

# THE PSYCHIATRIC SOCIETY OF VIRGINIA VIRGINIA NEWS



A DISTRICT BRANCH OF THE AMERICAN PSYCHIATRIC ASSOCIATION

SPRING 2009

## A MESSAGE FROM THE PRESIDENT

By J. Edwin Nieves, MD, DFAPA  
Incoming President

The PSV Spring Meeting, held on March 27-28 in Richmond, maintained our tradition of excellent scientific programs and was a complete success.

The planning committee put forth a superb program, taking the membership on a journey from the current state of mental health services into the future, as seen through the eyes of the speakers. Drs. Vieweg and Jones introduced this vision of the future as seen by both major political parties and our own American Psychiatric Association.

Dr. Oldham gave a historical overview from the Democratic perspective of the healthcare development from the Medicaid/Medicare of the 1960's through the 1970's and unto our cur-

rent debate. One of the most interesting slides from Dr. Oldham's presentation described the variation in vision from both a more conservative and a more liberal view of view of healthcare.

The more liberal aspects of the Democratic plan consider a more centralized healthcare system, with the goal of protecting the most vulnerable citizens. While some may consider this end of the plan reminiscent of a "paternalistic approach" (my quote, not his), it would encompass some level of protection for all mental health services and some employer insurance mandates according to the number of employees in their payroll. On the other side of the spectrum, were some more conservative approaches. Dr. Oldham saw as some

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Outgoing President, James L. Krag, MD, FAPA with incoming president, Jose Nieves, MD, DFAPA, during the PSV Spring Meeting in Richmond.

## GIVING BACK AND GIVING FORWARD

By James L. Krag, MD, FAPA  
Immediate Past President

As outgoing president, I wanted to focus this editorial on our profession as a giving profession. I was thinking about my reason for accepting this period of service as President and how I have been motivated by the concept of giving back to this profession in some way for the great benefits I have received from the service and efforts of those before me. This made me think about the concept of not only giving back but also of giving forward.

Giving with no thought or expectation of receiving repayment is a very old idea, alive in many ways, and I have been so impressed by the great generosity – even if sometimes not great in relative dollar amounts – of people I have

worked for and worked with over the years. This concept was described by Benjamin Franklin, in a letter to a friend dated April 22, 1784:

*"I do not pretend to give such a Sum; I only lend it to you. When you [...] meet with another honest Man in similar Distress, you must pay me by lending this Sum to him; enjoining him to discharge the Debt by a like operation, when he shall be able, and shall meet with another opportunity. I hope it may thus go thro' many hands, before it meets with a Knave that will stop its Progress. This is a trick of mine for doing a deal of good with a little money."*

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**SAVE THE DATE!**  
**PSV Fall Meeting: BEYOND DSM-IV**  
**September 25-26, 2009**  
**Hotel Roanoke • Roanoke, VA**



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Letters to the editor and editorial contributions are welcome. Submissions may be sent to Jose Edwin Nieves, MD, FAPA, or to Kathleen Stack, MD, FAPA, via email at jose.nieves@med.va.gov or to kathleen.stack@med.va.gov. Paid advertising is accepted on a first-come, first-served basis. To place your advertisement or to request a rate sheet, contact Beverly Bernard at PSV Headquarters via email at beverly@societyhq.com or by phone at (804) 565-6321.

# A MESSAGE FROM THE EDITOR

## Truly "Modern Psychiatry"

By Kathleen Stack, MD, DFAPA

I read Alen Salerian's editorial "Modern Psychiatry: Still in the Dark Ages?" with incredulity. I appreciated PSV members David Ross and Ram Shenoy's timely and thoughtful discourses, which appeared in the *Richmond Times Dispatch*. Each addressed different aspects of Dr. Salerian's rather caustic review of the profession and the DSM-V development process. I am not able to address the factual content with their same aplomb and will not attempt to do so.

I was startled by the contrast between Dr. Salerian's initial and later points. He began by calling for more scientific methods in the development of the DSM-V or another diagnostic system. However, the article then lurched toward critical, affect laden comments, referring to psychiatry and undefined "bureaucratic and institutional systems" as keeping our profession in a veritable "Dark Ages."

The part of Dr. Salerian's article with which I resonated (if weakly), was his disappointment. I also await new science to assist our field in accurate, reproducible and irrefutable diagnoses and treatment options. I recall the promise of the 1990's Decade of the Brain and got excited about the more recent discoveries in brain metabolism which can demonstrate which part of the brain is functioning differently in one illness versus another. A few years ago, I began to tell medical students that I believed the field of psychiatry will advance in its understanding of the brain and mental illness greatly over my professional life. I grandly predicted that our field would evolve to the point where we would interview our patients and order scans to verify the diagnosis, as is done with other medical conditions. After reading this editorial, I have to admit that I have not made this claim recently.

While great progress has been made in our understanding, only a small percentage has yet to translate into diagnostic and treatment options that improve daily patient care. Dr. Salerian's editorial did remind me of an ideal I had allowed to drift from my sight. I value his abrasive tug to again raise my expectations for our field.



Kathleen Stack, MD, DFAPA

Thank You

## We would like to thank our EXHIBITORS for the PSV Spring 2009 Meeting

*Transitioning from the Current  
to the Future Practice of Psychiatry*

**Crowne Plaza Richmond West, Richmond, VA  
March 27-28, 2009**

### SILVER LEVEL EXHIBITORS

**AstraZeneca**

**Forest Pharmaceuticals**

### EXHIBITORS

**Bristol-Myers Squibb  
Eli Lilly & Company  
Janssen Pharmaceuticals  
Neuronetics  
NeuroScience Inc.  
Pfizer, Inc.**

**Poplar Springs Hospital &  
Virginia Beach Psychiatric Hospital  
Sepracor  
Virginia Beach Psychiatric Center  
Wyeth Pharmaceuticals**

# PSV FALL PROGRAM IN ROANOKE – SEPTEMBER 25-26, 2009

By Victor Vieweg, MD, DFAPA  
President, Richmond Psychiatric Society

The Fall Meeting of the Psychiatric Society of Virginia in Roanoke, September 25-26, 2009, promises to be both stimulating and educational. It has been put together under the direction of J. Edwin Nieves, MD, President, Psychiatric Society of Virginia; Cheryl Jones, MD, President-Elect, Psychiatric Society of Virginia; Brian Wood, DO, President, Southwest Psychiatric Society; and M. Rizwan Ali, MD, Immediate Past President, Southwest Psychiatric Society.

A new format will involve a debate on the topic, "Depression is Just Another Name for Suffering." The two debaters will be Drs. Jerome C. Wakefield and Anand K. Pandurangi. Dr. Wakefield is the co-author of the book, *The Loss of Sadness. How Psychiatry Transformed Normal Sorrow into Depressive Disorder*. This book has highly favorable reviews in the *Lancet*, *American Journal of Psychiatry*, and the *New England Journal of Medicine*. Dr. Pandurangi is a national and international expert in the area of biological psychiatry.

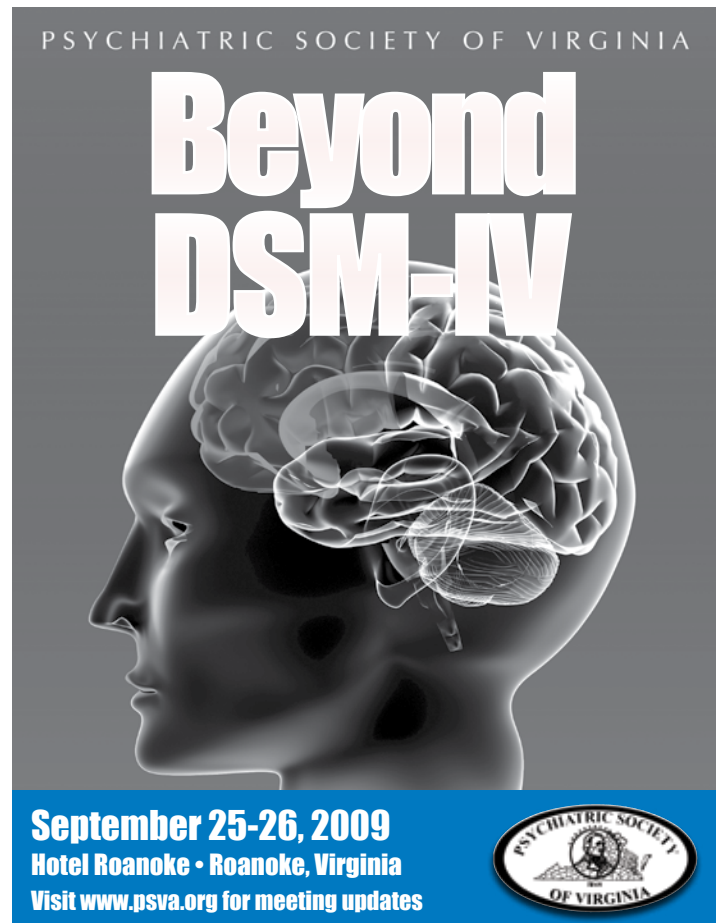
Dr. Wakefield will speak in the affirmative and open with a 30-minute presentation of his argument. Dr. Pandurangi will speak in the negative for 30 minutes. Rebuttals will follow for each speaker and run for 10 minutes. A 40-minute Q&A session will follow with expected lively participation by the audience. Dr. Elizabeth Lowe, a psychoanalyst, will moderate this debate that is scheduled from 9:00 to 11:00 am.

Following a break to visit exhibits, Dr. Jerome Blackman will deliver a 40-minute presentation entitled "Balancing Clinical Judgment and Countertransference in Difficult Patients When Prescribing Psychotropic Drugs." Dr. Blackman is a medical doctor and a psychoanalyst who has a number of articles and several books relevant to his presentation. A 20-minute Q&A session will follow Dr. Blackman's presentation.

After lunch and a business meeting, Dr. Lowe will speak on the topic, "What We Can Learn from Narrative Medicine About Connecting with the Patient." Narrative medicine has arisen in the field of Internal Medicine, relatively unknown to those of us

in psychiatry. Given the importance of strengthening the connection between psychiatry and medicine, this topic is most timely.

Rounding out the day will be a presentation by Robert O. Friedel, MD, entitled "Emerging Concepts in Borderline Personality Disorder." Dr. Friedel is the author of the well-received book, *Borderline Personality Disorder Demystified: An Essential Guide for Understanding and Living with BPD*. This is a highly practical text for patients, families, and clinicians. His presentation will last 40 minutes to be followed by a 20-minute Q&A session.

A poster for the Psychiatric Society of Virginia (PSV) Fall Program in Roanoke. The top half features a grayscale image of a human head in profile, facing left, with a transparent brain visible inside. The text "PSYCHIATRIC SOCIETY OF VIRGINIA" is at the top in a small, sans-serif font. Below it, the title "Beyond DSM-IV" is written in large, bold, white letters. The bottom half of the poster has a blue background. On the left, the text "September 25-26, 2009" is in white, followed by "Hotel Roanoke • Roanoke, Virginia" and "Visit [www.psva.org](http://www.psva.org) for meeting updates". On the right is the PSV logo, which is a circular seal with the text "PSYCHIATRIC SOCIETY OF VIRGINIA" around the perimeter and a central emblem.

## PSYCHIATRY FOR THE FIRST TIME

By Maria DeBenedetti, MS-3

The third year of medical school holds numerous firsts for students. Many experiences are expected and almost considered a rite of passage: things as benign as sleeping in a call bed, pulse pounding, or doing your first set of chest compressions. My psychiatry rotation also had many firsts, some of which were much unexpected. As a student rotating in a forensic ward I, for the first time in my life, I was within an arm's length from patients accused of a variety of violent and non-

violent offenses. Their mental status and clinical condition varied from acute to some with chronic unremitting symptoms, but all appeared to be making a sincere effort toward recovery and rehabilitation.

Some had been in a restricted environment for up to 25 years. Most were from broken homes and had developed symptoms early in their adult life. Their symptoms were so severe that they had been ruled not guilty by reason of insanity (NGRI), even after serious violent offenses. One of these

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# IN THE NEWS

## DELEGATE CHRIS SAXMAN AWARDED PSV LEGISLATOR OF THE YEAR

At the Spring Meeting's Friday evening reception, PSV President Jim Krag announced that Delegate Chris Saxman (R-Staunton) was the Society's 2009 Legislator of the Year.

As he presented the plaque, Dr. Krag noted that Delegate Saxman led successful efforts during the General Assembly session to reject Governor Kaine's proposal to close the state child/adolescent mental health facilities in Staunton and Marion.

Delegate Saxman, who operates a family business in Staunton, is not usually involved in legislative health care issues but felt strongly that the closings would eliminate a safety net for children with severe psychiatric and substance addiction problems. He worked with key legislators, health care groups, and patient advocates to identify funding that would keep the facilities open. Dr. Krag commented that Delegate Saxman's achievement was particularly impressive since the closings had appeared to be a forgone conclusion.

For information about Delegate Saxman, visit [www.delegatesaxman.com](http://www.delegatesaxman.com).



*Dr. James Krag presents Delegate Chris Saxman with the PSV Legislator of the Year award at the recent Spring Meeting.*

## WELCOME TO OUR NEW MEMBERS

### GENERAL MEMBER

Mikhail O. Chizikov, MD .....Roxboro, NC  
Victoria A. De Filippo, MD..... Norfolk, VA  
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Manish Soni, MD ..... Richmond, VA  
Sala Suzette Webb, MD..... Glen Allen, VA

### MEMBER-IN-TRAINING

Anita S. Chu ..... Charlottesville, VA  
Renu J. Shah, MD ..... Charlottesville, VA

## NEW BLUE RIDGE CHAPTER PRESIDENT JOSEPH T. MASON, MD, FAPA

I'd like to introduce myself as the new president of the Blue Ridge Psychiatric Society. I've been a member of the APA and PSV since medical school, but this is my first official opportunity to serve. We all appreciate Barbara Haskins' efforts to keep the chapter going nearly single-handedly for several years, and I hope to enlist enough support to make it easier to sustain.

My background is: BSW and MSW from VCU in 1977 and 1979, MD from VCU (then MCV) in 1988, and residency at UVA from 1988-1992. I worked for two years in Roanoke at Carilion in the UVA residency program, then moved back to Charlottesville, where I've been in various forms of private practice since 1994. I was board-certified in 1994 (for life – the last year that was granted) and became an APA fellow a couple of years ago. My current practice is split between a part-time office practice and part-time at the Fluvanna Women's Correctional Center.

I strongly believe in the need for a single-payer national health program and will advocate for that until we get it, but my intent for the society is to have an open and diverse group whose agenda is set by what's best for the most. I look forward to bringing the local chapter back to life and hope to include as many people as possible from UVA, Western State, Region 10 and the private sector. I will be sending out an email shortly to begin the organizational process.

Joseph T. Mason, MD  
434-971-5604  
jtmason54@gmail.com

## AL-MATEEN RECOGNIZED FOR CONTRIBUTIONS TO PSV ADVOCACY

In one of his last official acts as PSV President, James L. Krag, MD, FAPA, presented Cheryl S. Al-Mateen, MD, with a certificate recognizing her contributions to the Society's legislative advocacy efforts.

Dr. Al-Mateen, a child and adolescent psychiatrist at the Virginia Treatment Center for Children at VCU, has represented PSV before two General Assembly committees in the past year. She testified on behalf of Physicians for Mental Health Reform (PMHR) in 2008 about legislation resulting from the Virginia Tech shootings. During the 2009 session, Al-Mateen presented to the Senate Finance Subcommittee on Health & Human Resources about the negative impact of the proposed closings of state child/adolescent psychiatric facilities.

Dr. Al-Mateen's contribution of her time and expertise to PSV's advocacy program has resulted in positive public policy outcomes.



*Dr. James Krag presents Cheryl Al-Mateen, MD, with a certificate in recognition of her contributions to PSV's legislative advocacy efforts.*

## PSYCHMD-PAC UPDATE

*By Cal Whitehead*

For your convenience, PSYCHMD-PAC now accepts online credit card contributions at [www.psva.org](http://www.psva.org) and click on Support PSV PAC on the home page.

Please take a moment today to make a donation if you are not on the list of supporters. We want to show strong participation from the leadership of PSV. This is an election year for all 100 members of the House of Delegates so everyone has a race in their district.

Please let me know if I can list you as a contributor or if you have questions. Please share this information with colleagues and local societies. Thanks for your support!

## THANK YOU, PSYCHMD-PAC Contributors!

*Since November 2008*

Doug Chessen	Yaacov Pushkin
Varun Choudhary	John Shemo
Steve Cunningham	Mary Shemo
Greg Fisher	Ram Shenoy
Helen Foster	Victor Vieweg
Edward Goldenberg	Steve Welton
Rashida Gray	Cal Whitehead

## TO MAKE THE VOICE OF PSYCHIATRY HEARD, WE NEED YOUR HELP.

*PSYCHMD-PAC, our political action committee, is your vehicle.*

**We must increase our participation in politics to advance our profession and support our patients.**

Thank you in advance for your support.

Please join us in making  
a contribution to PSYCHMD-PAC  
by visiting [www.psva.org](http://www.psva.org).



barriers to the Democratic plan the large variation across this pendulum under the Democratic “tent.”

Dr. O'Bannon gave a Republican overview with the current economic difficulties as its framework. The economic downturn has decreased revenues, which is likely to impact health care services in general and, of course, mental health services. Highlighted in the Republican view of tort claim reform were: some limitations on damages, shortening the length of medication patents by the FDA, and maintaining a balance between the “three pillars of health care,” access, cost & quality.

Both plans, however, agree on some areas. Among them is the need to incorporate information technology into mental health care and the increased utilization of electronic records as a means of expediting and improving on patient care. This practice, which has been deployed by some government health-care organizations such as the Veterans Health Care Administration and the Department of Defense, has proven to be ideal for sharing information in a timely fashion, and reducing errors. On the other hand, privacy concerns, some need for IT support, some software limitations and practitioner resistance in some instances may remain as deployment barriers. Electronic prescriptions, electronic mail between patients and practitioners were

also mentioned.

Another area of agreement revolved around the need to obtain metrics in a growing evidence-based system of care. Evidence-based care is considered to be an approach to practicing medicine in which the clinician is aware of the best evidence in support of his/her clinical practice, and the strength of that evidence. It does require the utilization and gathering of data and, of course, that the practitioner keeps up with the latest medical literature.

In between these two speakers, our very own Dr. Shemo gave an overview of the American Psychiatric Association's position. Aside from what I have mentioned above, the need to capitalize on the federal parity law and the law to phase out higher co-pays for outpatient psychiatric care under Medicare, caught my attention. The parity law requires private insurers to provide parity insurance coverage for mental health care in plans that offer mental health coverage. The integration of mental health care, along the continuum of care, increased training, patient education and advocacy were also important parts of the APA position.

All speakers also agreed on the need for further research in psychiatry. Areas such as Post Traumatic Stress Disorder, substance abuse, serious mental illness and in-home treatment deserve further investigation. In spite of the growing evidence that mental health illness has an

impact on the overall health of all organ systems, research in mental health has not kept pace. Both bench and clinical research are essential to improving our understanding and ability to treat human diseases and disorders. An unintended barrier to research in psychiatry, not mentioned in our meeting, may be the concept of “vulnerability.” Research programs consider mental health patients as a “vulnerable population.” Prisoners and children also fall under this category. What makes mental health patients “vulnerable” may be their diminished capacity to make a determination as to whether or not to participate in research. Another factor influencing vulnerability includes the decisional “power differential,” especially in hospitalized patients and in minorities.

The meeting closed in the afternoon with candid translational remarks from well-known figures in our community—Drs. Silverman, Shields, Wise and Mr. Kitchen. Each one has a proven record in education, clinical excellence and advocacy and all agreed that the best way to influence the process is to remain involved and participate in the decision making process.

Many of our members are already taking part in the debate, but what about the rest of us? To quote from Dr. Silverman, “Insight alone is not enough.” I followed Dr. O'Bannon's advice...I called my representative...how about the rest of you?

The term “pay it forward” was coined, or at least popularized, by the great science fiction writer, Robert A. Heinlein in his book, *Between Planets*, published in 1951:

*The banker reached into the folds of his gown, pulled out a single credit note. “But eat first—a full belly steadies the judgment. Do me the honor of accepting this as our welcome to the newcomer.”*

*His pride said no; his stomach said YES! Don took it and said, “Uh, thanks! That’s awfully kind of you. I’ll pay it back, first chance.”*

*“Instead, pay it forward to some other brother who needs it.”*

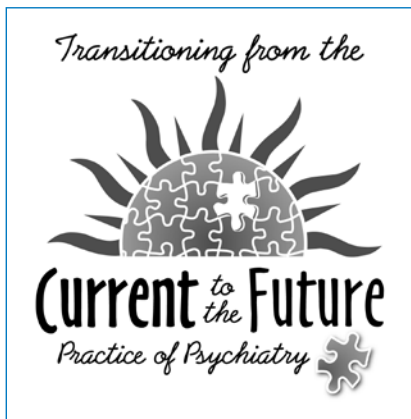
In 2000, Catherine Ryan Hyde's novel, *Pay It Forward*, was published and adapted into a Warner Brothers film, *Pay It Forward*. I enjoyed this pleasant and fun movie as it is described a 12-year-old boy's idea to do three good deeds for others in repayment of a good deed that one receives. Such good deeds should be things that the other person cannot accomplish on their own. In this way, the need to help one another can spread exponentially through society, creating a social movement with the goal of making the world a better place.

Truly, giving is also receiving. There are many people that have studied how to best give of their time and their money to most productively help others. In his

last book, Hans Selye, MD, talked about the concept of altruistic egotism, or the psychophysiological benefits to the giver of service to others.

So what is my point? First, I have gained in my service as President and I thank you for this opportunity.

Second, I encourage all of you to not only give back but also give forward – or as Heinlein and others have stated, “Pay it forward.” We are already doing this in many ways in our daily professional lives. But in order to allow us to continue giving as a profession, we also need to have members support the PSV and other organizations that help promote our continued ability to serve fully as psychiatrists.



**PSV 2009 SPRING MEETING**  
 March 27–28, 2009 • Richmond, VA



*Dr. Robert L. Oldham, speaker on the current Democratic position regarding mental health*



*Dr. Neena Singh, DFAPA, Dr. Asha Mishra, DFAPA, and Dr. Padmini Atri, DFAPA*



*Dr. Tom Wise and Dr. Jim Shield, DLFAPA*



*Dr. J. Edwin Nieves; Mira Signer, Executive Director of NAMI; and Dr. Antony Fernandez*



*Dr. Robert Oldham, Delegate John O'Bannon, MD, Daliborka Danelisen, DO and Dr. Rosa Morales-Theodore*



*Dr. Wesley Carter, DLFAPA, Delegate Chris Saxman, Dr. James Krag, FAPA, Dr. J. Edwin Nieves, DFAPA and Dr. David Moody, DFAPA*



*Dr. James Krag places the President's Pendant onto Dr. J. Edwin Nieves, new PSV president*



*Delegate Chris Saxman accepts PSV's Legislator of the Year award*



*Scott Johnson, MSV General Counsel, and Dr. James Krag, FAPA*



*Cal Whitehead, Delegate John O'Bannon, MD, and David Markowitz, MD, DFAPA*



*Malak S. Joseph Iskandar with medical students from Roanoke*

# APA ANNOUNCES IT WILL END INDUSTRY-FINANCED MEDICAL SEMINARS



Rebecca Lindsay, MD  
PSV Ethics Co-chair

The headline above appeared in the March 27, 2009, daily news briefing from APA. The Industry-Sponsored Symposia at the annual meeting are always well presented and well attended. They provide excellent speakers, terrific handouts, and a good meal in a pleasant, collegial environment. But they were criticized for encouraging a too-cozy relationship with industry, Big Pharma. APA has done a better job than most medical societies at monitoring the content for objectivity. But APA leadership has decided to phase them out over the next few years.

The reason for the PSV Ethics Committee calls this to your attention is that it provides a teaching point about dual agency and

conflict of interest. No matter how smart our speaker, do we trust that the content is entirely unbiased? If our speaker's children's college funds come entirely from speaking fees, do we trust that he or she will risk losing the speaking job by wondering aloud about the long-term effects of this or that drug? We all like to think that we are not influenced in practice by free meals or free CME or free pens. (Interestingly, we often think that other doctors are.) Big Pharma has the figures to show that we are influenced—why else would they continue to fund expensive seminars?

You don't have to agree with APA's position. You can certainly feel cynical about certain congressmen or senators who are grabbing the limelight on the issue of Big Pharma's relationship to doctors and CME. But do remember that our duty is to educate ourselves and to serve our patients as best we can.

## Response to Industry-Sponsored Medical Symposia Discussion

Dear Dr. Lindsay,

I thought your discussion of the APA position on industry-sponsored medical symposia was thoughtful and well written. I have thoughts about this topic as follows:

I appreciate that "experts" on various medications and topics and how they take the time to review various studies and bring their findings and experience to the venue of industry-sponsored symposia. As with any information that is disseminated, it is my responsibility to consider the reliability and credibility of the source. I balance the presented information with other sources, including discussing the presented information with other clinicians present who have experience and knowledge about the presented information as well. I can balance this information with my own experience and review of references. In short, I am not hearing the "experts" at the symposia in a vacuum.

I believe that psychiatry is at more of a disadvantage than other specialties to argue against the allegations that physicians are unconsciously swayed to write for a pharmaceutical representative's particular medication after a free lunch or pen is provided. We can state that we are aware of this possible unconscious tendency and that we take this into account when writing prescriptions. We can state that we consider the patient's individual medical history, side effect profiles and metabolism pathways, etc., before writing a prescription. But how can we actually refute something of which we are allegedly unconsciously aware? If we purposely and consciously avoid writing a prescription for the medication of a pharmaceutical representative who just provided us lunch, and we purposely and consciously write a prescription for their competitor, could it still be possible that we are actually having an unconscious reaction formation?

We have many competing influences to balance when we are treating patients and choosing what medications to prescribe. We must weigh insurance companies who dictate that we must start with one particular medication and will not pay for any other choice for an individual patient. We have patients who are self-pay and rely on samples or assistance programs provided by various government agencies, private businesses, or pharmaceutical companies. We have pressure to prescribe medications according to government agencies that sponsor studies with inclusion and exclusion criteria and subsequent study patients that do not remotely resemble our real-life patients. Perhaps the patients in the studies are influenced to take the NIMH-provided medications because that is the only way they can afford to receive treatment. Although these studies are a good starting point for generating prescribing practices according to "evidence-based medicine," these studies are not the panacea anymore than an insurance company's financially prudent algorithm for taking the unconscious drives and competing influences out of prescribing.

We are conscientious to "police" ourselves by being aware of the current public sentiment towards physicians and pharmaceutical companies. I am not clearly convinced that the remedy is for the APA to reject industry-sponsored medical symposia at its annual meetings. We need to look at many factors, including the competing influences. We need to examine how each competing influence affects our patients. How will our patients be affected by the APA's decision to reject industry-sponsored medical symposia at its annual meetings?

Well, so much for my two-cent's worth on the topic. I look forward to working with you on the Ethics Committee.

Best regards,

*Christine Steinhagen, MD*

patients was treated for many years with psychotropic medications while remaining symptomatic. His case was further complicated by the development of severe medication induced movement disorder. This patient stands out in my mind as a vivid example for the need of continued research in the areas of psychopharmacology and their possible injuries to patients.

Another first was my introduction to the multidisciplinary team approach. Working within a multidisciplinary treatment team that included nurses, social workers, psychologists and recreational therapists, I was able to see that treating a psychiatric illness in the seriously mentally ill requires more than just medications. It requires friends, family, community support, nurses, psychologists, social workers, occupational therapists, lawyers and judges. It also requires compassion and understanding for both the patient and their families and in the case of forensic patients, the community. One must be an effective communicator to other staff members as well as to the patient. As a result of working with this population and part of the team, the diagnostic criteria found in books took on a multidimensional view. I was introduced to the way these illnesses are viewed and dealt with by the judiciary, law enforcement and by direct care givers. This allowing me a more effective understanding of the disease course and impact on the patient, as well as the impact on society.

Although I do not plan to pursue a career in psychiatry, I will absolutely take these experiences with me. Patients with psychiatric illness are seen by all disciplines in medicine, and as a result, we need to be able to recognize and work with this population. My preliminary career goals are tilted toward surgery, and my clinical rotation, didactics and overall experience will help me identify not only the seriously mentally ill, but also drive home the importance of conducting thorough psychiatry evaluations for those patients that may be requesting surgical procedures as a result of masked or unmasked mental illness.

## Want to be a Fellow of the APA?

Fellowship is an enhanced membership status, awarded in recognition of one's professional status and achievements. The APA offers two levels of this title: Fellow and Distinguished Fellow. There are no fees or changes in levels of dues involved in applying for or receiving these titles.

### FELLOWSHIP CRITERIA

- General Member of APA for at least five years
- Certification by the American Board of Psychiatry and Neurology, the Royal College of Physicians and Surgeons of Canada, or the American Osteopathic Association
- Two letters of recommendation from current Fellows or Distinguished Fellows
- 30-day period for district branch review
- Approval by the APA Membership Committee
- Approval by the APA Board of Trustees

*Applications and Letters of Recommendation for Fellowship should be sent to:*

American Psychiatric Association  
Membership Department  
1000 Wilson Blvd., Suite 1825  
Arlington, VA 22209-3901

*Submissions may also be faxed to (703) 907-1085*

**DEADLINE – SEPTEMBER 1, 2009**

### DISTINGUISHED FELLOWSHIP CRITERIA

Distinguished Fellow status in the APA and the District Branch is a particularly high honor. Excellence, not competence, is the determining standard. The title of Distinguished Fellow is awarded to outstanding psychiatrists who have made, and continue to make, significant contributions in at least five of the nine areas of professional achievement and community service listed below (supporting letters are required).

Areas of Achievement (Five or More Required):

- Certification by the American Board of Psychiatry and Neurology, the Royal College of Physicians and Surgeons of Canada, or equivalent certifying board
- Involvement in the work of the District Branch or other components of the APA
- Involvement in other medical and professional organizations
- Participation in non-compensated mental health and medical activities with social significance
- Participation in community activities unrelated to income-producing activities
- Clinical contributions
- Administrative contributions
- Teaching contributions
- Scientific and scholarly publications

A candidate must have been a General Member or a Fellow of the APA for at least eight years.

Three letters of reference from APA Distinguished Fellows and letters from others documenting the candidate's achievements are required.

*Interested Applicants for Distinguished Fellowship  
may Contact the PSV Offices for More Information*

*phone (804) 565-6325 • e-mail andrew@societyhq.com*

**DEADLINE – JUNE 1, 2009**

# ON THE COUCH

By Niels C. S. Nielsen, MD  
PGY-III – University of Virginia  
Department of Psychiatry  
and Neurobehavioral Sciences

Few things in life are more powerful than experiencing something first hand. That has been a theme for me throughout my residency, and it has been especially true in the last few months.

For the past two years, I have been engaged in a psychotherapy track in my residency program, getting additional experience in several different techniques. This has been a wonderful opportunity for me, and it was only made possible thanks to the vast efforts of many faculty members in our program. The supervision time with which they provide us is priceless, as are their experience and wisdom. I regard their efforts with gratitude and admiration.

One thing, however, has been more valuable to me than anything else in my training, and that is being “on the couch.” The motivation to go through therapy myself was, at first, wanting to experience to a small degree what it feels like to be a patient. Building a therapeutic relationship. Experiencing

transference. Being vulnerable. Taking risks. Working through. Homework assignments. Psychic retreats. Defenses.

All of this jargon used to be much more abstract to me...I used to understand what they meant, but now I know. And this has made all the difference in the work I do with my patients. Although my inclination is toward the more dynamic styles of therapy, I believe going through other kinds of therapy would have been of value, too.

What used to be much more common in the past, that is individual therapy being part of one’s training, is no longer the norm. Much more effort has been placed in other aspects of the training, and I fear that, in a way, this distances us from our patients. No knowledge or experience can cross that gap, unless we know where the bridge is. I believe this bridge can only be built with compassion, empathy, determination and skill... and I try not to be too shocked when I get short glimpses of how far I still am from that goal.

Going through therapy, along with solid therapy supervision, has the power to turn even the weakest rope bridge into something much more impressive and strong.

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- 
1. What does Axis III of the DSM-IV classification signify?
  2. What is tardive dyskinesia?
  3. What is the significance of the “Tarasoff” decision?
  4. How often should lithium be monitored?
  5. Which population is most at risk for suicide?
  6. What precautions should be taken before administering ECT?
  7. What is the definition of suicidal ideation?

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THE PSYCHIATRIC SOCIETY OF VIRGINIA

## VIRGINIA NEWS

2209 Dickens Road  
Richmond, VA 23230-2005

### MEMBERS IN THE NEWS

#### *Jerome S. Blackman, MD*

Dr. Jerome Blackman has just returned from teaching at Shanghai Mental Health Center, where he lectured to psychiatrists on defensive operations, and was an honored lecturer at Peking University, where he spoke on "Why Men have Extramarital Affairs." He later presented a paper at the World Psychiatric Association Meeting in Florence, Italy, entitled, "Multimodal Psychoanalytic Diagnosis." His second book, published by Routledge, entitled *Get the Diagnosis Right; Mental Diagnosis and Treatment Selection*, is due out this summer.

Jerry was recently elected Secretary-General of the American College of Psychoanalysts and a Board Member of the China-American Psychoanalytic Alliance ([www.capachina.org](http://www.capachina.org)), where he also serves as their curriculum chair.

#### DO YOU HAVE NEWS WE CAN USE?

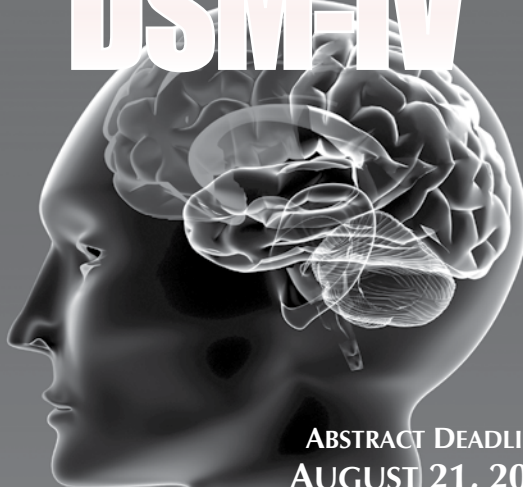
*Virginia News* is your tool for sharing news with other PSV members. All members are welcome to submit articles for publication in the newsletter.

The APA Annual Meeting in San Francisco is right around the corner—a perfect opportunity to communicate with fellow members topics you found of particular interest!

*Newsletter submissions may be sent to:* [andrew@societyhq.com](mailto:andrew@societyhq.com)

PSYCHIATRIC SOCIETY OF VIRGINIA

# Beyond DSM-IV



ABSTRACT DEADLINE  
AUGUST 21, 2009

**September 25-26, 2009**  
**Hotel Roanoke • Roanoke, Virginia**  
Visit [www.psva.org](http://www.psva.org) for meeting updates

