James Flax, MD, MPH, DFAPA

Please join APA's New FREE 'Find a Psychiatrist' Database by clicking here.

You will find below a synopsis of our meeting so all readers will have an idea of district branch business. But, it’s only a synopsis. Please come to a meeting to appreciate the rich discussions.

There is a follow-up article on the services in Rockland County. We are hoping to have information that reviews more of the services in Orange, Sullivan, Delaware and Rockland in future editions of eSynapse. Dr. Abdullah has again sent us a new article in his long line of erudite essays. There is another poem. There are ads and announcements that may interest you. Please scroll all the way to the end to see it all. And, if you are not receiving the MSSNY eNews, here’s a link where you can read about issues of interest to all of medicine in New York State: http://www.mssny.org.

IT’S A FREE LUNCH!
Next Executive Council Meeting
Il Fresco Restaurant, Orangeburg, NY
Friday, November 13th, 2015
Journal Club (15 minutes) PROMPTLY at 12:30
Followed immediately by Business Agenda

Please contact Mona Begum, MD (drmonabegum@gmail.com) if you are planning to attend.
Mona Begum, MD [drmonabegum@gmail.com]

Dear West Hudson psychiatric society members, colleagues and friends:

It was so nice to see many colleagues and friends who attended our fall educational meeting on October 2nd. Dr. Donald Goff was our speaker. He is an expert in Schizophrenia research and treatment. He enlightened us with several research studies and expressed concern about the bleak picture of development of new psychotropic medications in the pipeline. He compared the effect of continued use of psychotropic medications versus intermittent use of them having a better outcome in the long run in terms of the quality of life and functioning with the second approach in first episode psychosis. The FDA approves Brexipiprazole for use as an adjunctive therapy to antidepressants in adults with major depressive disorder. The mechanism of action is similar to Aripiprazole.

For those of you who missed the meeting, following are a synopsis of my comments:

I feel honored to be selected to serve our district branch as a president. I thank you for trusting me to carry out this role for the next two years. I can only do my job well with your participation and full support. I welcome your input, ideas and any feedback.

I have been a member of APA and the district branch over 30 years. At our last APA annual meeting I was awarded with the distinguished life fellow award. So you can imagine how much I paid to APA during those long years!! I did it because I thought it’s worth it. As a physician, especially as a Psychiatrist, I feel we have a responsibility to our vulnerable mentally ill population. We need to advocate for them, help lower the stigma of mental illness, educate patients & families regarding the prevention of illness, promote & provide the highest quality of treatment, and help to develop mental health reform policies at a government level.

I worked in Public psychiatry and private practice throughout my career. I have seen the field of psychiatry grow in leaps and bounds in several areas but there are some devastating effects happening to our chronic mentally ill. When I joined RPC in 1981 there were 3000 patients. When I retired in 2011 there were about 450 patients. Where did these patients go? We all know the Community Mental Health Act of 1963 did not fully materialize. Due to a lack of proper services and supportive community housing our jails and prisons became de facto mental institutions. For our patients sake we need to get involved. As your President, my focus for the next two years will be:

#1 Encourage more membership involvement. I urge you to join us in our monthly meetings held on a Friday at 12:30pm. We start with the journal club presentation, eat a delicious lunch and have a lively discussion.
#2 Our district branch is the second smallest. My goal is to increase the membership by enrolling more early career psychiatrists
#3 Continue to engage with the community to explore mental health services, resources and share information with members. We already had several guests invited to our executive council meeting. Dr. K, Medical Director, Nyack Hospital; Dr. Greenberg, Medical Director Mental Health Association; Dr. Seeth Vivek President NYSPA; Michael Leitsiez Commissioner Rockland County Mental Health. Dr. Mehta invited Dr. Kenny, Chief of Psychiatry, RPC to join us at our next meeting. I welcome your suggestions for other guests from the community.
Our committee chairs:
Jim Flax, Editor of eSynapse, Chair, private practice
Lois Kroplick, Public Affairs Representative
Raj Mehta, Chair, Education
Russell Tobe, Early Career Psychiatrist Representative, Chair Legislative Committee, Treasurer.
Mark Tarle, Chair Ethics Committee
Nigel Bark, Assembly Representative and President–Elect
Dominic Ferro, Chair Membership Committee

Our next meeting is on November 13th at 12:30pm @ Il Fresco restaurant in Orangeburg.

Enjoy the beautiful fall weather.

(From here, there's a summary synopsis prepared by the commission. Read on if interested in Rockland County mental health services. If not, skip below.)

**County Executive's Commission on Community Behavioral Health- Overview**

The Commission was formed by County Executive Ed Day in August 2014 to study behavioral health needs in Rockland to assess the needs and make recommendations as to how to best address the needs. The study took place over nine month period- from August 2014- May 2015, and covered the entire spectrum of behavioral health needs in Rockland County- mental health, substance use disorders, and intellectual/developmental disabilities- from prevention to intervention/treatment to recovery services.

Commission was comprised of Executive Committee (County Commissioners, elected officials, CEOs of hospitals), Action Team (designated staff who designed the instruments and did the hands-on work), and Coordinators (responsible for oversight of the process and preparation of the report). Comprised of governmental and non-governmental members- all voluntary.

Commission used three means of collecting data: surveys (nearly 1400 collected- consumer, provider, and resident- also available in Spanish), focus groups (40 spanning a wide range of participants, completed from 9/2/14-10/31/14), and key informant interviews (selected to represent consumers, providers, hard-to-reach communities in Rockland- 28 in all).

From November- mid-December needs were identified and categorized- from December-February recommendations were developed- Report prepared from March- May. Video presentation prepared in June, with full overview of the Commission's process and findings. Report is available on the County website (rocklandgov.com)- also five minute video clip, and press release. Report provides a chart for easy access to sections pertaining to specific agencies, disability areas, etc.

**Findings** (and related recommendations) **divided into five categories:**

**I. Strengths of the Current System- what works**
Commission identified programs where consumers, residents and providers felt satisfied with services
Need for and importance of collaboration within the system and with the community agencies at large.
RECOMMENDATIONS (Building Upon Strengths): Use of consumer satisfaction surveys, expansion of services that are working, County taking a role in encouraging collaboration

II. Lack of Awareness of Behavioral Health services
Both the public at large and the providers/consumers were unaware of many of the services currently available in Rockland. All felt that there needed to be a centralized place to find behavioral health resource information

RECOMMENDATIONS (Increasing Awareness): Create a “one stop shop” for information regarding behavioral health, possibly by an expansion of or connection with InfoRock, County changing contractual requirements to ensure that agencies provide updated information at least annually on their services

III. Barriers to Receiving Care
Main barriers included transportation, housing
Biggest barrier was lack of insurance or insurance not accepted
Cultural competence was lacking (languages spoken, cultural awareness) among providers
Hours of operation, location were also problems

RECOMMENDATIONS (Removing the Barriers): Include half-price bus tickets to help consumers access behavioral health services, County advocacy on the State and Federal level to address insurance restrictions (make behavioral health parity a reality), training on cultural issues, recruit diverse workforce, change/increase hours of operation to include evenings, weekends, satellites in the community

IV. Gaps in Services
“Gaps” was the largest section of the report: fell into seven categories (adult mental health, chemical dependency, child and adolescent mental health, crisis services, co-located services, criminal justice, intellectual/developmental disabilities)

RECOMMENDATIONS (Closing the Gaps): Adult mental health included re-imagining/expanding services of Rockland Psychiatric Center through telepsychiatry and a re-branding of clinic and intensive outpatient services, and increased access to beds at Rockland Psych- Chemical dependency included and expansion of prevention counseling services and treatment services- child and adolescent included a new child clinic through RCPC, expansion of school-based programs, and family supports- Crisis services included an assessment center connected to the new Behavioral Health Response team (BHRT) and improvements to the inpatient crisis unit- Co-located service recommendations included more “one-stop” facilities (like MACSHY)- Criminal justice included expansion of behavioral health services at the jail and probation department- I-DD recommendations included increased ability to accommodate this population throughout the system (no wrong door).

V. Role of Government
All felt that local government had a vital role- State and Federal too big to understand and focus, municipal too small to really meet needs. Expectations of government included planning and coordination, advocacy, needs assessment, policy development.

RECOMMENDATIONS (Reaffirming the Role of Government): Revitalize the former Unified Services system (call it the Unified Services Behavioral Health system)- re-empower the Community Services Board and County planning process to be more connected to County Exec and Legislature and have more input into decisions affecting behavioral health- coordinate overall behavioral health system re-design through the
Many recommendations can be accomplished with current resources- some will take increased resources. Some can be done immediately- some will take place over time because of resource issues and the challenge of overall system re-design. This has been designed as a five-year plan:

**What has been accomplished so far?**
- Behavioral Health Response Team (BHRT)
- MACSHY (Multi-Agency Collaborative for Safe and Healthy Youth) at BOCES
- Two new clinics in the community- one school-based (Fieldstone) and one community-based (Haverstraw Center)
- Beginning work on I-DD Alternatives to Incarceration program through DA’s office
- RPC committed an increased % of beds for Rockland residents

**What are we working on right now?**
- Meeting with RPC, RCPC and the State office of Mental Health on a variety of recommendations- including expansion and re-branding of RPC intensive outpatient services (partial hospital “lite”), a children’s mental health clinic in Nyack, and a possible specialization track for autism spectrum disorder.
- Changing the name of the Department of Mental Health to the Department of Behavioral Health to reflect the new thinking/change in direction

**What are some of the most important goals of the first year?**
- Re-establishment of the local planning process, with involvement on every level of govt. through Community Services Board, subcommittees and workgroups
- Modifying contractual process to better coordinate- consumer satisfaction surveys, information and resource sharing, collaboration
- Resource Development Committee will continue to find ways to maximize what we have and develop new funding

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**Summary from Executive Council Meeting**
**Friday, July 24, 2015**
**Il Fresco, Orangeburg, NY**

**Attendees Present:** Mona Begum, Jim Flax, Raj Mehta, Marc Tarle, Russ Tobe, Lois Kroplick, Dom Ferro and Liz Burnich.

**Journal Club:** For Journal Club this month, Dr. Raj Mehta presented a study on depression sub-types including the different types of depressions and what medications they respond to. This led to an interesting discussion on genetic testing for depression.

**Fall 2015 Educational Meeting Update:**
- Don Goff, M.D. will be our presenter for our fall dinner meeting on Friday, October 2, 2015 at 6pm at La Terrazza.
- We booked the larger room at La Terrazza (can hold 40 people) but only have 20 attendees confirmed at this time.
- Russ will have flyer distributed at NKI and Raj will drum up interest at RPC.
Spring 2016 Educational Meeting:
- We asked Dr. Maria Oquendo if she would like to be our guest speaker for this coming spring but she declined due to over-commitment. We discussed a possible topic of genetic testing and both Jim and Russ will try to put feelers out for potential presenters.

NYSPA Area Council Meeting:
- The NYSPA Area Council Meeting will take place on Saturday, October 9, 2015 at the LaGuardia Marriott. Mona, Nigel, Lois and Liz will attend.

Public Forum Update:
- Lois advised that the Public Forum will take place on October 21 at Rockland Community College on the topic of ADHD. Dr. Laura Antar will be the expert speaker and attendees will also hear from a patient diagnosed with ADHD.
- Lois would like to encourage all WHPS members to attend to support fellow WHPS member, Dr. Antar.
- Liz will invite the new residents at Orange Regional Medical Center to attend the Public Forum and Dom will take them to dinner if they can attend.

Coalition Dues:
- The Executive Council approved the payment of $300 for Coalition dues. Liz will mail payment.

Women’s Meeting:
- The next Women’s Meeting will take place on Oct 9 at Jane Kelman’s office at 12:30pm.

WHPS Member Request:
- A member of WHPS has requested that we sponsor a group health insurance plan and reach out to our members for participation.
- This request was discussed in depth and followed by a vote of all EC members present.
- The request was not approved.

Future Guests to invite to our Executive Council Meetings:
- Raj Mehta will invite Dr. John Kenny, Chief of Psychiatry at Rockland Psychiatric Center to attend our next meeting in November.
- Other future guests we would like to invite are Dr. K from Nyack Hospital, a Jawonio representative, an Orange Regional Medical Center representative and the person in charge of the Mobile Crisis Team.

Other Business Items:
- NYSPA, WHPS and the Westchester Psychiatric Society will join forces to sponsor a VA educational event using a grant from the VA and support from PRMS. The event will take place on the evening of Wednesday, April 6, 2016. More details to follow.
- Liz submitted an application to the APA for the 2015 Expedited Grant and we were just advised that we will be awarded $2,678.57 to be used for membership growth and retention activities within the next year.

Next Executive Council Meeting - Friday, November 13, 2015 at 12:30pm at Il Fresco, Orangeburg, NY. Raj will invite Dr. Kenny to join us as our guest. Russ will also present Journal Club.
News and Notes for APA District Branches/State Associations
September 2015

This monthly newsletter is prepared by APA’s Communications Team as a benefit for our District Branches and State Associations. Feel free to share the articles below in your own newsletter. If you have any questions, please contact James Carty at jcarty@psych.org or 703-907-8693.

Want to keep up with APA in between newsletters? Connect with us on Facebook, Twitter (@APAPsychiatric) and LinkedIn for the latest news and updates.

What’s New at the APA
• APA announced in July that the association will move to new headquarters in Washington, D.C., after current lease expires in 2017. Read more.
• A special issue of Psychiatric Services, published in July, focuses on early interventions for schizophrenia. View the issue here.
• APA is one of 27 medical organizations taking part in a Task Force to Reduce Opioid Abuse, convened by the American Medical Association. Learn more.

Mark Your Calendar
• Mental Health Awareness Observances—Sept.
  o National Recovery Month
  o Suicide Prevention Month and Week (Sept. 7-12)
  o World Suicide Prevention Day (Sept. 10)
  o World Alzheimer’s Month
• Sept. 17: last day to register online for IPS: The Mental Health Services Conference
• Oct. 1: transition to ICD-10 codes (see your DSM-5 for correct coding)
• Oct. 8-11: IPS: The Mental Health Services Conference

Preparing for ICD-10 Coding Compliance
Beginning Oct. 1, all HIPAA-covered entities must transition to using ICD-10 codes. The new codes are listed in the DSM-5, along with the ICD-9 coding. More information about the switch to ICD-10, including a brief tutorial video, is available on the APA website.

New APA Member Benefit Connects Psychiatrists with Patients
APA has launched a new tool to help patients find and connect with psychiatrists across the United States and Canada. Members of APA are invited to opt in to the database, known as “Find a Psychiatrist,” by clicking here. If you have questions or need help, please contact APA Customer Service at 1-888-35-PSYCH or apa@psych.org.

PsychoPharm Newsletter Delivers Updates on Medications and Treatments
A new e-newsletter from APA focuses on topics related to psychopharmacology, including reviews of medications, new therapeutic approaches, controversies and the “art” of psychopharmacology. Published every two weeks, PsychoPharm is also available through APA’s
CORRESPONDENCE

(Editors note: I vowed when I started this publication to publish anything sent to me. Please send me announcements, news, notices, rumor, recipes, innuendo, ads etc).

Pinel and the Psychiatric Revolution

Syed Abdullah, M.D.

Surveying the 20th Century to take stock of the achievements of the past hundred years, we should not turn our backs to the antecedents of that century. It was primarily the latter part of the 18th century and all of the 19th that determined the shape of things to come in our times. It was in this period that the great pioneers laid a firm foundation of psychiatry as we know it today. Pinel was the most preeminent of these pioneers.

Towards the close of the 18th century a number of world events took place that determined the course of history for the next two centuries. In 1776 the American Revolution resulted in the birth of a new nation, a republic without any link to the monarchy. In France the rumblings of the French revolution had begun and the monarchy there was crumbling. In England the Industrial Revolution was gaining momentum causing far reaching political and socio-economic upheavals in Britain and the world at large. Demographic shifts to the industrial centers resulted in several health problems. This was the backdrop of the birth of modern psychiatry.

In the year 1778 Philippe Pinel, a recent medical graduate from the University of Toulouse in South France, came to Paris for advanced training in Medicine. He was a brilliant, hardworking and shy young man who was not sure whether he wanted to get into the practice of Medicine or stay with his other passions: the pursuit of the Classics and Mathematics. Paris was in the grip of a bloody revolt against the Monarchy and the privileged aristocrats. Little did Pinel know that he was destined to bring about a revolution in the way the mentally ill were treated.

While in Paris, he witnessed Mesmer perform his dramatic feats by the use of séances and what he called ‘animal magnetism’. Though Pinel was never sold on the theoretical constructs of Mesmer, he was impressed by the impact psychological techniques had on the mental state of people. Around this time a friend of his died a violent death because of mental illness. This event helped Pinel make a career decision: he would devote his talents to the understanding and treatment of the mentally ill. He joined the staff of the private psychiatric clinic La Maison de Sante, of Dr. Belhomme. Here, from 1783 to 1788, he observed and treated the mentally ill patients, experimenting with different treatment methods.

An important influence on Pinel at this time was a weekly gathering at the Salon of Madame Anne Helvetius, the widow of the philosopher Claude Adrien Helvetius. Here
many distinguished philosophers, writers, social scientists, revolutionary thinkers, and physicians gathered every Tuesday, to exchange ideas and intellectually enrich each other. Benjamin Franklin, who was in France to negotiate trade and other treaties on behalf of the new American Republic, attended these gatherings occasionally. Franklin was so impressed by Pinel that he invited him to the United States, to pursue his ideas in an atmosphere free from the turmoil that was prevalent in Paris. Pinel declined, saying he was needed more in Paris than in America.

Benjamin Franklin talked about Pinel with Benjamin Rush, the father of American Psychiatry, who was eager to know about the humane approaches in the treatment of the mentally ill. So, even though Pinel never came to America, his ideas reached here in time to have an early influence on American psychiatric thinking.

Pinel was witness to the beheading of Louis XVI on January 21, 1793. France became a Republic, headed by such radicals as Marat, Danton, and Robespierre. The Reign of Terror prevailed, and those with moderated views became suspect, and many were arrested and executed. These included some of the members of Madame Helvetius’ Salon. Pinel himself, as we shall see, became a suspect. Despite this, he was appointed head of the Bicetre Hospital in 1793 to care for the male mental patients lodged there.

What Pinel saw in this ‘hospital’ left him dumbfounded. He saw men, many of them naked, without the most basic human needs. There was no fresh air or sunlight in the cells. The beds were made of straw that was seldom changed. There was filth and unbearable stench pervading the atmosphere. There were little holes in the walls, through which meals were passed to the inmates, and through which the physicians peeked at the patients to make diagnoses and recommend treatment.

What appalled Pinel most was that many of the patients were chained, attached to poles and ceilings. The screams of the patients were regarded as a measure of their dangerousness. There was a dire shortage of attendants, most of whom were untrained in anything but the use of force and punishment techniques. They were selected for their physical strength and terrifying appearance. Each of them was in charge of about fifty patients! The treatments included: bloodletting, purging, blistering and cold showers. Whips, manacles and shackles were used to control those who were perceived to be defiant and difficult.

Pinel ordered drastic changes at once. He stopped bloodletting, purging, blistering and cold showers. He replaced the punitive showering with immersion in warm baths, which were soothing and calming, and much appreciated by the patients. Above all, he wanted to break the chains, but to do that he needed the permission of the Commune. The head of the Commune to whom Pinel was to present his petition, was a man named George Couthon. He was dreaded by everyone, for his fiery passion to eliminate those who dared to interfere with his way of doing things. Although Pinel was suspected as a liberal because of his association with the Salon, he decided to go personally to Couthon to plead his case. After all didn’t the revolutionaries stand for liberty, equality and fraternity?

Couthon refused permission for unchaining, until he personally inspected the hospital and its inmates. The next day Couthon, who was himself a cripple, was carried to
Bicetre Hospital. There he interviewed some of the patients, who hurled obscenities at him. Infuriated, he turned to Pinel and said “You must be insane yourself to want to unchain these animals!” He was carried back from the hospital to his office. Although Couthon did not give the go ahead to unchain the patients, he did not specifically forbid doing so. Pinel therefore decided to start the unchaining process, with small groups of patients. He also started the practice of daily rounds, during which he would spend time talking with the patients. He would elicit their history, and the events that led to their incarceration in Bicetre. He thus started the process of psychotherapy and the tradition of respectfully listening to what the patient had to say. He also collected background information from those who knew the patients in the past. He took extensive notes of what was said, and preserved these in the patients’ records. No physician had yet written such elaborate case histories as Pinel did. Thus the tradition of detailed record keeping was established. This practice was adopted by the state mental Hospitals in the USA, a tradition that lives on to this day. Pinel entered into therapeutic contracts with the patients: that they would control their behavior on being released from the chains. He thereby set limits that were enforced. He ordered them to be taken out for fresh air and sunshine and to be given useful activities to engage in. Music and other recreational activities were started.

One of his patients was a French guard named Chevigne, who was locked up in Bicetre for ten years following his arrest in a café brawl. Pinel made a contract with him, that if he behaved properly after his chains were removed, Pinel would take him into his personal employment. Later, this man became Pinel’s trusted servant and companion.

Pinel described his moral treatment as gentle firmness, and demanded that the patients adhere to a busy schedule of activities. He however did not make exaggerated claims, that his method was going to cure all the patients. But he refuted the proposition that mental illness is incurable. He acknowledged the good work that was being done in England at the time, and was resentful that the British were not sharing their methods with others (England and France were at war at the time).

Pinel continued to observe the patients closely, and developed a loose system of classification, which appeared in his later writings. His broad categories were: Mania (continuous and intermittent), Melancholia, Dementia and Idiocy. Many patients, after years of hospitalization, started leaving the hospital and picking up the threads of life on the outside.

The Commune kept a watch on Bicetre, and continued to suspect that Pinel was harboring the ‘enemies of the people’ in his Asylum. One day a small mob confronted him on the street and started dragging him to the nearest lamp-post for purposes of lynching. Luckily, Chevigne the former patient, intervened and attacked the mob, scaring them away. Thus a patient who was saved from the chains by Pinel, was instrumental in saving the future of psychiatry.

Later Pinel was appointed to the Salpetriere Hospital, which cared for women patients. Here the overcrowding was even worse, and patients were kept with epileptics, prostitutes, beggars and criminals. They were chained whenever their behavior was deemed unacceptable. He proceeded to unchain them, observe them and compile extensive notes about their history. Many were able to leave the hospital and resume life outside.
Pinel emphasized that Mental Hospitals should not only be centers of treatment, but also provide teaching and research in mental disorders, just as the general hospitals had been doing for more than three centuries in other fields of medicine.

In 1801 Pinel published his major work titled: ‘A Treatise on Insanity’. The book was acclaimed by the psychiatric and medical authorities the world over. Medical societies began taking interest in programs related to mental health, and to the welfare of individuals and groups. In England William Tukes’ program was gaining recognition as a viable method of humane treatment of the mentally ill. Similar movements were underway in Italy, under the leadership of Chiarugi in the hospital of St. Boniface. In Germany, Anton Muller championed the humane treatment of the insane. Chains were being removed from the patients all over Europe. The process was slow but unmistakable.

In America, Benjamin Rush initiated humanitarian reforms in 1798 at the Pennsylvania Hospital. New mental institutions were being founded in different parts of the country, based on the moral/humane treatment principles. The Friends’ Asylum was established in 1817 in Pennsylvania; McLean Hospital in Massachusetts in 1818; and in 1822 at Bloomingdale Asylum in New York and the Hartford Retreat in Connecticut.

In 1795 Pinel became professor of Hygiene and Pathology at the Paris School of Medicine, a post held until 1822. Napoleon, who became the Emperor of France in 1804, asked Pinel to be his personal physician, to be called only as a consultant in serious matters. On July 1804 Pinel was awarded the highest French honor: the Knight of the Legion of Honor. In 1805 he was accepted into the French Academy of Sciences. In 1814 Napoleon was exiled, and France reverted to the Bourbon monarchy once again. Louis XVIII Became the constitutional king, sharing powers with the legislative body. Louis’ successor Charles X tried to reverse the course of history by restoring the rights of land-owners and the aristocracy, and bringing back the old order. Pinel, in his old age, ran into new difficulties. Charles had no use for those who were honored by Napoleon. Pinel, along with ten other professors of medicine, was removed from the faculty.

So at age 78 Pinel was without position and pension, and was held in disrepute by the court. He lived in semi-retirement at Torfou, a suburb of Paris. In October 15, 1826, Pinel came to Paris and visited Salpetriere. While there he suffered a stroke and died, on October 25, 1826.

There was another revolution in France. Charles X’s reign ended in 1830, four years after the death of Pinel. Pinel’s students who included his son Scipion Pinel and Esquirol continued and expanded his work well into the 19th century.
I had a dream where I described my whorish self to you
Detail by detail and literally blow by blow
I included everything from techniques and specialties
To the things better left to the imagination that I came to know

But I can’t sit here in your chair and deny that side of me
You know, the one of me that is really sick and perverse
The one that will charge not just money but part of a man’s soul
Payback for what was done to me, I am the damned but also the cursed.

I am a child of incest - nurtured with porn and unnatural attention
I learned at my father’s knee what would please the most
Sometimes a tear but mostly the uncomfortable squirming
All the while, while he was playing the ultimate host

I know I’m not worth saving, but my daughter deserves a mother
And I can conjure up, with your help, a loving doting one
That has never experienced the one two punch of unholy obsession
So that I may protect her and she will become whom she will become

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**Psychiatrist Database** Expect to be contacted by Liz Burnich, our Executive Director who will be encouraging our members to participate in the database offered by APA. This is a **FANTASTIC** new service that will replace the Information manual and database that your district branch has offered for years without the cost & hours of labor required to keep ours up to date. You will be invited to join this new database being added to APA's website that will enable individuals seeking psychiatric care to locate psychiatrists practicing in their area. The goal is to populate the database in the coming weeks before it goes live on APA's website. To join the database, click [here](#). To view the functionality of the database, click [here](#). This is a service that will be of value to psychiatrists with private practices and to anyone looking to find a psychiatrist.

**If you have a practice, please join this Psychiatrist Database. The APA needs a critical mass to make this a success. There is no cost to you and it’s a wonderful service to the public and all psychiatrists.**

**PRIVATE PRACTICE: FEES** Here is a link to a legal public site where you can look up fees for a given zip code. [http://www.fairhealthconsumer.org/](http://www.fairhealthconsumer.org/)

**PRIOR AUTHORIZATIONS** If you are frequently bothered with cumbersome and seemingly unnecessary requests for prior authorizations, the APA is eager to hear from you: Ellen Jaffe, Director, Practice Management HelpLine/Medicare Specialist, Office of Healthcare Systems and Financing,
The URL below will direct you to a database for the regional CMS (Centers for Medicare and Medicaid Services) headquarters. The names of the regional Medical Directors are listed. When you call, hang in through all the options, and at the end type in the name of the medical director. You will get either the real live doc, an assistant, leave a message, or the name of someone to call for an emergency. It usually works.

http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Regional_Contacts.html

My experience has been that the higher you go in any organization (hospital, government, insurance companies), the closer you are to the decision maker, and the decision makers do not have to stay on the unvarying mindless script. They do not instruct you to have a good day, apologize for your inconvenience, thank you profusely and hear how they know how valuable your time is. They usually listen, and if you do not scream at them, a favorable result often follows.

PARITY ENFORCEMENT FROM NYSPA: If you missed the NYSPA Webinar on parity I strongly suggest you listen to it; accessible on the NYSPA website. Seth Stein and Rachel Fernbach have presented a packet of wonderful new tools that potentially will allow us to better manage and respond aggressively to insurance company efforts to restrict care.

PLEASE MAKE EVERY EFFORT TO RETURN PHONE CALLS. EVEN IF YOU HAVE NO ROOM IN YOUR SCHEDULE FOR NEW PATIENTS: I have frequently heard complaints about patients leaving voice mails with psychiatrist’s offices and never getting a return phone call. If true, this reflects very poorly on our profession. Yes, I know many people leave voice mail messages that I can’t understand, even after playing it back 6 times with the volume turned up full. Even so, the number of complaints seems to exceed the number of complaints that could be excused due to poor communication.
WHAT YOUR CURRENT POLICY MIGHT BE LACKING:

A STRONG DEFENSE

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Dave Torrans, II
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Route 45, Pomona
Shared Waiting Room, Wheelchair Accessible, Wall-to-Wall Windows,
Private Bath, Full Sound Insulation, Separate Entrance/Exit
Call Lorraine Schorr, MSW 354-5040

Depression Support Group
Depression support group meets 2 times a month in Pomona, NY. We are inviting new
members at this time. We are moderated by a clinical social worker. This is not a
therapy group but social support for people fighting depression. Call Kathy for more
information (914) 714- 2837.

Rockland County Depression and Bipolar Support Alliance
Peer-to-peer run support group for people with depression, bipolar disorder, anxiety
disorder or any related mood disorder & their friends & family. The support group meets
every Thursday night from 6:30 - 8:30 at Jawonio, inc. 775 N Main St. New Hempstead.
Reservations are not required. There is no fee for attending the support group
meetings. This is a very warm and welcoming group run by people who have been there
and can help. Any questions please call Leslie or Leonard at 845-837-1182.