



West Hudson Psychiatric Society
of the American Psychiatric Association
serving Rockland, Orange, Sullivan & Delaware Counties



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eSynapse

February 2013

Editor's Comments

James Flax, MD, MPH, DFAPA

My profuse thanks once again to those who have contributed to this issue of eSynapse! Please scroll through the entire newsletter as there are many items you will find interesting and useful throughout.

We are including a synopsis of our meetings so all readers will have an idea of district branch business. But, it's only a synopsis. You have **got to come** to a meeting to appreciate the rich discussions. **PLEASE JOIN US.**

Syed Abdullah, MD once again sent us an erudite article. The APA has sent information that is relevant to psychiatric practice in any setting. There are ads for a job in Orange County, offices for rent in Rockland, Depression Support Groups, research subjects at NKI, meetings, and insurance 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>.

I have been writing here about the creation of a **list-serv** where a member can notify the entire list of a patient needing care, their requirements (location, insurance, expertise, etc) and any one who is a member of the list can reply (on or off list) if they have an opening. Ivan Goldberg, MD (of Psycho-Pharm listserv fame) graciously agreed to host this list at Psycho-pharm.com and we are going to try it out but need enough of our clinicians (private practice and clinics) to participate to make it work. So far 12 have indicated an interest. If we can continue to enroll 12 every month or two we'll have a "critical mass" to have a viable mechanism for helping prospective patients find a suitable psychiatrist. If you want to be included in this listserv and keep this project alive, please email me at drflax@aol.com. This project was sparked by Dr. Scott Lawrence repeatedly commenting on the long waiting lists for patients to see a psychiatrist in Rockland County, particularly if they have insurance restrictions. Dr. Lawrence recently told me he as reached out to the training directors of nearby residency programs to let them know that there are private practice opportunities here in Rockland. Maybe we'll

be seeing some early career psychiatrists relocating to Rockland who can contribute to shortening those long waiting lists.

Email allows us to communicate with you more efficiently and in a timely fashion. You are receiving this publication because we have your email address. All the other members whose email addresses we don't have are not getting this news. Please ask every APA member you know to **SEND THEIR EMAIL ADDRESS TO** Liz Burnich at westhudsonpsych@gmail.com. Please ask every psychiatrist you know who is not an APA member to please join and **SEND US THEIR EMAIL ADDRESS**.

My goal in publishing this electronic newsletter is to increase communication between and among all of our members. I can only do this with your participation. I want a psychiatrist from every organization, clinic and institution in the counties of Rockland, Orange, Sullivan and Delaware to send me an article, of any length, describing any events, news, changes, presentations or opinion. That means that **YOU** can contribute by designating someone at your place of employment, or volunteering yourself, to send me something about where you work, how you practice, opinions about anything of relevance to psychiatrists, etc. **COME ON, ALL YOU MEMBERS. SOME OF YOU BESIDES THE REGULARS MUST HAVE NEWS:** promotions, births, recipes, accomplishments, summer vacations, new hires, new programs, case observations.

There are a *myriad of opportunities* for you to become involved in your community through your district branch. The advantages are numerous in addition to the pleasure of giving back. There is the true pleasure of working with your colleagues in psychiatry and/or in other mental health fields. There is the opportunity to be creative in developing a program around your interests. There is the joy of learning something new.

FREE LUNCH

West Hudson Psychiatric Society

Next Executive Council Meeting

Il Fresco Restaurant, Orangeburg, NY

Journal Club (15 minutes) PROMPTLY at 12 Noon

Followed immediately by Business Agenda

Date: Friday, February 22, 2013 @ 12 Noon at Il Fresco in Orangeburg, NY.

If you are curious about what happens at the executive council meetings,

PLEASE JOIN US. IT'S A FREE LUNCH

Please contact Dr. Mavromatis (marymavromatismd@gmail.com or at 845-358-7219) if you are planning to attend.

If you speak to your colleagues who are not members of the APA, remind them to become members. If members, tell them you've received your eSynapse and ask if they received theirs. If not, tell them to email Liz Burnich at westhudsonpsych@gmail.com with their email address so they can be added to the list.

While some have indicated it is too costly to join the APA, the link below will remind you of the many benefits. The West Hudson Psychiatric Society Membership is one of the

least costly in the nation and we hope to keep it that way. The benefits are numerous.
<http://www.psych.org/Resources/Membership.aspx>

PRESIDENT'S COLUMN: STAY INVOLVED

Mary Mavromatis, MD (marymavromatismd@gmail.com, 845 358 7219)

Most of the time, I love being a psychiatrist. Recently however, I've been reminded of the challenges, demands and burdens of the job. Let's begin with the most trivial of those demands-the new coding system. I finally am getting used to it but it has been a giant pain. Add to that the anxiety of whether the insurance companies are even using the new coding. Then, just as we get comfortable with these changes, we have the new DSM 5 to contend with. I can't even think about that.

More serious concerns about the demands and burdens of my job, and the dual, sometimes conflicting, roles that we are asked to perform by society were raised by the Sandy Hook shooting. Certainly, every mass murder is horrifying, but the nature of this shooting (a gunman breaking into an elementary school and killing 20 children and 6 staff) was horror beyond imagination. When the press released information about the killer having Asperger's syndrome, I thought of patients of mine who, although never violent, were angry and had peculiar thinking that had a way of ending with strange conclusions. Of course in this case the killer was not in treatment and, from reports, had never been thoroughly evaluated. I thought it strange that everyone was calling for more access to mental health treatment. This family had the financial means and geographic access to mental health treatment, which they apparently never took advantage of. Unfortunately, they also had access to automatic weapons, which they did take advantage of! I was pleased that there were so many voices calling for greater access to mental health treatment, because our mental health system, especially in the public sector is woefully underfunded, but I couldn't see where it would have made a difference in this instance. What would have made a difference would have been different gun control laws.

The focus of the government, both on a state and national level, has been to respond to public outcry and push through legislation on gun control. Within days of the NYS legislature's current session The NY SAFE ACT was passed. The ban was on assault type weapons and large capacity magazines (similar to the Obama proposal). So far, so good. This makes me a happier, safer member of my community. The more controversial measure in the proposal goes back to fear of the mentally ill. It requires of all mental health professionals "to report to local mental health officials when they believe that patients are likely to harm themselves or others."¹ From my point of view the problem exists more with the intent of this law than with the law itself. "People who have mental health issues should not have guns", Mr. Cuomo told reporters. "They could hurt themselves, they could hurt other people"¹. This is both inaccurate, since the vast majority of people with serious mental illness have never acted violently and the majority of violent crimes are not committed by persons with mental illness, and of course stigmatizing. A discussion at our last executive meeting demonstrated the confusion for us as psychiatrists - balancing issues of confidentiality and access to care (some critics contend that this law will keep patients away from therapy, although I do not see that as a realistic concern) v. the desire to protect and be responsible for our community. The other problem exists with the wording. What does "likely" mean? When I first heard about the proposal I was overwhelmingly in favor of it because I thought the wording very similar to the Tarasoff decision - that a therapist had the duty to warn the victim when danger was imminent. My training as an emergency room psychiatrist has always been geared to assessing danger and keeping in mind the

need/responsibility to protect both patient and the community. But, the NYS SAFE ACT is too unclear to be helpful (whereas “imminent” is a time frame, “likely” is a statement of unspecified probability). However, a re-assuring section of the act protects the therapist - if it is his/her judgment that the patient not be reported, the therapist will not be held liable. Some argue that it renders the law useless, but my feeling is that it is important that it allow for use of clinical judgment. I’d like to think that just having an awareness of this law might help psychiatrists in their assessment of dangerousness. I never had to warn a victim, but being aware of the Tarasoff decision helped me in my assessments.

The Obama plan is less controversial (for me, I hate guns and violence) and focuses on the guns. “...to press a reluctant Congress to ban military-style assault weapons and high capacity magazines, expand background checks and toughen gun-trafficking laws.”² His plan would also require universal criminal background checks. Currently, a loophole exists that allows guns to be purchased at gun shows without a check. It makes a lot more sense to check for criminals than to check for the mentally ill!

I also want to emphasize that both our national and state organizations, APA and NYSPA, have been very involved in these dialogues and will continue to be. For those of you, like me, who want to know more about these laws, and how they might affect us, we will try to get a speaker on the subject at some time in the near future (possibly our Spring dinner meeting).

1. “New York Has Gun Deal With Focus on Mental Ills”, The New York Times, January 15, 2013, p. 1.

2. “Obama to ‘Put Everything I’ve Got’ Into Gun Control”, The New York Times, January 17, 2013, p. 1.

From PRMS

New NY Gun Law Imposes New Requirements on Mental Health Professional

Here’s what we know:

- On January 15, 2013 New York Governor Andrew Cuomo signed into law the NY SAFE Act (Secure Ammunition and Firearms Enforcement Act) imposing new reporting requirements for psychiatrists and other mental health professionals.

- Included within the new Act are amendments to the state’s Mental Hygiene Law.
- These changes are currently scheduled to take effect 60 days from the date of signing (March 20).

The final signed version is not yet available, but what has been reported in the media seems to indicate the following:

- When mental health professionals, exercising reasonable professional judgment, determine that a current patient is likely to engage in conduct that would result in serious harm to the patient or to others, the mental health professional will be required to report the patient as soon as practicable to the director of community services or the director’s designees.
- The law does not require mental health professionals to take any action which he or she believes, in the exercise of reasonable judgment, would endanger themselves or increase the danger to a potential victim.
- Further, the decision to disclose or not to disclose, when made “reasonably and in

good faith” will not be the basis for civil or criminal liability.

• **There is much about this new law that we do not yet know, including, but not limited to:**

- Exact wording of the final signed version
- Applicability of the Mental Hygiene Law
- Etc.

For additional information:

- [The text of the bill passed by the NY state legislature as reported by the *New York Times* \(page 10\)](#)
- [Summary of the law from the Governor’s website](#)
- [Look for the final signed version of the bill on the Governor’s website](#)
- [The New York State Psychiatric Association](#)

As further information becomes known, PRMS will be posting it on their website.

Summary from Executive Council Meeting **Friday, January 18, 2013**

Journal Club – in lieu of Journal Club, all attendees participated in a roundtable discussion on how the new CPT codes are working in their practices.

President's Address – Dr. Mary Mavromatis announced that West Hudson Psychiatric Society has been awarded a 2013 Competitive Grant to be used toward membership growth and retention programs as outlined in our grant proposal. We discussed projects that we will implement with that money (such as contacting members to get updated email addresses and getting to know them better; additional CME meeting in June on the topic of DSM-5, etc.) It was also decided that Dr. Nigel Bark and Dr. Russell Tobe will attend the DSM-5 training session at the APA Annual Meeting and be the presenters/speakers for our June CME meeting on that topic.

Spring CME Dinner Meeting – Dr. Raj Mehta is coordinating our Spring Educational dinner meeting. We discussed possible topics; Risk Assessment and CPT Coding and possible speakers; Seth Stein and Dr. Paul Appelbaum. Dr. Tobe and Dr. Mehta will communicate with the potential speakers to firm up the details so that we can begin planning for the meeting.

Coalition/Women’s Group Update – Dr. Lois Kroplick announced that the next Women’s Group is scheduled for Thursday, February 8th at her office. The Women’s Group has met quite often recently to go over the new CPT codes and shared some templates that they put together with all WHPS members via email. She advised that the next Mental Health Coalition Meeting is scheduled for Thursday, March 7th at noon at the Robert Yeager Health Center – Building F. She also asked for suggestions if anyone knows a good psychiatrist/public speaker on the topic of depression for the 2013 Public Forum.

Financial Update – Dr. Dominic Ferro presented the updated Financial Report for 2012 – all figures were actual numbers. He also presented the revised 2013 Budget, which was approved by all present.

New WHPS website – Liz Burnich has been able to obtain funding commitments from both PRMS and American Professional to sponsor our website. Liz will also reach out to some electronic records firms and local facilities to see if they are interested in advertising on our website. We decided to bid the website out to 2 other companies so that we have a better understanding and comparison of what the process entails when making a decision on who will develop our website. We formed a committee of 3 (Liz, Jim Flax and Russ Tobe) to review the proposals and make a decision.

Next Executive Council Meeting - Friday, February 22, 2013 at 12 noon at Il Fresco, Orangeburg, NY. Dr. Raj Mehta will present at the next Journal Club.

CORRESPONDENCE

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

Good For Nothing

Syed Abdullah, M.D.

While growing up, I had difficulty in doing most things that other kids my age did with natural ease. I could not throw a ball more than a few feet away, whereas my friends could, to my amazement, throw it in a wide arc across the playing field. The same was true about kicking a ball, which would reluctantly roll only a few feet from where I stood. The result was that I was seldom selected to play for any team.

Cricket, a popular game in my time, was a terror for me from the first time I held the bat. There I was standing at the stumps with bat in hand as the hard ball came menacingly toward me, hitting directly my right knee cap. The pain was so excruciating that I became light-headed and passed out! As I limped away from the playing field I resolved never to indulge in that folly again. I kept that resolve to this day. I was mercifully excluded from the cricket team by my class-mates. As a youth I found running to be a formidable task. Whenever I ran my friends thought I was putting up a comic act and laughed heartily. In all the racing events I was the last to reach the finishing line, if I managed to run that far. I would usually stumble a couple of times on the way. As my friends ran past me I had a feeling that sports were passing me by, and they did.

Then there was the school bully. I was an easy target for him. He often challenged me to a fist fight or a wrestling match at the end of the school day. I would be petrified at the prospect all through the day, praying that by some miracle my father would appear at the school gate to rescue me from the ruffian. My prayer went unanswered as my father had died when I was only eleven months old. But mysteriously I was spared the fight as the bully was distracted by some other activity more challenging than poor miserable me. Sometimes he would be content with

some light rough-handling before letting me go. He would have pity on me, being himself an orphan like me.

Not being able to shout or scream was another handicap I learned to live with. Whenever I tried to scream or even speak loudly I would have a fit of spasmodic coughing with terrible scratching in my throat. During the War I was in the University Officers' Training Corp as a requirement. I did not pass the test for promotion to the rank of a corporal because I could not shout out the commands to the small group of cadets who were marching under my lead. My voice was not loud or crisp enough to impress the examining officer who was grading me.

As for lifting weights, I was a weakling and have remained so into my adult life. Only recently I went to the garden supply store where I saw a slim young lady pull up her van and pick up a bag of top soil and gracefully haul it into the trunk. I said to myself, if she could do it with such little effort I could do it too. So I tried with all my might, but the bag would not budge even a little. Finally, after the lady drove away, I asked an old man standing nearby to help me with the loading of that stuff, which he did graciously without any help from me. Once home I had to call out to my wife and nephew to help me unload the bag.

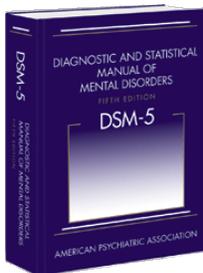
When it came to carrying a tune I was unable to do so, however much I tried. This is true to this day. Here is an actual life story: My four-year-old grand daughter was singing a nursery rhyme to herself. I tried to please her by saying, "Leila you sing so well." To which she replied briefly "I know." Encouraged by her response, I made a friendly plea, "Could you teach me how to sing?" Leila's reply was short and to the point, "No, 'cause you don't have a pretty voice!" I persisted, "Could you please give me a pretty voice?" Leila replied with some exasperation, "Only God can give you a pretty voice, not me!" After the passage of a few months I announced, "Leila, do you know grandma thinks my singing is improving." Not impressed, she responded decidedly, "I don't think so."

Now in my old age I have developed other deficiencies. I don't hear very well, I have weakening eye sight, I walk and move slowly but have enough aches and pains to assure me that I am still alive. Thank God I am happy that my family and friends, ignoring my drawbacks, have sustained me through rough times. I am fortunate to be surrounded by goodness and beauty. I have glimpses of the perfection and oneness of all creation, including the bullies of the world.



NEWS FROM THE APA

January 2013



DSM-5 Available for Pre-order

APA is pleased to announce that the DSM-5 and other DSM-5 companion titles are now available for pre-order on www.appi.org! Pre-orders will be fulfilled on May 22, when the book becomes available to the general public.

Also now up is the new [DSM-5 landing page](#) featuring news updates, fact sheets, videos, and highlights of changes from DSM-IV to DSM-5! This site will be updated weekly as new articles are published in *Psychiatric News*.

Due May 2013!

Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5®)

American Psychiatric Association

2013 · 1,000 pages · ISBN 978-0-89042-554-1 · Hardcover · \$199.00 · Item #2554

2013 · 1,000 pages · ISBN 978-0-89042-555-8 · Paperback · \$149.00 · Item #2555

<http://www.appi.org/SearchCenter/Pages/SearchDetail.aspx?ItemId=2555>

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American Psychiatric Association

2013 · 450 pages · ISBN 978-0-89042-556-5 · Paperback · \$69.00 · Item #2556

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The Pocket Guide to the DSM-5® Diagnostic Exam

Abraham M. Nussbaum, M.D.

2013 · 275 pages · ISBN 978-1-58562-466-9 · Paperback · \$65.00 · Item #62466
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Edited by John W. Barnhill, M.D.

2014 · 300 pages · ISBN 978-1-58562-468-3 · Hardcover · \$129.00 · Item #62468

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Michael B. First, M.D.

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The Essential Companion to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition

Donald W. Black, M.D., and Jon E. Grant, M.D., M.P.H., J.D.

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Laura Weiss Roberts, M.D., M.A.

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DSM-5 “Train the Trainers” course

We are pleased to announce a DSM-5 “Train the Trainers” course at the Annual Meeting, (at no extra cost with registration), specifically created for APA District Branch selected attendees. The idea is to help our DBs get a jump on DSM 5 Training locally, and hopefully create some revenue for the DB’s.

This course, led by two award-winning educators and the authors of the *DSM-5 Guidebook*, will cover DSM and the much-anticipated changes to DSM-5. The course will assist attendees in developing their own DSM-5 presentations to be given locally in their district. The psychiatrists

who attend the course will be able to create their own presentations, either as DB meetings, or at other locations for local mental health providers. Attendees will be limited to APA members selected by District Branches. Attendees must sign an agreement with the APA that they will not personally profit from giving DSM-5 training sessions, except as arranged through their District Branch.

All other financial arrangements are at the discretion of the DB.

District Branch executives can register up to two members by March 15, 2013, through Linda Hughes, Urysha Moseley, and the Office of District Branch Relations, who will maintain a list of attendees. Only those registered through that office will receive the room number and web access to syllabus materials prior to the meeting. Those DB's who wish to have more than two attendees can put them on a waiting list. After March 15, those on the waiting list will be contacted as space is available.

Only APA members selected by their District Branch and registered for the Annual Meeting are eligible to attend. Contact Linda Hughes (lhughes@psych.org) or Urysha Moseley (umoseley@psych.org) for further information.

Minority Fellowships Program Invites Applicants; Jan. 30 Deadline

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: Native American, 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. **The application deadline is Jan. 30.** All applicants are welcome to apply regardless of race, ethnicity, gender, national origin, religion, sexual orientation or disability.

Travel Scholarship for Minority Medical Students; Application 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. Go [here](#) for more information on this and other student awards.

Learn more about the APA/SAMHSA fellows, APA/SAMHSA Substance Abuse fellows, the APA/Diversity Leadership fellows and other student awards on the [APA fellowship page](#) or contact Marilyn King at (703) 907-8653 or mking@psych.org.

Medical Student Senior Elective in HIV Psychiatry

The American Psychiatric Association established this program in 2004 to provide an opportunity for 4th year minority medical students to participate in a one-month clinical or research elective in HIV psychiatry.

With improvements in HIV drug therapy, there is a burgeoning demand to treat the mental health needs of those living longer with the disease. People with HIV have a higher incidence of mental health problems than the general population and, conversely, people with serious mental illness are more at risk for contracting HIV. HIV attacks the brain, causing inflammation and tissue deterioration. Infection of the brain also can lead to clinical depression, mild or moderate thinking problems, and trouble with memory and focus. Unfortunately, the mental health needs of people living with HIV/AIDS are too often overlooked.

Undoubtedly, future physicians need to develop a working knowledge of HIV-related psychiatric and neuropsychiatric issues. The purpose of the *Medical Student Elective in HIV Psychiatry* is to foster the participation of medical students (particularly from racial and ethnic minorities) in HIV-related care and research and provide them with a means of obtaining essential HIV-related mental health training through an integrated approach to patient care.

Description of the Project

This September *Elective in HIV Psychiatry* begins with intensive two-day training in Washington, DC. Topics range from neuropsychiatric complications of HIV, somatic complaints, and mood disorders to special patient populations, including people with substance use disorders and/or those suffering from severe mental illnesses. Training modalities include a combination of lectures, role playing, case vignettes, and first-person accounts through interviews with HIV-positive people. Students then travel to training sites for their clinical or research experience for the month of September.

To date, sixty-four students have completed the full month-long elective. Prior sites have included: Cambridge Health Alliance/Zinberg Clinic; The New York Presbyterian Hospital at Columbia University; The New York-Presbyterian Hospital Cornell University Center for Special Studies (CSS); Emory University/Grady Infectious Disease Program; Howard University; University of Pittsburgh Medical Center; University of Cincinnati; University of Miami, Stanford University, Beth Israel, Vanderbilt, and the University of South Florida (for a research elective in HIV Neuroimmunology in Psychiatry.) Tentative dates for the elective are August 23 to September 20.

The application deadline is March 31, 2013 with selections to be announced in late April. Go [here](#) to access applications.

Additional information can be obtained from Diane Pennessi by phone at (703) 907-8668 or e-mail to dpennessi@psych.org.

[Awards for Advancing Minority Mental Health](#)

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.**



Exclusive offer to Early Career Psychiatrists of the American Psychiatric Association.

You are eligible to receive a free **ONLINE** subscription to **FOCUS—The Journal of Lifelong Learning in Psychiatry** in 2013.

FOCUS is the best system to meet Maintenance of Certification requirements of the ABPN, 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 exercises, seminal articles, and a CME quiz with 20 hours of CME credits 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.)**

AMERICAN PSYCHIATRIC ASSOCIATION
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Medical professional liability policies can vary widely from one company to the next. It is important for psychiatrists to know the full – and accurate – story on a policy. Whether it is reviewing the difference between occurrence and claims-made policies or explaining how another policy might leave the doctor with an uninsured risk, I have done my job when I help psychiatrists evaluate their options to make the right choice.

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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

is a peer-to-peer run support group for people with depression, bipolar disorder, anxiety disorder or any related mood disorder and their friends and family. The support group meets every Thursday night from 6:30 - 8:30 at St. John's Episcopal Church, located at 365 Strawtown Road in New City. Reservations are not required, you just need to show up. 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.

OFFICE FOR RENT! MUST SEE!

Large, fully furnished office in beautiful suite at **11 Medical Park Dr.** Pomona, N.Y. Office is available full time and includes free utilities, free use of fax and copy machine. There is a large waiting area with a receptionist desk and a staff galley kitchen with refrigerator. Other offices in the suite are currently used by psychiatrists and psychologists.

Please contact Gloria Stone, MD or Steven M. Ratnow, PhD after Feb. 12
(845) 362-1474



The Nathan S. Kline Institute
For Psychiatric Research

Collaborative Genomic Studies of Tourette's Disorder

The *Nathan S. Kline Institute for Psychiatric Research's* Tics and Tourette's Clinical and Research Program is recruiting participants for a new study on gene variant discovery efforts in individuals with Tourette's Disorder and other related conditions.

This study will use blood samples to look for both common and rare gene variations in individuals with Tourette's Disorder and their family members.

To qualify for this study, you or your family member must be diagnosed with either:

**Tourette's Disorder,
Chronic Tic Disorder or
Obsessive Compulsive Disorder**

For More Information, please contact:

Laura Ibanez at (845) 398-6620 / (212) 659-1660 or libanez@nki.rfmh.org

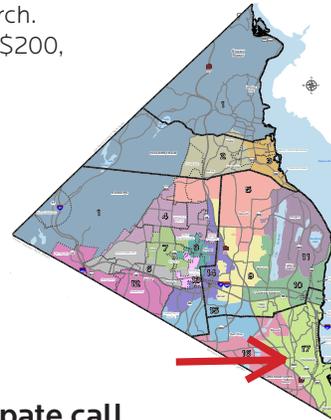


It takes each of us to help put better health care within reach.

The Rockland Sample is a landmark study aiming to map the brain, understand how it develops and changes over the course of life, and explore the connections between our brain and behavior. We hope this research project, conducted mostly through interviews and non-invasive magnetic resonance imaging (MRI) scans, will ultimately improve mental health care.

The Nathan Kline Institute for Psychiatric Research is depending on the people of Rockland County (ages 6-85) to help, since research studies with large groups of people are rare but needed in brain research. For participating in this two-day study, you may be given up to \$200, and most travel and meal costs will be reimbursed. The Nathan Kline Institute is conveniently located in Orangeburg, NY, easily accessible by municipal bus routes.

Please consider participating. The key to understanding the brain and developing better treatments for mental illness lies with you.



For more information or to participate call
845.398.2183 or visit us at
<http://rocklandsample.rfmh.org>





Mount Sinai School
of Medicine

Nathan Kline
Institute



**Sad for no reason? Trouble sleeping?
Change in eating habits? Easily Irritated?**



**Seeking teens
ages 12-19.**

**We are currently recruiting
adolescents with depression
for treatment and MRI studies.**

**You/your child may be eligible
for an evaluation at no cost.**

**Compensation will be provided
for participation.**

**For more information, please contact Amy Johnson at the Mt. Sinai School of Medicine:
amy.r.johnson@mssm.edu or 212-659-1673.**

**If you live in the Rockland County area, please contact Alexis Moreno at 845-398-2184
(or vrp@nki.rfmh.org).**

Mt. Sinai School of Medicine • 1240 Park Avenue • New York, NY 10029 • 212 659 1673 • www.mssm.edu
Nathan Kline Institute • 140 Old Orangeburg Road • Orangeburg, NY 10962

Welcome to the Practice Management Alerts from the AMA

Clarification: Payers not accepting 2013 CPT codes? Report them. In response to questions regarding the “[Payers not accepting 2013 CPT codes? Report them](#)” PMAAlert that went out on January 7, 2013, we want to clarify that rejection of a valid Current Procedural Terminology (CPT®) code refers to the code itself not being recognized by the health insurer. This may happen when an insurer has not updated its database with the new codes introduced. The message was not intended to imply any information requiring health insurance coverage or reimbursement policy as stated in the instructions provided in the introduction of the 2013 valid *Current Procedural Terminology (CPT®) Professional edition*. In addition, while the CPT book instructions governing code recognition on January 1 appear in the introduction, instruction on the use of CPT codes appear throughout the CPT code set. **Was this alert helpful?** Forward it to a friend, and [invite them to sign up](#) for the AMA Practice Management Alerts to receive future alerts like this one.

Be an AMA member. Join the AMA today at ama-assn.org/go/membership or call (800) 262-3211 to be part of the efforts to help shape a better health care future.