, Sykesville, MD 21784. For questions, call 410-970-7006 or e-mail: [JBook@dnhm.state.md.us](mailto:JBook@dnhm.state.md.us). EOE

### Referrals Sought

Drs. John Dluhy and Yavar Moghimi are currently receiving referrals for group psychotherapy. They will be starting a reduced fee, psychodynamic, mixed-gender psychotherapy group and are asking professionals out in the community if they have patients in their 20s to 30s who may be good candidates. The group would begin in August, lasting nine months on a weekly basis. If you have any more questions or know people who you think may benefit, feel free to get in touch with us through e-mail at [ymoghimi@gwu.edu](mailto:ymoghimi@gwu.edu) or by calling 202-741-2887.

## FTC TO DELAY ENFORCEMENT OF "RED FLAGS" RULE THROUGH END OF YEAR.

The Federal Trade Commission announced that it will be delaying enforcement of its 'red flags' rule through Dec. 31, 2010, while Congress considers legislation that would exempt physician, attorney, and accounting offices with fewer than 20 employees from having to comply with the regulation that calls for banks and 'creditors' to have written plans in place to prevent, identify, and mitigate identity theft. Originally, the FTC had set a deadline of June 1 for compliance.



## Washington Psychiatric Society

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