



West Hudson Psychiatric Society

Serving Rockland, Orange, Sullivan & Delaware Counties

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eSynapse

September 2017

Editor's Comments

James Flax, MD, MPH, DLFAPA

In this issue of eSynapse you will find a summary of our Executive Council meeting so all readers will have an idea of district branch business. But, it's only a summary. Please **come** to a meeting to appreciate the rich discussions. There are comments by our new President, Dr. Bark. Dr. Abdullah has again sent us a new article in his long line of erudite essays. There are several missives regarding APA business. There are ads and announcements that may interest you, including from my malpractice insurer, PRMS. 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 invite all readers to submit anything they'd like published – professional opinion, recipes, personal announcements, travelogues, etc. In this vein, the image below was of Dr. Ferro and me in the Alps this July.



THIS IS IMPORTANT!

NYSPA is soliciting detailed information on insurance reimbursements to identify fee and reimbursement discrimination in the payment for outpatient mental health services. Please see the announcement below.

NYSPA Parity Enforcement Project (PEP)

NYSPA is rolling out its newest Parity Enforcement Project initiative to identify fee and reimbursement discrimination in the payment for outpatient mental health services. NYSPA has prepared two Request Forms - one for in-network services and one for out-of-network services - and a set of instructions for using the Request Forms. You will note that the instructions have been prepared for use for non-psychiatrists because these forms can be used by anyone who has health insurance through a job, through ACA or a Medicare or Medicaid managed care plan. We urge every psychiatrist who has health insurance coverage to submit either an in-network form or both forms (if you have out-of-network coverage). Anyone with health insurance can submit the forms regardless of whether they have received, are receiving or expect to receive treatment for mental illness. The forms do not require the disclosure of any individual medical information and the responses will not include any medical information. These forms can be widely disseminated to individuals receiving treatment and support groups for patients. The key is that NYSPA needs to review the responses in order to identify evidence of discriminatory coverage. The forms can be downloaded from the NYSPA website by [clicking here](#). Please join us in participating in this effort to identify and root out reimbursement discrimination in the treatment of mental illness.

I want to underline the importance of the APA PAC. However much we may dislike it, this is the way American politics works. **More important than the amount of money contributed is the number and percentage of members who contribute.** Politicians want to know how many people feel strongly enough about the issue to give to the PAC. If you haven't contributed, please consider doing so. Even \$1 adds your name to the list and number of donors. See the form appended to the last page of eSynapse. I make a point of giving every year because it is the APA PAC that advocates for my interests as a psychiatrist better than any other organization.

Our new website is now operational. The content will be updated over the next few months, thanks to the efforts of Liz Burnich. We prominently include a link to the APA “**Find A Psychiatrist**” database. (<http://finder.psychiatry.org>). This is a wonderful public service and can provide a source of referrals to your practice. Please join APA's **FREE** “Find a Psychiatrist” Database by signing in to psychiatry.org, under the Psychiatrist menu go to Search Directories and Databases, scroll down to Find a Psychiatrist Database and “opt-in”.

Executive Council Meeting

Il Fresco Restaurant, Orangeburg, NY

Friday, October 6th, 2017

Journal Club (15 minutes) PROMPTLY at 12:30

Followed immediately by Business Agenda

Please contact Liz Burnich (westhudsonpsych@gmail.com) if you are planning to attend.

IT'S A FREE LUNCH

THE GOLDWATER RULE

PRESIDENT'S COLUMN – SEPTEMBER 2017

Nigel Bark, M.D. - September 10, 2017

In 1964 more than a thousand psychiatrists made a statement to Fact magazine stating that, in their professional opinion, presidential candidate Barry Goldwater was “severely paranoid” and “unfit” to be president. The magazine was sued and lost in the Supreme Court, though with two important dissenters. The APA felt that the letter was political opinion masquerading as professional judgment and in 1973 its Ethics Committee promulgated the rule that it was unethical to make a diagnosis or a professional opinion of a public figure’s mental state without examining them. This came to be known as the “Goldwater rule”. Its wisdom has been debated ever since but much more since Donald Trump came to political prominence, with strong opinions on both sides, both among the public and in the APA. The APA Ethics Committee was asked to re-view the “rule” and in March of this year, and to the surprise of many came down even stronger in support of the rule.

The “rule” states that it is a serious breach of ethics for a member to give a public opinion on the mental state of a public figure whom that member has not examined. Some members resigned so that they could make such comments but it is more complicated than that. Most licensing boards and hospital credentialing committees follow the APA’s guidelines so there could be serious consequences apart from being expelled from the APA. (In fact I believe no one has ever been charged with breaching the rule.

There have been a few recent important articles on either side of this debate. Jeannie Suk Gersen, a professor at Harvard Law School, argued in the New Yorker (August 23, 2017) that psychiatrists and mental health professionals were irresponsible in withholding their expertise from a vital public debate. She pointed out that psychiatrists in legal cases are routinely assessing dangerousness from files without interviewing. On May 22, 2017 also in the New Yorker, Jane Mayer had reported on discussions within the APA and at the Washington DC District Branch where Jerold Post, founder of the CIA’s Center for the Analysis of Personality and Political Behavior, and director of the political-psychology program at George Washington University, argued, without naming the president that “there’s a duty to warn” and “it seems unethical to not contribute at this perilous time”. On the opposite side Mark Komrad, of Johns Hopkins and Sheppard Pratt said “we’re already seen as peddlers of a liberal world view...nothing is to be gained...you don’t need a doctor to tell you that the guy on the plane with a hacking cough is sick”.

And in the Boston Globe (July 28, 2017) psychiatrist and ethicist Leonard Glass, without making a diagnosis, formulated “a coherent and plausible way of understanding Trump’s aberrant behavior... relying on psychological and psychoanalytical training...” And he announced his resignation from the APA after 41 years to protest its “intrusive, improper and self-defeating new interpretation of the Goldwater Rule”.

On the other side psychiatrists Peter Kramer (from the political left) and Sally Satel (from the right) wrote in a joint op-ed in the New York Times (August 29, 2017) “However flawed, the Goldwater rule saves psychiatrists from the temptation to misuse diagnosis for partisan purposes”. Their main concern was the somewhat related use of psychiatrists to declare the president unfit to serve: a bill is in Congress to set in motion a part of the 25th Amendment (from 1967) that

empowers Congress to establish a body to assess the president's ability to govern, when he is considered unfit but not impeachable. This body would have 11 members, eight of whom would be doctors, four psychiatrists. They argue that such a medically dominated body would provide cover for legislators while minimizing their responsibility. It must be a political decision to decide if the President is unfit to govern.

Doonesbury illustrated another of the risks of commenting on the President's mental state: half a dozen different opinions, concluding "let's not rush to judgement, even the pros can't agree". There is a long tradition of psychiatrists giving diagnoses to historical figures, and having published a paper giving a fifteenth century English king, whom I did not interview, a diagnosis of schizophrenia I will defend psychiatrists' ability to do just that. Further I will defend, for example the ability and importance of psychiatrists, such as Jerold Post, and others helping the CIA assess the mental state of world leaders or terrorists, whom they have never interviewed, to help the government, the State Department and counter terrorist agencies plan, negotiate and protect us.

Another danger of commenting on political figures is that it is almost impossible to separate one's political feelings, especially these days when they may be so strong, from one's professional opinion. More important is the implication of the professional opinion. Some of those mentioned above say it is the responsibility of mental health professionals to protect the country from the mentally unfit president. But psychiatrists, who are of course very good at assessing mental state, have virtually no experience of assessing fitness to work and I believe there is little study of this. When psychiatrist are asked about, say, a colleague with dementia or substance abuse, they are asked after there is evidence of unfitness, maybe to identify the reason or to provide the right help. We are routinely assessing dangerousness to self or others and I think we save a lot of lives in doing so. I accept our prediction is not very accurate and that in order to save those lives many who might not be dangerous may be hospitalized. What we are really doing is assessing the mental state and providing a diagnosis in someone who lay people, the police or family, know is dangerous and so allowing that person to be detained in a hospital, because there is no other means of preventative detention.

To go back to my own example of diagnosing without personal interview, the purpose was to help explain and understand why Henry VI became unable to rule leading to 30 years of civil war; not to demonstrate that he was unfit to rule except as someone else's puppet. That was obvious to everyone.

I do think assessments of the President's personality, mode of thinking, conceivable mental disorder can perhaps help explain his behavior and psychiatrists are good at that. They are not so good at separating their political opinions from their professional opinions and have little training or scientific literature to turn to for assessment of fitness for the job. I think the pitfalls, the limitations, and the implications of assessing public figures' mental state should make psychiatrists extremely cautious about publishing such assessments. If they do I'm not sure if it is unethical or foolish.

WHPS Executive Council Meeting
Friday, August 25, 2017
12:30pm - Il Fresco

Attendees Present: Nigel Bark, Raj Mehta, Lois Kroplick, Jim Flax, Russ Tobe, Laura Antar, Les Citrome, Ulrick Vieux, Eric Jarmon (PGY-3), Jane Kelman, Minh-Duc Huynh (PGY-2), Christopher Walfall (PGY-2), Ryan Omura (PGY-2), Kevin Lemaire (PGY-1), Faraz Naeem (PGY-1) and Liz Burnich

1. Journal Club – Lois Kroplick, DO
 - a. Lois recently attended intensive training workshops on Complicated Grief and presented a brief recap of the training workshop for this Journal Club.
2. Introductions for the new residents attending our meeting
3. Fall 2017 Educational Meeting – Raj Mehta, MD
 - a. Dr. Jeffrey Lieberman’s secretary informed Raj that Dr. Lieberman’s schedule is full for the fall but that he may be available for the Spring 2018.
 - b. Dr. Altha Stuart’s secretary said the same thing but said that Friday’s in March 2018 were open.
 - c. It was decided that we would try to do 2 educational dinner meetings in the spring 2017 (Dr. Stuart in March and Dr. Lieberman in April/May).
 - i. Both Nigel and Raj will follow up with them to coordinate the dates.
 - d. That still leaves us without a speaker for this fall but Raj said that he could ask Dr. Devanand to do a presentation of the topic of Alzheimer’s Disease. All agreed that it is a salient topic and that Raj should move forward to schedule this for October of this year.
 - e. There was also a discussion around using PsychU speakers but it was decided that we would use our own network of experts on the various psychiatric topics for our educational dinner meetings.
 - f. Laura Antar also suggested that we survey our members for topic suggestions in the future so that we can be responsive to their needs.
 - g. While most of the speakers that Raj has been able to get over the years have donated their time to present to our group, it was decided that we should offer a \$500 honorarium to speakers in the future.
 - h. Post meeting note: Dr. Devanand will be able to present on the topic of Alzheimer’s on Fri Oct 20 and Liz was able to secure the back room at La Terrazza. More details to follow shortly.
4. Committee Updates:
 - a. Public Forum – Lois Kroplick, DO
 - i. Topic for the Public Forum this year is Food for Thought: Treating Eating Disorders with speakers Matthew Shear, MD, MPH and Alexandra Werner, LSW and it will take place on Wednesday, October 18 at Rockland Community College Cultural Arts Center.
 - ii. Lois passed around a sign-up sheet for volunteers

- iii. This will be the final Public Forum run by the Mental Health Coalition but NAMI may continue to run this program in the future.
 - iv. It was voted that West Hudson would make a \$300 donation to put towards the expenses of this event. Lois will email Liz details on where the donation should be sent.
 - v. Liz will email the flyer to our membership and Jim will include it in eSynapse.
 - b. Women's Meeting – Lois Kroplick, DO.
 - i. The next meeting will take place on Friday, September 15 at Lois' office.
 - c. NAMI Awards Dinner – Lois Kroplick, DO
 - i. This year, our own Dr. Russell Tobe, former West Hudson President and current Treasurer will be honored at the annual awards dinner scheduled to take place on Wednesday, September 13 at the Nyack Seaport.
 - ii. Each year, we take out an ad in the Awards Journal. All present approved that West Hudson will take out a \$250 ad in the journal this year. Lois will email Liz with details on where payment should be sent.
 - d. Assembly – Nigel Bark, MD
 - i. The Assembly Meeting will take place Nov 1-3 in Washington DC
 - ii. Nigel has to write to the Speaker to request that Ulrick Vieux attend as a guest.
 - iii. Ulrick will assume the Assembly Rep position from Nigel after the November Assembly meeting.
 - e. Upcoming NYSPA/Area 2 meetings:
 - i. Saturday, October 21, 2017
 - ii. Saturday, March 24, 2018
- 5. ORMC/WHPS joint sponsored meeting on Updates in Psychiatry – Ulrick Vieux, DO
 - a. Ulrick would like to organize a yearly conference (either in the spring or fall) co-sponsored by West Hudson for the Orange, Rockland and Sullivan county psychiatrists.
 - b. Presenters would be core faculty in Psychiatry at ORMC as well as interested members from West Hudson and meeting would take place on a Saturday morning from 9-12.
 - c. We discussed more details about this idea, Lois offered to present on Complicated Grief and it was decided that West Hudson would be happy to be involved as a co-sponsor. Ulrick will reach out to Liz to coordinate this further.
- 6. Miscellaneous:
 - a. PRMS additional Risk Management Training meeting and Residents Meet & Greet
 - i. Try to schedule late November, early December.
 - ii. Liz will coordinate with PRMS.
 - b. PRMS Guest Blog:
 - i. PRMS has asked us to contribute a guest blog article for their website on the our Mentorship Program. Another district branch wrote about their mentorship program in a previous blog entry so I thought it might be a little different if we wrote the article from the Mentees perspective on how the mentorship program has helped them in their career in psychiatry.
 - ii. Liz will contact our PGY-2 and PGY-3 psychiatrists to write a paragraph on

- their experiences.
- iii. We can also publish this article in a future issue of eSynapse.
- c. WHPS Mentorship Program
 - i. We matched the 2 new residents attending our meeting with the mentor volunteers at our meeting today:
 - 1. PGY-1 resident Kevin Lemaire with Dr. Les Citrome
 - 2. PGY-1 resident Faraz Naeem with Dr. Laura Antar
 - ii. The other 2 residents will be matched with the mentor volunteers as follows:
 - 1. PGY-1 resident Claire Afrassabian with Dr. Kimberly Robinson from Crystal Run
 - 2. PGY-1 resident Eneida Miranda with Dr. Stephen Krieg from Crystal Run
 - iii. Liz will send emails to formalize the new mentors into the program next week.
- d. WHPS Website:
 - i. The new website designed by GoDaddy is live but a lot of the data is old (mostly just transferred from the old site). Liz will be scheduling training with GoDaddy on how to make changes to the website so the data will be updated after the training is completed. All change requests should go to Liz ASAP so she can make sure this is included in the training.
- e. APA Expedited Grant
 - i. APA and APA, Inc. awarded grant dollars to put towards our 2017 Fall Educational meeting to help defray the costs. The money will be sent in the next few weeks.
 - ii. American Society of Clinical Psychopharmacology (ASCP) – Les Citrome, MD
 - 1. As Membership Chair of ASCP, Les informed everyone that membership includes The Journal of Clinical Psychiatry (with online access to all past issues, reduced registration to meetings and other benefits. Les will email everyone with the details and Jim will publish in our next newsletter.
 - 2. Membership is \$100 but free for all Residents and Fellows.
 - 3. For more information: <http://www.ascpp.org>
- 7. NEXT EC MEETING – Friday, October 6, 2017 at 12:30 at Il Fresco
 - a. Nigel will ask Richard Gallo of NYSPA to be our guest presenter at this meeting.

CORRESPONDENCE

(Editors note: I vowed when I started this publication to publish anything sent to me by our members. Please do so.)

Lewy Body Disorder: A Challenge For Psychiatry

Syed Abdullah, M.D.

Lewy body disease, also known as Lewy body dementia or diffuse Lewy body dementia, is an uncommonly diagnosed condition. This might be partly explained by the fact that this syndrome lies at the interface of neurology and psychiatry. The patient, usually in his 60s, comes to the psychiatrist with symptoms of depression mixed with some psychotic features. The depression is moderate to severe often leading to social and occupational withdrawal, low energy and a general slowing down of the cognitive faculties. The psychotic features include some delusional thoughts and fleeting visual hallucinations which later become persistent.

Clinically there are some tell tale signs which include a fluctuating pattern in the cognitive deficit, and the lack of response to antidepressants and most of the antipsychotic medications. As a matter of fact the symptoms of depression, as well as of psychosis, worsen on these medications. Patient and relatives usually mention that his memory is no longer what it used to be and wonder if he has Alzheimer's disease. The relatives and care-givers report that there are periods of time when his memory and intellectual functions return to near normal. This fluctuation in the cognitive process leads the psychiatrist to rule out dementia and think more in terms of severe recurrent depression.

The slowing down of movements and speech, which might become almost a whisper, is usually interpreted as a sign of deepening depression. On physical examination there is early evidence of mild stiffness in the joints but there is usually no noticeable tremors at this stage. As the disease progresses and treatments for depression and the concomitant psychosis remain ineffective, despite repeated changes and dosage adjustments, the search for the etiology leads to neurological consultation and such sophisticated investigations as CT scan and MRI, which are usually inconclusive.

The following case report of a patient who was followed for many years is typical of the progress of this condition: Mr. NT a 65 year old married man, became

depressed following some business reverses. When first seen, he was obviously depressed and had some memory deficits. The family reported that he had lately been making some poor business decisions and had become irritable, weepy and at times confused. They wondered if he was developing Alzheimer's dementia. However there were periods of time when he would seem to come out of the mental morass and resume his business activities. This fact led to the diagnosis of severe recurrent depression, as Alzheimer's is usually assumed to be a progressive condition with a steady unrelenting decline in the cognitive functions. He did not present overt psychotic symptoms other than a paranoid suspicion of his close relatives, who he thought were after his money. There were no hallucinations until much later in the progress of the condition, when he would see the battle scenes of his youthful years.

Treatment with a variety of antidepressants and antipsychotics proved to be of no help; they only made the target symptoms worse. As the slowness of movements, appearance of slight tremors and slurring of speech worsened, the diagnosis of Parkinson's disease was made. The use of dopamine agonists exacerbated hallucinations and produced states of confusion and disorientation. After several trials and errors he was finally tried on a very small dose of Clozapine. The initial dose of 12.5 mg brought about a dramatic improvement in his condition. He was able to gradually resume some of his business and social activities and became much easier to get along with. The dose of Clozapine was never increased as the patient argued against the risks of higher doses. He has continued to do well for the last two years with only a very slow worsening of his motor symptoms. With the slowing down of the process of dementia and the extra-pyramidal symptoms he has perhaps added several fruitful years to his life.

The above case illustrates the challenges of a treatment resistant case of depression in an elderly patient who also has minimal evidence of an underlying neurological condition. The use of a small dose of Clozapine went a long way in this otherwise difficult to treat condition. For the treating psychiatrist it is necessary to consider this neurobehavioral and neuropsychiatric disorder about which much controversy rages among the neurologists. Is the Lewy body disease a variant of Parkinsonism, or is it a variant of Alzheimer's dementia, or an independent disorder? These questions remain unresolved. Pathologically, Lewy body shows multiple neuritic plaques like those of Alzheimer's disease as well as the typical Lewy body inclusions in the cortex and the brainstem but there are few neurofibrillary tangles found. A recent publication, *Dementia With Lewy Bodies: Clinical, Pathological and Treatment Issues*, edited by Robert Perry et al, deals exhaustively with this condition. In the meantime it is heartening to know that this complex syndrome is treatable with a medication that is presently available.

Historical Note:

60 years after the death of Sir James Parkinson, who described the shaking palsy, Friederich Heinrich Lewy was born in Berlin, on January 28, 1885. Lewy contributed to the pathology of Parkinson's disease by describing the eosinophilic intracellular inclusion bodies in the brain that we now call Lewy bodies. The term "Lewy bodies" was first used by Tretiakoff at the University of Paris in 1919.

Lewy's father was an internist in Berlin. He was related to Paul Ehrlich, who discovered the Salvarsan treatment of syphilis. In Zurich, Lewy studied neuroanatomy with von Monakow, and graduated in 1910 from the University of Berlin. From 1910 to 1912 he trained with outstanding teachers: Nissl, Alzheimer, and Spielmeyer in Munich; clinical neurology with Oppenheim; and psychiatry with Kraepelin in Berlin. He carried forward the rich tradition of these pioneers in medicine.

In 1913 at the seventh convention of the German Society of Neurologists held in Breslau, Poland, Lewy described in detail the inclusion bodies that bear his name. He described intra and extracellular bodies free in the tissue and around arterial walls, which he thought to be breakdown products. These bodies were found in the dorsal motor nucleus of the vagus, in the nucleus basalis of Meynert, the nucleus lateralis thalami and the paraventricular nucleus. The bodies were described by him as elongated or circular structures, which stained with eosin. At the outbreak of World War I he became a major in the German army in charge of field hospitals in France, Russia and Turkey.

In 1926 he was nominated Director of the Institute of Neurology of Berlin, which he had to leave in 1933 when the Nazis came to power. He then spent one year in Britain and was afterwards invited to the Medical School of the University of Pennsylvania in Philadelphia, USA.

In Philadelphia he was a Professor of Neurophysiology, Neuropathology and a consultant Neurosurgeon at the University of Pennsylvania. During World War II he joined the armed services and became Chief of Neurology in the Army hospital at Framingham, Massachusetts. After the war he returned to the University of Pennsylvania.

F. H. Lewy died in Pennsburg Pennsylvania, aged 65, on October 5, 1950.

The Orange Regional Medical Center (ORMC) GME program is growing exponentially. They anticipate that starting July 1 they will have 73 residents in their 6 GME programs. As a result, the need to be able to refer at risk residents to effective, empathic mental health professionals is great. Due to confidentiality issues many residents may not feel comfortable receiving treatment at Orange Regional Medical Center. ORMC would like a list of therapists that would be willing to see residents as needed. The director of the psychiatric residency program would like to get a list of members of the West Hudson Psychiatric Society that would be willing to see ORMC residents in their private practices. Insurance is Blue Cross/Blue Shield of NY, with varying levels of reimbursement depending on which plan the resident chooses. Please contact:

Ulrick Vieux DO, MS
Psychiatry Residency Program Director/ORMC
Cell #: 845-741-4990/Office #: 845-333-1763

Eric Jarmon, DO, Psychiatric Resident, ORMC

On behalf of all the psychiatry residents at ORMC, I would like to take this opportunity to congratulate my fellow associate chief resident, Dr. Stephanie Kuntz, for being awarded Resident of The Year last night at ORMC's annual graduate medical education awards dinner.

The Resident of the Year is an award honoring the one resident - out of all the residency programs (including: TRI, Internal Medicine, Family Medicine, General Surgery, Emergency Medicine, and Psychiatry), who received the highest marks and most exemplary comments based upon 360 degree evaluations and surveys submitted by residents, attending physicians, staff, and patients.

Congratulations, Stephanie!!

Nicholas Batson, M.D., Early Career Rep

Dr. Ryan Omura (2nd year ORMC Psych Resident) and I on 7/27 presented at the Mortality and Morbidity conference for the ORMC Psych residents. . We presented a patient on Clozaril with coordination of care issues and possible clozaril toxicity related to infection. Attached is the article we used for discussion.

Also, some updates on what we are doing up here in Orange county. On April 24 I spoke at Greater Pine Bush Partnership “Dose of Reality” community forum, see attached. On September 17th at Thomas Bull Memorial Park, Montgomery, NY at 9:30am the Crystal Run Healthcare Psychiatry department is sponsoring the AFSP's Orange County Out of Darkness Community Walk to benefit the American Foundation for Suicide Prevention. Last year we raised over \$5,000 for walk. Please feel free to donate, link is below.

<https://afsp.donordrive.com/index.cfm?fuseaction=donorDrive.team&teamID=142223>

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Food for Thought: TREATING EATING DISORDERS



**Rockland Community College
Cultural Arts Theatre**

145 College Road, Suffern, NY

Registration: 6 to 7 pm/ Program begins 7 pm

WEDNESDAY OCTOBER 18

For tickets and information

Call NAMI Rockland (845) 359-8787

or visit on line at

www.namirockland.org

Suggested Donation: \$15 per person
Students welcome at no charge

Breaking the Silence

Annual Public Forum

2017 Presenters

Matthew Shear, MD, MPH is a distinguished psychiatrist, Board certified in both Adult and Child and Adolescent Psychiatry. An Assistant Professor of Clinical Psychiatry at Weill Cornell Medical College, he teaches medical students and supervises residents and fellows. He is also an Attending Psychiatrist at New York Presbyterian, Westchester, where he maintains a private practice in Child and Adolescent Psychiatry. Dr. Shear specializes in treatment of eating disorders in adolescents and adults.

After completing training in general psychiatry at Montefiore Medical Center Dr. Shear completed a fellowship in Child and Adolescent Psychiatry at Mount Sinai Medical Center, and was Chief Fellow in his final year. He has published in peer reviewed journals and presented at national conferences.

Alexandra S. Werner, LSW finally overcame many years of struggles with Anorexia Nervosa while in college. Her personal experience led this bright and caring young woman to a helping profession, and she went on to earn her Master's degree in Social Work from Fordham University. Ali, as she is known by friends and family, is recently and happily married. She currently works as a mental health screener for the Bergen County Psychiatric Emergency Screening Program. She hopes to raise awareness and understanding by sharing her story and to continue to serve as an advocate for others battling an eating disorder.

Sponsored by

**The Mental Health Coalition of
Rockland County**

NAMI Rockland /National Alliance on
Mental Illness of Rockland County

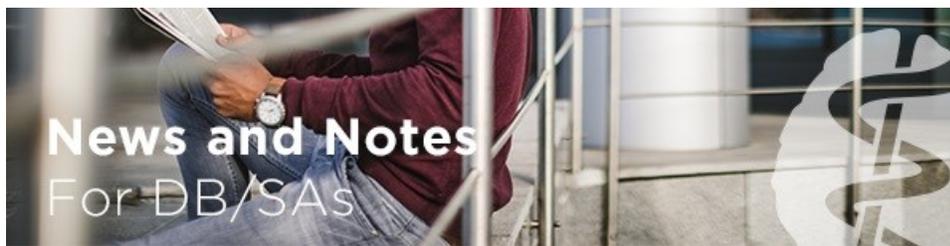
RC-DBSA/ Rockland County Depression
and Bipolar Support Alliance

Rockland County Department of
Mental Health

Rockland Community College
Student Development Center

Jewish Family Services
Eating Disorders Treatment Program

ASL Interpreters available upon
advance request



September 2017

This monthly newsletter is prepared by the APA's Communications. 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

- The American Psychiatric Foundation announced that the Partnership for Workplace Mental Health is now the Center for Workplace Mental Health and has an updated website. The Center for Workplace Mental Health helps employers create a more supportive workplace for their employees and advance mental health at their organizations. To learn more, visit www.workplacementalhealth.org.
- The APA applauded the confirmation of Elinore McCance-Katz, M.D., Ph.D., as the first Assistant Secretary for Mental Health and Substance Use in the Department of Health and Human Services. Dr. McCance-Katz is an APA member, and her nomination to the position was strongly supported by APA. Read more [here](#).

Mark Your Calendar

- National Recovery Month (September)
- National Traumatic Brain Injury Awareness Month (September)
- National Suicide Prevention Week (Sept. 5-11)
- ADHD Awareness Month (September)

September Course of the Month - Cancer-Related Treatments Relevant to Psychiatry

Each month, APA members have free access to an online CME course on a trending topic. The September course reviews the use of chemotherapeutic agents in patients prescribed psychotropic medications and challenges that may arise using illustrative clinical cases. [Click here to access the Course of the Month and sign up for updates about this free member benefit.](#)

Registration Open for IPS: The Mental Health Services Conference

The theme of the 2017 IPS conference is Enhancing Access & Effective Care. It will be held October 19-22 in New Orleans. The meeting will highlight innovations in clinical services and feature 80+ sessions, unique learning formats and several in-depth courses. [Register today](#) and enjoy New Orleans in the fall.

Video Explains PsychPRO, APA's Mental Health Registry

Curious about PsychPRO, the new mental health registry from APA? [Click here to watch a short video](#) that explains how PsychPRO can help you treat patients and meet your certification requirements. PsychPRO is open to individual psychiatrists as well as large group practices and hospitals.

Free Course Series Helps Members Manage Practice Risk

What should you consider when using social media or technology in your practice? What are the most common malpractice claims brought against psychiatrists and how can you avoid them? These are just a few of the questions answered in the [Risk Management course series](#), featuring experts from APA's endorsed medical liability insurance provider and offered free to all APA members. Explore [these courses](#) today.

Recent Graduate? Update the APA

If you have recently completed a residency or fellowship program, inform the APA to ensure you receive member benefits geared to early-career psychiatrists. Members transitioning to practice can complete the General Member Verification form at psychiatry.org/gmform. If you are continuing training, send the name and type of your new Fellowship program, including start/end dates to membership@psych.org to continue as a resident-fellow.

ONE POLICY. ONE DECISION.



WE PROTECT YOU

PRMS' comprehensive program is designed to adapt to the changing stages of your career. We protect you with a robust policy, outstanding customer service and a team of experts who truly understand psychiatric risk.



JACKIE PALUMBO
CHIEF UNDERWRITING OFFICER

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Actual terms, coverages, conditions and exclusions may vary by state. Unlimited consent to settle does not extend to sexual misconduct.

Insurance coverage provided by Fair American Insurance and Reinsurance Company (NAIC 35157). FAIRCO is an authorized carrier in California, ID number 3175-7. www.fairco.com

In California, d/b/a Transatlantic Professional Risk Management and Insurance Services.

ANNOUNCEMENTS AND ADS

If you missed the dinner meeting on genetic testing for psychiatrists, here is a link to the slides from the talk by Jay Lombard, MD, the founder of Genomind.

<https://www.dropbox.com/s/ullqriwoa37njz/Genomind%20presentation.pptx?dl=0>

USEFUL INFORMATION RESOURCES: Dr. Ferro recently advised me of a useful electronic publication of psychiatric advice – SimpleandPractical.com. This prompted me to think of all the publications I use to keep up to date. I do not use UpToDate.com though I understand it is very useful. I do use the APA publications, including Focus. I am a member of the listservs of Columbia University and multiple PsychoPharm listservs. I receive Amadeo on 4 different topics <http://m.amedeo.com> and Evidence Alerts <http://plus.mcmaster.ca/EvidenceAlerts/> for reviews of recent articles. I pay for two monthly newsletters - Biological Therapies in Psychiatry and The Medical Letter. I read APA News, Psychiatric Times and Clinical Psychiatry News. I sometimes will read Psychiatric Annals as well. I use Epocrates, Google, Wikipedia, WebMD and others daily. As a result of our modern digital resources, I'm thinking of throwing out all the ancient textbooks taking up space on my shelves. I'd be interested in hearing from others about what resources you rely on to keep up to date.

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/>

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, American Psychiatric Association, (703) 907-8591 ejaffe@psych.org Practice Management HelpLine (800-343-4671) - email at hsf@psych.org. Also, one of our members posted to an international list-serv with regard to any denial of benefit, so I quote Dr. John Fogelman:

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 in 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.

Mandatory Prescriber Education in NY after 7/1/17

Prescribers licensed in New York to treat humans and who have a DEA registration number to prescribe controlled substances, as well as medical residents who prescribe controlled substances under a facility DEA registration number, must complete at least three (3) hours of course work or training in pain management, palliative care, and addiction by July 1, 2017.

Practitioners must notify the Department of Health that they have completed the educational requirements by submitting an attestation online.

Click on the following links for more information and guidance.

- [Mandatory Prescriber Education Guidance](#) (PDF)
- [Frequently Asked Questions - Updated June 2017](#) (PDF)
- [Attestation Process](#)
- Prescribers can access three hours of free course work covering the eight required topic areas, sponsored by NYSDOH, from the University of Buffalo* at [Opioid Prescriber Training Program](#).

• Weekend Psychiatry/Psychotherapy Office for Rent

- Route 45, Pomona
- Shared Waiting Room, Wheelchair Accessible, Wall-to-Wall Windows,
 - Private Bath, Full Sound Insulation, Separate Entrance/Exit
 - Call Lorraine Schorr (845) 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.

**Full time office space for rent in well-appointed Pomona suite,
\$850/month. Call 845 354-6050 for details.**

Rockland County Department of Mental Health (RCDMH) is seeking to contract with psychiatrists to provide child custody evaluations referred to RCDMH by Family Court.

Flexible time and competitive terms. Please contact Salina Williams at 845 364-2391.



PSYCHIATRIST, OUT-PATIENT HEALTH CENTER (INDEPENDENT CONTRACTOR)

Location: New City, NY 10956
Division: Health Center
Status: Independent Contractor

Build a brighter future...For those with special needs AND for yourself!

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As a **Psychiatrist** (Independent Contractor), you will provide diagnoses and treat individuals in our outpatient Health Center located in New City (Rockland County), NY. We are seeking a part-time NYS board certified Psychiatrist to work with adults and or children/adolescents with Behavioral Health and adults or children/adolescents with Developmental Disabilities in our outpatient health center which operates 8:00am – 5:00pm Monday through Friday; very flexible hours available. The qualified candidate will work with an integrated treatment team consisting of other Psychiatrists, Psychologist, LCSWs, LPNs, MD, Patient Services Representatives, Schedulers and a Coding and Compliance Specialist. Jawonio will provide administrative support and office space.

How to Apply:

Please sent Resumes to:
Jawonio Inc
Human Resources Department
260 N. Little Tor Road
New City, NY 10956

Or by Fax to (845) 639-3530
Or by E-Mail to jobs@jawonio.org

We encourage all qualified applicants to apply.

Jawonio, Inc. does not base employment decisions on an individual's race, color, sex/gender, genetic predisposition, sexual orientation/preference, religion, age, national origin, disability, military or veteran status or any other characteristic protected by federal, state or local law. In addition, Jawonio, Inc. may make reasonable accommodations to enable applicants to participate in the hiring process and employees to

The Clinical Research Division (CRD, Director: Dan V. Iosifescu, MD, MSc) at the Nathan Kline Institute is pleased to announce we are starting several clinical trials in patients with major depressive disorder (MDD). We plan to evaluate novel potential treatments, including devices and pharmacological agents.

Our first study is testing transcranial laser therapy (TLT) in addition to antidepressants for MDD subjects who have failed to improve with antidepressants alone.

You can find more information about the study in the following summary description:
<https://clinicaltrials.gov/ct2/show/NCT02959307>

Interested patients should contact Dr. Karen Nolan at 845-398-6572. The study PI, Dr. Dan Iosifescu, will be happy to answer your questions (845-398-6568), or Dan.Iosifescu@nki.rfmh.org

Have you been feeling sad, blue, or down in the dumps?

Have you lost interest in the things you used to enjoy?

Are you looking for help?

If so, you may be eligible to participate in a research study using Transcranial LED Therapy (TLT) to treat depression that is being conducted at the Nathan Kline Institute in Orangeburg, NY.

TLT involves a non-invasive and invisible beam of light that increases energy metabolism in the brain, and some of this increased brain activity may help people with depression. This treatment is not the same as electroconvulsive therapy (ECT).

All TLT sessions will take place at the Nathan Kline Institute. The visits include 1 initial screening visit, 24 TLT sessions, and 1 follow-up visit making for a total of 26 visits to our program. Those who qualify will receive the experimental treatment, study-related, medical exams, and laboratory tests at no cost. Study participants will be compensated \$50 per study visit.

If you are between 18 and 70 years old and would like more information please contact

Karen Nolan at 845-398-6572 or email nolan@nki.rfmh.org



NEW YORK STATE PSYCHIATRIC POLITICAL ACTION COMMITTEE, INC.
400 GARDEN CITY PLAZA, SUITE 202
GARDEN CITY, NEW YORK 11530

Name: _____

Address: _____

Tel. No.: _____

I hereby join as a member of the NYSP-PAC for 2016 and enclose my payment in the following amount:

_____	General Member	\$100.00
_____	Contributing Member	\$150.00
_____	Supporting Member	\$200.00
_____	Sustaining Member	\$250.00 or more
_____	Other amount	

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I hereby authorize the charging of my credit card.

Account #: _____

Three or four digit number following account number that appears on signature bar on reverse side of credit card:

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Signature: _____

Please make checks payable to NYSP-PAC.

Checks can be mailed to:
NYS-PAC, 400 Garden City Plaza, Ste. 202, Garden City, NY 11530