



WPS e-NEWS

January 2013 Issue

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Welcome to the January 2013 edition of WPS e-News, a publication of the Washington Psychiatric Society. Our intent is to provide members with important news and notices in an easy to read format. We welcome your submissions. Please send all notices to enews@dcpsych.org. This publication may also be found online in PDF format for printing at <http://www.dcpsych.org>.

Presidential Perspective

by Avram Mack, MD



"That's What Makes Washington Special!"

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The doctor-patient relationship, played out in the clinical setting, is a hallowed entity that we physicians must guard and never take for granted. It provides for trust, collaboration and communication that is so keenly needed. Our work in the clinical setting includes the primacy of the patient combined with neutrality and attention to counter-transference.

So what? Why do we need these "medical school 101" platitudes in a column on Washington psychiatry? I write not simply because of my near-eight years as a director of medical student education, where these ideals are taught from day one of medical school. Rather I write as an observer of the special pulls (and pushes) that are exerted upon us Washington-area psychiatrists by national and international politics. They provide a challenge for the bulk of us that are not faced elsewhere. Our job, as psychiatrists in this region, is to master that challenge by embracing our basic foundations.

The potential for politics to become inserted into the doctor-patient relationship is high here in Washington, a setting with a population that is uniquely interested or invested in such issues. I grew up in New York City and trained there and in Ann Arbor, Boston, and Charleston, SC. And those were places of great political homogeneity. That's relative to Washington where there is an amazing mixture of political interests and leanings, a mix that transcends socioeconomic status and residential geography in my observations. And I'm not just referring to opinions, but, rather, here is the place where individuals and their families act and live their

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opinions in their daily work as lobbyists, government staff and government professionals, or advocates. It's a diversity of invested individuals that, as one colleague dryly remarked, "makes Washington *special*."

As a result, from private offices to clinics to inpatient units one easily may have patients who have a real and actual stake or interest in issues such as the "fiscal cliff" or gun control or international security; one may even have patients with diametrically-opposite stakes or responsibilities or identities scheduled back-to-back. I worry less about their recognizing each other in the waiting room, but more about their recognizing aspects of their own positions in the thoughts of the physician.

The reality is that we all will encounter situations where patients search for our opinions or thoughts on the issues. And we in mental health must constantly circle back to the fundamentals. We must cling to our appearance of neutrality and objectivity. We must not engage in voyeurism nor activism and must put the clinical needs to the patient first. The slightest tip of the hand as to where we stand poses great risks for the doctor-patient relationship. This is not medical school 101, this is the advanced course that we face in the Washington that is at once both unique and a great challenge to embrace as professionals!

From the Editor

by Gerald P. Perman, M.D., DLFAPA

Hard pressed on my right. My centre is yielding. Impossible to manoeuvre. Situation excellent. I attack! -- Marshal Ferdinand Foch, First Battle of the Marne, 1914



Washington Psychiatry has Dissociative Identity Disorder and it's got it bad! (Will this diagnosis still be in DSM-5?) We ply our trades painting from a rich palate of colors - from those in academia, to those working for HMOs, to the many trainees among us, to those in public sector psychiatry, to those in the private practice of psychotherapy, to those doing mostly psychopharm, to those in research, to the psychoanalysts among us, to those working with kids and teens, to those doing forensic psychiatry - and the list goes on.

This is a good thing and a bad thing. Good (even great!) because of the varied opportunities to practice our medical specialty in so many fascinating and varied ways and that allow us to provide help to different patient populations in the District metropolitan area. Bad because it limits our ability to find sufficient common ground to maintain our cohesiveness as a medical specialty and to support one another's different interests.

Herein lies the challenge to the Washington Psychiatric Society and WPS e-publications. How do we remain relevant to each of you, our cherished members, while at the same time provide a big enough tent for us to come together under? I, for one, am fascinated by the smorgasbord (too many metaphors in this missive?) that psychiatry has to offer, as I'm sure are many of you.

As editor of WPS e-publications, I encourage you to share your knowledge, your experiences, and your expertise with our psychiatric community. Let us know what's happening each month by spreading the word though our monthly electronic newsletter, WPS e-News, published on the last Friday of each month (the current issue is being delayed a week to allow some of our members to return from their winter break), and by sending in your approximately 1,000 word articles to your new quarterly e-magazine Washington Psychiatrist that will first appear in February 2013. Address your emails to enews@dcpsych.org and they will be received my myself

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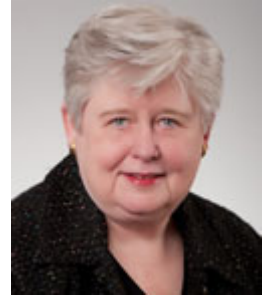
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as well as Pat Troy, Executive Director of WPS, who will be tending to the many details that will allow WPS e-publications to see the light of day.

Management Focus

by Pat Troy, CAE, WPS Executive Director



January will be busy for WPS board leaders and our management team. In an effort to ensure that CPT training is available to all who want it, WPS has scheduled two more trainings in January. In addition, there will a special CME event on PTSD. We are providing support to the Nominating Committee and will be pulling the ballot materials together for the elections. Our auditors should be ready very soon to present their report for the 2011-2012 fiscal year. As you may know, we are switching to a calendar year fiscal year to align with APA's calendar year and will be presenting the draft budget to the board at its January meeting.

I just want to comment that I am noticing a new energy in WPS. We had a terrific response to the call for nominations. Our events have been well-attended and our membership, unlike other District Branches who faced losses, WPS has stayed quite stable and is starting to grow. This is a great time for WPS, so come be a part of this new energy.

WPS will be staffing committees soon for 2013-2014. On the WPS Web site you will find a [Volunteer Interest Form](#).

WPS NEWS

WPS Elections Underway

The WPS Nominations Committee, chaired by Elizabeth Morrison, MD, is now hard at work reviewing candidate applications. Per the bylaws, their recommendations must be presented at the January 15 Board of Directors' meeting. At that meeting nominations may be made from the floor or by petition (signatures of 30 members in good standing required). Staff must prepare the ballots by February 1. Balloting will be done via online voting, however, any member may request a printed ballot be sent via postal mail and paper ballots will be sent to those members for whom WPS has no working email address. Ballots are due March 15 and will be tabulated by the Tellers' Committee. The results will be announced at the April board meeting and published in the May newsletter. The newly elected officers and board members will take office at the same time as the APA officers change in mid-May. If you would like more information on the WPS elections and/or petition process, contact admin@dcpsych.org.

CME Report

Dan Hicks, MD

The CME Committee is busy planning upcoming salons for our members. Dr. Beth Morrison attended a APA training on the CPT codes, and has been busy trying to disseminate the information to our members.

Upcoming trainings are:

Saturday, January 5th at 11 a.m. at Suburban Hospital Auditorium

Sunday, January 13th from 4 p.m. - 6 p.m. at Suburban Hospital Auditorium

Two hours of CME credit are earned at a cost of \$40.

Dr. Robert Ursano from the Uniformed Services University, currently running for APA President, will be speaking on a topic for which he is well-known internationally, Post-Traumatic Stress Disorder, on Sunday January 27th. There will be a brunch at the Columbia Country Club at 11 AM, and Dr. Ursano will speak at noon. The cost is \$75 for members and \$100 for non-members; \$40 for ECPs and \$15 for MITs. Don't miss this once in a lifetime opportunity!

Future speakers and topics will be Dr. Liza Gold on Psychiatric Disabilities and Dr. Mayada Akil on neuroscience. We are tentatively planning our Fall Symposium for September 28th on Psychopharmacology Updates, so please save the date.

The register online, go to <http://www.dcpysch.org>.

Careers, Leadership, and Mentorship Update and DC Psychiatric Society

from Eliot Sorel, MD, DLFAPA



Dr. Eliot Sorel, M.D., D.L.F.A.P.A., Chair of CLM Program
and DC Councilwoman Mary Cheh, Chair of
Government Operations Committee

"The final 2012 CLM and DC Psychiatric Society, a WPS Chapter, was a great success with a focus on **Global Mental Health** with Dr. Pamela Y. Collins as our mentor who gave an inspiring presentation about her career as well as about the NIMH initiatives in global mental health for low and low middle-income countries. The event was attended by about thirty MITs, ECPs and WPS members and guests, including guests from the American Oncological Society interested in our CLM program.

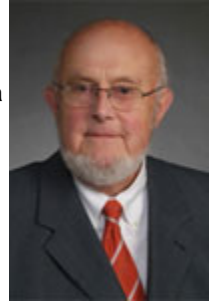
At this program we were also pleased to announce that the abstracts submitted by our WPS MITs, Doctors Rajeev Sharma, Mona Thappa, Urooj Saeed, Milangel Concepcion, and Veronica Sloatsky were accepted by the Scientific Committee of the WPA 2013 Bucharest Congress. The abstracts submitted by our Area 3 members, Bruce Hershfield & Anita Everett as well as those WPS members, Drs. Allen Dyer, Catherine May and Connie Dunlap were also accepted.

They will all be part of the WPA 2013 Bucharest Congress focusing on the *Integration of Primary Care, Mental Health & Public Health for Southeast Europe & Eurasia*. This historic and unprecedented congress will take place at the Palace of Parliament in Bucharest, ROMANIA on April 10-13, 2013. For more information about the congress and for early bird registration by January 8th, 2013, please virtually visit it at www.wpa2013bucharest.org.

Statements from Area III Trustee Candidates (WPS members may each vote for one in the APA

Election).

Brian Crowley, MD, DLFAPA



I am your Area 3 Trustee, running for re-election. Two terms are allowed Area Trustees for a good reason. It takes time to learn to do the job well. At present I am a strong, effective member of the APA Board of Trustees.

I am particularly proud of two accomplishments:

- In March I led a successful initiative to "reset" the relationship of the Board's Executive Committee (EC) to the full Board. The EC was in the habit of giving its reports to the Board "for information only." Concerned about drifting into oligarchy, I led a move to require that the EC, like all other committees, submit its reports to the full Board "for review and appropriate action."
- As DSM-5 entered final review, I was able, working with colleagues, to help modulate some of the more problematic proposals.

The positions I took when I ran for Area 3 Trustee three years ago were followed by action after you elected me.

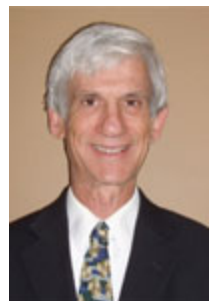
I campaigned for restoring the components, which had been decimated in a time of cost-cutting---and for a new, ethical, and mutually rewarding relationship with the pharmaceutical industry--rather than throwing the baby out with the bathwater in an overreaction to correct past improprieties. Progress has been made on both issues-- see www.drcrowley.yourmd.com

Each time an Area 3 APA member has asked for my assistance, I have provided quality "constituent service." I ask for your vote for a second term. Please be in touch any time.

Very Respectfully,

Brian
Brian Crowley, M.D., D.L.F.A.P.A.
Area 3 Trustee
202-537-2200
bcrowleymd@aol.com

Bruce Hershfield, MD



This is what we're up against: drastically new CPT coding, a new diagnostic manual, requirements to electrify our offices and get e-prescribing, and Maintenance of Certification. We are expected to join Accountable Care Organizations and to adapt to the Affordable Care Act.

That's enough to keep me busy even if I didn't need to see any patients-which I'll have to do

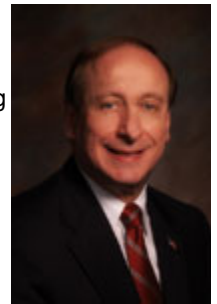
to pay for all these changes.

The next three years will be challenging ones for us and our organization. We need experienced leadership that can deal with these problems while remaining optimistic. I've been learning in the Assembly for almost 20 years; throughout that time the WPS Reps have been teaching me. Roy Coleman was my first Area Rep. The "two Larrys" kept us informed. Catherine, Mike, Hind, Maryam, and now Beth have played important roles. Eliot has been an inspiration. Roger has been our mentor.

When I served on the Board as Speaker-elect and Speaker of the Assembly, I learned that it has its own culture. I came to understand how Assembly, Board and Components interact. I participated on three work groups (where the Board does much of its business, in-between its meetings).

My experiences in private practice, at Sheppard-Pratt, and as CEO of two state hospitals have been helpful, as have my 30 years on the Hopkins faculty. Treating difficult patients has also helped. I understand that we need to solve our problems- –not just to list them. I ask for your vote.

Joseph Napoli, MD



Our Members: I have worked energetically to strengthen our APA on all levels by promoting member representation and involvement. My "Voice of the Assembly" action papers amplified the effectiveness of the Assembly's advisory role in APA governance. My action papers on Maintenance of Certification (MOC) addressed the concern of many members about aspects of MOC. [Visit "Action Papers" at apavotejoe.info.]

Our Profession: As an advocate, I have educated legislators about issues that are pertinent to our profession. As an educator, I embrace life-long learning and have provided numerous educational activities for physicians including conducting an APA Annual Meeting CME course. [Visit "Disaster Psychiatry" at apavotejoe.info.]

Our Patients: As a district branch president, I led a PASS agenda - Parity, Access, Stigma, Scope of Practice. [Visit "NJPA President" at apavotejoe.info.]

I am honored to be a candidate for Area 3 Trustee. If elected, I promise I will:

- faithfully fulfill my fiduciary responsibilities as an APA Trustee
- bring any matter or reasonable idea pertinent to APA business or our members to the Board's attention no matter the origin – whether from the Assembly, State Associations/District Branches, any component, individual member, APA staff, or my own mind
- continue contributing to our APA via the 3 W's - Work, Wisdom, Wealth - for the benefit of Our Members, Our Profession, Our Patients. I will work hard, call upon the virtue of wisdom, and give financially to fulfill our mission and achieve our goals.

Please visit my apavotejoe.info blog and express your thoughts.

MEMBERS IN THE SPOTLIGHT

Dr. Sorel will be presenting at APA

Dr. Eliot Sorel will be co-chairing a presentation at the APA Conference on *Non-Communicable Diseases, Collaborative & Integrated Care*. The program will be presented on May 20 from 3:30 until 5:00 p.m. *Abstract Title*: Non-Communicable Diseases, Collaborative and Integrated care: Essentials for the Practicing Physician and the Health Team

APA NEWS

Area 3 Trustee Report

In an historic development, on Saturday, Dec. 1, the APA Board of Trustees approved DSM-5 for publication. The action came after a comprehensive revision process, lasting more than a decade, which drew contributions from over 1,500 experts in psychiatry, psychology, social work, psychiatric nursing, pediatrics, neurology, and related fields from 39 countries

The book will be available at the Annual Meeting in San Francisco in May.

In other important actions, the Board heard reports on the pending "fiscal cliff," issues with Medicare and Medicaid, and the roll-out of the Affordable Care Act. The Board created an executive action group to coordinate APA's participation in these urgent developments in an agile and aggressive manner.

We heard from the treasurer, who was able to report that our reserves are \$79 million, \$25 million in APA and the rest in the APA Foundation.

The Board heard a presentation by Dr. Ron Burd on the new CPT codes which start January 1 1. More information is available at www.psych.org.

The Foundation reported on its multiple ongoing outstanding programs, including Typical or Troubled, a new program for schools; the PBS Television Series Healthy Minds, season three of which starts next month; and Pipeline Summit Conference #2, in spring 2013, continuing the excellent work of its predecessor in bring stakeholders together to analyze and alleviate the slowdown in development of new psychotropic medications.

Respectfully submitted,
Brian Crowley, MD, DLFAPA
Area 3 Trustee

Are You Ready for CPT Code Changes?

The CPT coding changes for psychiatry go into effect **January 1**. You can review the coding information, which includes a list of the new codes, a crosswalk of 2012 CPT codes to their replacement 2013 CPT codes, and newly added “interactive” codes [here](#). APA has also prepared a [list of fags](#) page and a [video](#) featuring Jeremy Musher, M.D., APA’s advisor to the AMA RUC, discussing how you can prepare for the new system.

American Psychiatric Association Board of Trustees Approves *DSM-5*

Diagnostic manual passes major milestone before May 2013 publication

ARLINGTON, Va. (December 1, 2012) – The American Psychiatric Association (APA) Board of Trustees has approved the final diagnostic criteria for the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*. The trustees’ action marks the end of the manual’s comprehensive revision process, which has spanned over a decade and included contributions from more than 1,500 experts in psychiatry, psychology, social work, psychiatric nursing, pediatrics, neurology, and other related fields from 39 countries. These final criteria will be available when *DSM-5* is completed and published in spring 2013.

-The Board of Trustees approval of the criteria is a vote of confidence for *DSM-5*,â said Dilip Jeste, MD, president of APA. âWe developed *DSM-5* by utilizing the best experts in the field and extensive reviews of the scientific literature and original research, and we have produced a manual that best represents the current science and will be useful to clinicians and the patients they serve.â

DSM-5 is the guidebook used by clinicians and researchers to diagnose and classify mental disorders. Now that the criteria have been approved, review of the criteria and text describing the disorders will continue to undergo final editing and then publication by American Psychiatric Publishing.

The manual will include approximately the same number of disorders that were included in *DSM-IV*. This goes against the trend from other areas of medicine that increase the number of diagnoses annually.

- We have sought to be conservative in our approach to revising *DSM-5*. Our work has been aimed at more accurately defining mental disorders that have a real impact on people’s lives, not expanding the scope of psychiatry,â said David J. Kupfer, MD, chair of the *DSM-5* Task Force. âI’m thrilled to have the Board of Trustees’ support for the revisions and for us to move forward toward the publication.â

Organization of *DSM-5*

DSM-5 will be comprised of three sections:

- Section 1 will give an introduction to *DSM-5* with information on how to use the updated manual;
- Section 2 will outline the categorical diagnoses according to a revised chapter organization; and
- Section 3 will include conditions that require further research before their consideration as formal disorders, as well as cultural formulations, glossary, the names of individuals involved in *DSM-5*’s development and other information.

Summary of Decisions for *DSM-5*

Key decisions made by the Board of Trustees include:*

Overall Substantive Changes

- Chapter order
- Removal of multiaxial system

Section 2 Disorders

- Autism spectrum disorder
- Binge eating disorder
- Disruptive mood dysregulation disorder
- Excoriation (skin-picking) disorder
- Hoarding disorder
- Pedophilic disorder
- Personality disorders
- Posttraumatic stress disorder
- Removal of bereavement exclusion
- Specific learning disorders
- Substance use disorder

Section 3 Disorders

- Attenuated psychosis syndrome
- Internet use gaming disorder
- Non-suicidal self-injury
- Suicidal behavioral disorder

Disorders Not Accepted for Sections 2 or 3

- Anxious depression
- Hypersexual disorder
- Parental alienation syndrome
- Sensory processing disorder

* More information on select decisions is available in Attachment A.

Collaborative Process for Development of *DSM-5*

Beginning in 1999, during the initial phase of this *DSM* revision, the APA engaged almost 400 international research investigators in 13 conferences supported by the National Institutes of Health. To invite comments

from the wider research, clinical and consumer communities, the APA launched a *DSM-5 Prelude* website in 2004 to garner questions, comments, and research findings during the development process.

Starting in 2007 and 2008, the *DSM-5* Task Force and Work Groups, made up of more than 160 world-renowned clinicians and researchers, were tasked with building on the previous seven

years of scientific reviews, conducting additional focused reviews, and garnering input from a breadth of advisors as the basis for proposing draft criteria. In addition to the Work Groups in diagnostic categories, study groups were assigned to review gender, age and cross-cultural issues. The Work Groups have led the effort to review the scientific advances and research-based information that have formed the basis of the content for *DSM-5*.

The first draft of proposed changes was posted publicly on the website www.DSM5.org in February 2010 and the site also posted two subsequent drafts. With each draft, the site accepted feedback on proposed changes, receiving more than 13,000 comments on draft diagnostic criteria from mental health clinicians and researchers, the overall medical community, and patients, families, and advocates. Following each comment period, the *DSM-5* Task Force and Work Groups reviewed and considered each response and made revisions where warranted.

The Work Groups' proposals were evaluated by the Task Force and two panels convened specifically to evaluate the proposals—a Scientific Review Committee and a Clinical and Public Health Committee. The Scientific Review Committee looked at the supporting data for proposed changes. The Clinical and Public Health Committee was charged with assessing the potential impact of changes to clinical practice and public health. Additionally, there was a forensic review by members of the Council on Psychiatry and Law.

All of the reviews were coordinated in meetings of the Summit Group, which includes the *DSM-5* Task Force co-chairs, and review committee co-chairs, consultants, and members of the Executive Committee of the Board of Trustees. The criteria were then put before the APA Assembly for review and approval. The Board of Trustees' review was the final step in this multilevel, comprehensive process.

-At every step of development, we have worked to make the process as open and inclusive as possible. The level of transparency we have strived for is not seen in any other area of medicine,â said James H. Scully, MD, medical director and chief executive officer of APA.

Mental Health Parity Guide

APA has created a [mental health parity guide](#) to assist employers in selecting health plans for their employees that are compliant with the federal parity law, the Mental Health Parity and Addiction Equity Act of 2008. This document analyzes in layman's terms the substance of the parity regulations which have been issued, and it sets forth a litany of questions employers should follow and attempt to answer when trying to assess whether the health plan choices they are considering would be deemed compliant with the federal mental health parity law, MHPAEA.

The guide is a good resource if you're looking for comprehensible and comprehensive analysis of the parity law, including the legal test which must be applied to non-quantitative treatment limitations and an

understanding of medical necessity criteria and the "recognized and clinically appropriate standard of care" exception.

The Journal of Lifelong Learning in Psychiatry in 2013

Early Career Psychiatrists (ECP) of the American Psychiatric Association are eligible to receive a free ONLINE subscription to **FOCUS**.



Focus is the best system to meet Maintenance of Certification requirements of the American Board of Psychiatry and Neurology, self-assessment, Performance in Practice and lifelong learning. In one subscription FOCUS provides a comprehensive review of current clinical practice based on the content outlined by the ABPN recertification exam. Each issue offers clinical reviews, patient management exercise, seminal articles, and CME quiz with 20 hours of CME per year for the journal and 24 additional hours which can be earned through completion of the self-assessment exam. *Enrollment is not automatic!* To enroll in your free online subscription for 2013, please contact APA Customer Service toll free at 888-357-7924. Visit www.appi.org to learn more about Focus and other APA journals. (Note -- Early Career Psychiatrists are general members of the APA who are within their first seven years after completion of training.)

Advancing Minority Mental Health Awards

The American Psychiatric Foundation is now accepting applications for its 2013 [Awards for Advancing Minority Mental Health](#) program. This program recognizes psychiatrists, mental health professionals, and mental health programs and organizations that have undertaken innovative and supportive efforts to either raise awareness of mental illness in minority communities, or improved the quality of care or availability of treatment for underserved minority populations. [Applications](#) must be mailed and postmarked by February 4.

New! Fall Issue of "**In Session with Allied World**" Newsletter Now Available Online

Published in support of the American Professional Agency, Inc.'s psychiatrist insurance program, exclusively for members of the American Psychiatric Association, "In Session" is a quarterly newsletter designed to address legal and risk-related issues that are important to psychiatrists. This issue contains timely articles on:

- Curbside Consultations: When is it a Doctor-Patient Relationship
- Emergency Department Crowding: Risk Management Considerations for Psychiatrists
- Claims Insights: Mediation or Arbitration
- Culture Corner: Mexican American

Please check out this informative newsletter at the American Professional Agency's website: <http://apamalpractice.com/>. We recommend you bookmark this page to view future editions.

Minority Fellowships Program Invites Applicants Deadline - January 30

Psychiatry residents are invited to apply for APA's Minority Fellowships Program. The fellowships provide educational opportunities, not only to minority residents, but to any resident interested in providing quality and effective service to minorities and the underserved. The fellowships provide the funds necessary for psychiatry residents to experience a specialized educational program specifically geared toward building leaders in psychiatry to improve the quality of mental health care for the following federally recognized ethnic minority groups: American Indians, Native Alaskans, Asian Americans, Native Hawaiians, Native Pacific Islanders, African Americans and Hispanics/Latinos. The fellowship program is also designed to involve the resident in the work of the association and to give APA the perspective of young psychiatrists. Learn more about the APA/SAMHSA fellows, APA/SAMHSA Substance Abuse fellows and the APA/Diversity Leadership fellows on the [APA fellowship page](#). Complete the fellowship application form found under "For Psychiatry Residents" and select which fellowship you wish to apply for. Or, you can complete the Minority Fellowship Application online located [here](#). The application **deadline is Jan. 30**. All applicants are welcome to apply regardless of race, ethnicity, gender, national origin, religion, sexual orientation or disability. If you have any questions please contact Marilyn King at (703) 907-8653 or mking@psych.org.

Travel Scholarship for Minority Medical Students Deadline - January 31

The Travel Scholarship for minority medical students supports travel and related costs for approximately 10 medical students to attend the APA [Annual Meetings](#) held in May each year at various locations. The travel scholarship application **deadline is January 31**. Complete the application on the Minority Fellows [page](#) posted under "For Minority Students."



Study Examines Employer Perceptions of Stress and Resilience Intervention

Research with 46 employer representatives finds that trust is key to addressing stress and resilience in the workplace.

Research published in the *Journal of Occupational & Environmental Medicine* (JOEM) supports increasing attention to the role of trust in organizations. The article, "Employer Perceptions of Stress and Resilience Intervention," examined employers' perceived organizational strengths in addressing stress and resilience-building in order to expand knowledge and inform workplace interventions.

Partnership for Workplace Mental Health consultant Nancy W. Spangler, PhD, OTR/L was the lead researcher on the study, which used grounded theory methodology for sampling and analysis of narrative data from interviews and discussion groups with 46 employer representatives.

Employer representatives detailed three levels of approaches that affect how their company addresses stress and resiliency:

- (1) Preventing stress/building resilience;

(2) Providing information, resources, and benefits to employees; and

(3) Intervening actively with troubled employees.

A key finding from analysis of the narrative data was that "Preventing stress through trusting work relationships and trust in stability of organizational structures emerged as a core concept explaining effectiveness of these approaches."

Lead author Dr. Spangler explained that, "it's not enough to plug in a program and walk away. Our research found that employers may benefit from actively developing and fostering systems and environments that support trust and a sense of connectedness. Consistent and effective communication about the organization's values and ethics, as well as current business realities, appear to be important factors in reducing employee distress building and building organizational resilience."

The Partnership for Workplace Mental Health was a collaborator in this research project and helped bring together employers to participate in the study. Partnership director Clare Miller said, "The idea that trust could play such a key role in resilience is instructive, especially during challenging economic times. One comment from an employer has really stayed with me: 'Our people trust that the messages management is telling employees are true. Even if the message itself is tough, the sense that management tells the truth is very important.'"

Spangler's team appreciates the employer representatives who shared insights into their organization's strengths. The team encourages other researchers to expand on social and emotional aspects of workplace health and organizational performance. The full article is available from the Partnership website.

About the Partnership for Workplace Mental Health

The Partnership for Workplace Mental Health is a program of the American Psychiatric Foundation, a subsidiary of the American Psychiatric Association. The Partnership for Workplace Mental Health collaborates with employers to advance effective approaches to mental health and promotes the business case for quality mental health care, including early recognition, access to care and effective treatment. The Partnership also identifies and highlights the successful approaches employers are taking to address mental health. For more information, see www.workplacementalhealth.org

Webinar on Coverage of State Exchanges

Each legislative session advocates for psychiatry seek to influence the content of state and federal laws. Being able to craft meaningful state and federal laws requires knowing how existing state and federal laws interact with each other. These legal principles are often referred to as "Conflict of Laws."



You can watch the [webinar](#) hosted by APA's Deputy Director of Regulatory Affairs, Julie A. Clements, J.D., M.P.P., legal counsel for The New York State Psychiatric Association, Seth P. Stein, JD and Rachel A. Fernbach, JD, and APA District Branch Executive Directors Beverly Dupuis of the Massachusetts Psychiatric Society and Wilma Cooley of the Tennessee Psychiatric Association.

FROM THE MEDIA

The Employer Guide for Compliance with the Mental Health Parity and Addiction Equity Act

The Partnership for Workplace Mental Health is pleased to share with you a guide designed to help employers ensure compliance by their health plan vendors with the requirements of the historic mental health parity law, estimated to affect 113 million people, including 82 million enrolled in self-insured plans. [*The Employer Guide for Compliance with the Mental Health Parity and Addiction Equity Act*](#) is publicly available [here](#).

The Mental Health Parity and Addiction Equity Act of 2008 requires group health plans that cover more than 50 employees and offer mental health and/or substance use disorders coverage to have parity between mental health and substance use disorder benefits and medical/surgical benefits with respect to financial requirements and treatment limitations.

The law and its implementing regulations, an Interim Final Rule, are very detailed and contain many complex concepts that can be confusing and can make compliance a difficult and time-consuming task. The guide was developed to give employers an overview of the key questions they should be asking to ensure that their health insurance plans meet the requirements of the law.

"The law and its regulatory requirements are complicated, but employers are on the hook for significant financial penalties – as high as \$100 per member per day of noncompliance," said William L. Bruning, JD, MBA, Co-Chair of the Partnership for Workplace Mental Health Advisory Council.

"The idea for this guide came from a conversation we had with the employer members of our Advisory Council. We thought it would be helpful to provide employers, the actual plan sponsors, with a tool they could use to engage brokers, benefit consultants and plan administrators in a discussion to better understand how their health plans are complying with the law," said Alan Axelson, MD, Co-Chair of the Partnership for Workplace Mental Health Advisory Council. The Council provides strategic guidance to the program and represents a diversity of experience and perspectives, including psychiatrists and employers such as Sprint Nextel Corporation, DuPont, and JPMorgan Chase & Co.

Partnership Advisory Council member Paul Pendler, PsyD, ABPP, a Vice President in the Employee Assistance and Worklife Program for JPMorgan Chase, said "At JPMorgan Chase, we care about our employees' total wellbeing and understand that mental health is essential for optimal health and productivity. This guide will prove to be a valuable tool for employers to dialogue with their health insurance carriers to ensure they are providing the highest quality of mental health services to their employees."

The guide was developed by Steve Melek, FSA, MAAA, Principal and Consulting Actuary at Milliman in conjunction with the Partnership for Workplace Mental Health and the American Psychiatric Association, who explained, "This guide gives employers an approach to compliance and is based on the many questions Milliman has received while working with insurers and employers on parity issues."

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with employers to advance effective approaches to mental health and promotes the business case for quality mental health care, including early recognition, access to care and effective treatment. The Partnership also identifies and highlights the successful approaches employers are taking to address mental health. The Partnership's network includes more than 5,000 employers and related purchasing stakeholders. For more information, see www.workplacementalhealth.org

Health Care Reform and Integrated Care Creates an Opportunity for Preventive Psychiatry

ARLINGTON, Va. (December 3, 2012) — Implementation of the Affordable Care Act (ACA) offers significant opportunities for improving prevention of mental illnesses and promotion of mental health according to members of the Prevention Committee of the [Group for the Advancement of Psychiatry](#) (GAP). Writing in the December issue of [Psychiatric Services](#), a journal of the American Psychiatric Association, the authors assert that the field of psychiatry is in a position to advance the goal of prevention of mental illnesses and to promote emotional and mental well-being.

Ruth S. Shim, M.D., M.P.H. and coauthors describe the important role that psychiatrists can play in advancing prevention of mental illnesses, in particular by working to incorporate prevention strategies in integrated care initiatives and by collaborating with primary care providers to screen for risk factors and promote mental and emotional well-being.

Provisions of the Affordable Care Act (ACA) will shift the U.S. health care system to address achieving wellness rather than just treating illness, including improved coverage of preventive services; incentives to integrate and coordinate primary care, mental health care, and addiction services; and establishment of the [National Prevention, Health Promotion, and Public Health Council](#), which has developed a [National Prevention Strategy](#).

Examples of potential primary care integration and prevention noted by Shim and colleagues include providing behavioral health screening such as with the nine-item Patient Health Questionnaire (PHQ-9) for depression or the screening, brief intervention, and referral to treatment (SBIRT) for substance abuse. Further efforts might involve the use of mental wellness coaches and behavioral change experts in patient-centered integrated care settings.

The authors suggest that psychiatrists and primary care providers could collaborate on culturally and developmentally sensitive methods of screening for risk factors and adverse health behaviors such as substance abuse, domestic violence, and firearm ownership. In addition, by using a developmental perspective, psychiatrists could provide primary care-based interventions focused on enhancing strengths and protective factors among children, youth and their parents.

While the Affordable Care Act offers opportunity, the authors recognize the extent of change and suggest a note of caution, saying that "Expanding psychiatric services to incorporate prevention within a primary care setting will require a paradigm shift that challenges the way psychiatry has historically been practiced."

Resource Materials for Medicaid Expansion in the States

Paula Johnson, APA Senior Deputy Director, State Affairs

Following the Supreme Court's decision this summer on the Patient Protection and Affordable Care Act (PPACA), the nation's governors and state leaders face the choice to participate or opt out of the Medicaid expansion. The Act provides for the expansion of Medicaid to a national eligibility floor of 138% of the Federal Poverty Level (\$15,415 for an individual or \$26,344 for family of three in 2012) in 2014, which would make millions of uninsured adults newly eligible for the program. The Supreme Court ruling on the PPACA limits the authority of the Secretary of Health and Human Services to enforce the Medicaid expansion, and effectively made the ACA's expansion of Medicaid eligibility a state option. This may affect state decisions to implement it. If a state does not expand Medicaid, low-income adults in that state will be without any new coverage options and will likely remain uninsured.

Medicaid enrollment and spending is expected to rise even in states that elect not to expand coverage. That is because other ACA provisions, including the requirement to simplify enrollment and the implementation of the health exchanges created by Act are expected to increase Medicaid enrollment of some adults and, especially, many children who are already eligible for the program but not yet enrolled. States may want to factor the costs of the currently eligible population into their calculations as they weigh the costs and benefits of undertaking the Medicaid expansion to newly eligible individuals. States that do adopt the expansion will see significant increases in coverage with limited incremental state costs and will see large increases in additional federal funds.

If coverage is expanded, states are likely to see declines in uncompensated care costs tied to spending on hospital care for people without insurance. If all states adopted the Medicaid expansion, it is estimated that states could save \$18 billion from 2013-2022. That is expected to further mitigate the incremental costs of implementing the Medicaid expansion.

At its recent House of Delegates meeting, the American Medical Association HOD adopted a new policy on Medicaid expansion. The AMA will -- at the invitation of state medical societies -- work with state and specialty medical societies in advocating at the state level to expand Medicaid eligibility to 133% (138% FPL including the income disregard) of the FPL as authorized by the Affordable Care Act. It will advocate for an increase in Medicaid payments to physicians and improvements in Medicaid that will reduce administrative burdens and increase the efficiency of health care delivery.

The AMA Advocacy Resource Center (ARC) has an [Issue Brief](#) on Medicaid Expansion as well as several resources focusing on increasing Medicaid payments to physicians. AMA has also developed [Guiding Principles](#) on Medicaid Delivery and Payment Reform which include principles for reducing administrative burdens and improving efficiencies in health care delivery.

Additionally, we want to make you aware of the availability of a video from a recent program sponsored by the nonpartisan Alliance for Health Reform and the Kaiser Family Foundation. Entitled "Medicaid Expansion: What's at Stake for the States?", the video is now available here: http://www.allhealth.org/briefing_detail.asp?bi=266 Featured speakers at the event were John Holahan, director of the Health Policy Center at the Urban Institute, who discussed his report on the Medicaid expansion and costs to states, including coverage considerations; and Deborah Bachrach, special counsel at Manatt, Phelps & Phillips, who discussed how various states are assessing the fiscal implications of the Medicaid expansion and also described New York's approach to its expansion options.

MARK THE DATES

WPS Hosted Events

CPT Coding Changes – January 5, 2013

Presenter: Elizabeth Morrison, MD, Past President, WPS

Date: Saturday January 5, 2013, 11:00 a.m. to 1:00 p.m.

Location: Suburban Hospital Auditorium, 8600 Old Georgetown Road, Bethesda

Cost: \$40

CME: 2 CME Credits (APA)

[Online Registration Form](#)

CPT Coding Changes – January 13, 2013

Presenter: Elizabeth Morrison, MD, Past President, WPS

Date: Sunday January 13, 2013, 4:00 p.m. to 6:00 p.m.

Location: Suburban Hospital Auditorium, 8600 Old Georgetown Road, Bethesda, MD 20814

Cost: \$40

CME: 2 CME Credits (APA)

[Online Registration Form](#)

Post Traumatic Stress Disorder – January 27, 2013

Presenter: Robert Ursano, MD, Uniformed Services University, running for APA President

Date: Sunday, January 27, 2013

11:00 am to 12:00 pm brunch, 12:00 pm presentation

Location: Columbia Country Club, Chevy Chase MD

Cost: \$75 members, \$100 nonmembers; \$40 ECPs; \$15 MITs

CME: 1.5 CME credits through MedChi

[Online Registration Form](#)

The Washington Psychiatric Society CME Committee has provided our members a special opportunity to hear Dr. Robert Ursano speak on Post Traumatic Disorder. Dr. Ursano is one of the foremost experts in this area. His presentation and question/answer session promise to be exceptional. Please plan to attend this special event.

Dr. Ursano is Professor of Psychiatry and Neuroscience and Chairman of the Department of Psychiatry at the Uniformed Services University of the Health Sciences. He is founding Director of Center for the Study of Traumatic Stress. He has received the Department of Defense Humanitarian Service Award and the highest award of the International Traumatic Stress Society, The Lifetime Achievement Award, for "outstanding and fundamental contributions to understanding traumatic stress." He is a frequent advisor on issues surrounding psychological response to trauma to the highest levels of the US Government and specifically to the Department of Defense leadership. Dr. Ursano has served as a member of the National Academies of Science, Institute of Medicine, Committee on Psychological Responses to Terrorism, Committee on PTSD and

Compensation and the Committee on Nuclear Preparedness; and the National Institute of Mental Health Task Force on Mental Health Surveillance After Terrorist Attack. In addition he is a member of scientific advisory boards to the Secretary of Health and Human Services and the Centers for Disease Control. Dr. Ursano has over 300 publications. He is co-author or editor of seven books.

Other Events of Interest

District of Columbia Behavioral Health Association

Understanding the New CPT Codes

January 14, \$100 registration fee

Co-sponsored by the D.C. Department of Mental Health and Health Services for Children with Special Needs.

The training is appropriate for clinical directors, clinic managers, and billing managers.

<https://sites.google.com/site/dcbbehavioralhealth>

APA Offers Free Monthly Webinars

The American Psychiatric Association offers **FREE** monthly webinars for physicians who have waivers to treat opioid dependence in office-based settings and other interested clinicians. The presentations address cutting-edge topics in treating substance use disorders and feature nationally prominent clinical experts, researchers, and government officials. Join us the **second Tuesday of each month at noon Eastern**.

The next session in this ongoing series will take place:

DATE: Tuesday, January 8, 2012

TIME: Noon - 1 p.m. Eastern

TOPIC: **Managing Poly-Substance Abuse: A Case Discussion**

PRESENTERS: Jeffrey Baxter, M.D. and John A. Renner, Jr., M.D.

Opioid agonist treatment with buprenorphine has been shown to be effective for suppressing opioid withdrawal symptoms, reducing opioid abuse and retaining patients in addiction treatment. Many patients with opioid addiction also abuse other substances, such as alcohol, cocaine, benzodiazepines and prescription stimulants. Buprenorphine prescribers must address the abuse of these other non-opioid substances when they occur in the context of buprenorphine treatment.

The goal of this session is to explore, through a case discussion, clinical responses to the abuse of non-opioid substances for patients in buprenorphine treatment. Drs. Baxter and Renner will

- discuss strategies for addressing the abuse of non-opioid substances both at the time of admission to buprenorphine treatment and during ongoing buprenorphine maintenance
- describe options for enhancing treatment by utilizing specialty addiction treatment modalities; and
- address decision making around discontinuing buprenorphine treatment and procedures for referring patients to more intensive levels of care.

NOTE: Recordings of previous PCSS-B webinars can be accessed at www.pcssb.org (click on the Hot Topics Webinars tab) and at www.psychiatry.org/pcssbwebinars

Embassy of Italy

January 29, 2013, 8:45 a.m. – 1:30 p.m.

Auditorium, 3000 Whitehaven St., NW Washington, DC 20008

Workshop - Leaders and terrorists: psychological perspectives on national security

Part 1 – The Terrorist

The Science Office of the Embassy of Italy announces the first of two Workshops that will focus on the psychology of terrorism and on the outlook for terrorism, with implications for counterterrorism.

The final program and related information will be published on the Embassy of Italy website by January 5th 2013.

Contact information: *Vanessa Virano, Ranieri Guerra*, Embassy of Italy, E-mail: ranieri.guerra@esteri.it
(202) 612-4438; Fax: (202) 518-2147

Washington Center for Psychoanalysis – New Directions Program

Mary Target PhD

Anna Freud Centre, London

"Attachment, Affect / Self-Regulation, and Mentalization in Psychotherapy"

Thursday, February 7, 2013

8:30 a.m. – 5 p.m.

Residence Inn, Pentagon City

6 CME/CE Credits

\$160 WCP Members, ND Students & Alumni

\$185 Non-Members

\$120 WCP Candidates and Students

Register: https://wcp.memberclicks.net/index.php?option=com_mc&view=mc&mcid=form_132475

www.wcpweb.org

Consortium for Psychoanalytic Research, Inc.

20TH Annual Conference

Sunday, February 3, 2013 | 8:15 AM – 4:30 PM

Hosted by the George Washington University Medical Center

Department of Psychiatry and the Behavioral Sciences

Developing a Psychic Skin: Implications of Infant

Observation Research for Clinical Care

Brian Feldman, PhD Jungian Psychoanalyst, Palo Alto, CA

Register now at cprincdc.eventbrite.com

www.CPRincdc.org

Child and Adolescent Psychiatric Society of Greater Washington (CAPSGW)

CAPSGW Spring Symposium - New Insights Into College Mental Health -- Challenges Of Working With Transitional Age Youth And Young Adults

March 2, 2013

8 a.m. – 4 p.m.
Suburban Hospital
Bethesda, Maryland

Psychiatric Society of Virginia

2013 Spring Meeting

A Place for Psychotherapy in Modern Psychiatry

March 22-23

Richmond, VA

www.psva.org

American Psychiatric Association

166th Annual Meeting

May 18-22, 2013

San Francisco, CA

Member registration and housing for the 166th Annual Meeting is now open.

The 2013 APA Annual Meeting focuses on the theme of ***Pursuing Wellness Across the Lifespan*** using science and education to improve patient care. The APA Annual Meeting is designed to provide your members with the tools and in-depth learning experiences to expand your knowledge and improve your patient care. We invite you to help us market this extraordinary meeting.

By attending the 2013 APA Annual Meeting, attendees will...

Learn – *Expand your knowledge base with new advances in the field of psychiatry, best practices, and clinical research*

Over 400 clinical and scientific sessions in specialty tracks:

- DSM 5
- Anxiety and Mood Disorders
- Personality Disorders
- Psychopharmacology
- Psychotherapy
- Schizophrenia and other Psychotic Disorders
- National Institute on Drug Abuse (NIDA)
- Military Psychiatry
- Ethics Wellness
- Integrated Care
- Benefit from world-renowned lecturers, including four Nobel Laureates

Discover – *Learn everything you need to know about the new DSM-5*

- Register for five special Master Courses including **DSM 5: What You Need to Know**

Value – Participate in over 400 clinical and scientific sessions; earn CME; explore the exhibit hall; receive discounts on publications, journals, and CME products – all in one location

Network – Expand your peer network and meet new colleagues from around the world

9th Congress of the International Neuropsychiatric Association

Treating Neuropsychiatric Illness: A Multidisciplinary Effort

September 25-27, 2013

The Congress Plaza Hotel and Convention Center

Chicago, IL

www.inawebsite.org

OBITUARIES

Irwin H. Marill, MD, DLFAPA, passed away August 28, 2012. Dr. Marill, who was born in 1929, completed his residency in 1959 and joined APA in 1951. He practiced psychiatry in Bethesda.

CLASSIFIEDS

Large, bright, attractively furnished office available Tuesdays, Wednesdays and Thursdays. Located in the Highland House, one block from the Metro with free on-street parking as well as garage in the building. Waiting room, bathroom, kitchen with refrigerator, microwave, Xerox machine, dedicated Fax line and WiFi. Call William Polk, MD, 301-656-6446. wpolk@aol.com

Medical/Therapist Office (Foggy Bottom/West End). This beautifully renovated and fully furnished office is available for lease full time to a licensed mental health professional. The office is in a two-office suite located on the 6th floor of the medical office building at 908 New Hampshire Ave, NW, one block west of the Foggy Bottom metro. The office is 14x18, soundproofed, with a private workroom, and bathroom with a shower. There are ample built in filing cabinets for storage, a large desk and beautiful sitting area. The suite has a common waiting area and bathroom. The office faces southeast and has excellent views. Available for immediate occupancy. Please contact Katie Gilbert 202-363-1010 ext. 0 for more information. 225 sq. ft. \$1900

OFFICE AVAILABLE: Chevy Chase, MD, Barlow Bldg, 5454 Wisconsin Ave., 1 blk to Friendship Heights Metro/ Red Line. Furnished, spacious + bright office in suite with other psychiatrists. Large waiting rm, kitchenette, security, garage parking, in medical bldg. FT or PT. \$1125/mos FT. Call 301.656.4070

Office in 3 office suite: 235 sqft. Large bright office in 3 office suite with built-ins, sound proofing, kitchenette and BR in suite, cleaning included; available immediately. Great location, 1400 20th St. near Metro, restaurants etc. Long term lease available. 202-331-8484 ggrinc@gmail.com