

The Psychiatric Society of Virginia VIRGINIA NEWS

SUMMER

A District Branch of the American Psychiatric Association

2002

PSV PRESIDENT / David Markowitz, MD, FAPA



From the President of PSV

Searching for a theme for this article, I began to ponder the words of the great philosophers, psychiatrists, and playwrights. After considering the words of Kant, Nietzsche, Plato, Freud, Jung, Chekhov and Shakespeare, I chose the words of the Hall of Fame baseball player, manager, and philosopher Yogi Berra. (Anyone who knows me would not be surprised by this). It was Yogi who said, "When you come to a fork in the road.....take it!" How often in Psychiatry do we hear that we are at a critical juncture, and we must be very careful to take the correct path. However, it may take a baseball player to remind us that it may be more important that we just keep moving forward.

Having just returned from the APA Convention in Philadelphia, and attending our own Patient Advocacy Committee Meeting recently, I was pleased to see many dedicated and hard working professionals unselfishly giving their time and energy to promote the welfare of our patients and the health of our profession. Although not acting impulsively, I saw them pushing forward despite uncertainty. Taking on the challenges of developing positions on difficult issues, as well as developing programs and solutions, these inexperienced "politicians" began to tackle issues of parity, bed shortages, lack of resources, scope of practice, and patient safety.

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In this spirit, I ask you to join the many hard working members of the PSV as we tackle these same issues. First, join us as we start our Pilot Program to bring the knowledge and expertise of our physicians to the "front lines" in rural Virginia. The program is in its early stages as we are developing a dialogue with Family Physicians to help delineate their needs and desires. Hopefully, the second step will be to send our consultants to rural medical offices to develop relationships and answer the family physicians' questions relating to patient care. The next, and possibly most important piece, is to remain available for continued consultation by telephone, e-mail, or other means. The process is just beginning to evolve, and we invite the membership to help us explore the possibilities. We hope to meet with the Family Physicians this summer to help delineate their needs.

Next, the PSV will continue to fight for the safety of our patients. Scope of Practice issues (as demonstrated in New Mexico) threaten our patients with less than competent, but well-meaning providers. Help your legislators make informed and intelligent decisions in dealing with this issue. Unfortunately, this cannot be done without cost in terms of money and time. This is a new road for all of us, so remember that when we call upon you for your help, we may be anxious too.

We are also looking for a few members to join us in leadership roles. The board has a few open positions, and we are looking for several individuals willing to make a small time commitment and share their views and opinions to help shape the future direction of the PSV. One immediate concern is expanding our membership. As the PSV has taken on an

expanding role through the years in terms of legislative issues, it becomes of increased importance that we speak for all Virginia Psychiatrists. It is also important that we have open two-way communication with members and non-members, so that we fully understand the needs of all Virginia Psychiatrists in their various roles. We need to be certain that every Virginia Psychiatrist working in the private or public sectors understands the threats, both economic and legislative, to providing quality care. It was in this spirit that the Board of the PSV chose to provide this newsletter to all Virginia Psychiatrists. It is also available through our new website, along with other important information.

— — — — —
*"When you come to a fork
in the road . . . take it!"*
— — — — —

Little may have been said in this message that you haven't heard before. This is just a reminder that we all play an important and vital role in reinvigorating mental health care here in Virginia. At the national level, our APA has many tools to help us communicate with legislators and the community effectively and efficiently. If we can be of service to you here at the local level, please contact us. (We can help you obtain access to the tools of the APA, explore managed care conflicts of broad concern, and provide several other services). I know that many of you are already actively involved in the activities described above and more. I also know that for many of us, important activities involving family and the community compete for our time and financial resources. This has been a common theme in our local branch meetings. However, we are at Yogi's fork in the road, and if we don't take action, others will move forward. Sadly, this is not always in the best interest of the citizens of Virginia.

A handwritten signature in black ink, reading "David J. Markowitz". The signature is written in a cursive, flowing style.

The Meaning of Life, in 700 Words or Less



The first article I hand a fourth year resident starting an administrative psychiatry rotation is titled "The Physician Leader as Logotherapist" written by Earl Washburn, MD, a pediatrician administrator from California (The Physician Executive; July/Aug 1998). I highly recommend it to any physician.

Washburn begins the article by voicing the "postmodern" cynical lament of many unhappy physicians about the state of their current practices. He reprinted a letter to "Dear Abby" by one doctor defending his colleagues who do not listen to their patients anymore:

"Managed care, which is what the majority of doctors work under, means a lot of managing and very little care. I don't even dare to ask patients how they are anymore—for fear they will really tell me. Under managed care I'm given no time to listen to their answer anyway. I doubt you heard from many doctors on this issue because most are too busy trying to keep their miserable lives afloat. I pity those carrying big mortgages and supporting kids in college, because they probably can't afford to leave these "factory jobs" behind. Abby, the medical profession is falling apart in this country. It's a tragedy"

- A Doctor, Telling It Like It Is

In response to this combination of self-pity and anger, Washburn directs our attention to the wise words of a colleague who died at the age of 92 on September 2, 1997. Viktor Frankl, who could have written the book on anger and self-pity after surviving the unspeakable horrors of Auschwitz, instead chose to write the book on existential meaning. As you recall, in Man's Search for Meaning, Frankl flipped the classic question around. He said we needed to stop asking about the meaning of life. It didn't really matter what we expected from life. The question is: "What is life expecting from us?" Our answer, Frankl suggested, must consist, not in talk and meditation, but in right action and right conduct.

In light of Frankl's logotherapy, Washburn has no sympathy for the writer to Abigail Van Buren: "His sense of helplessness is not just exaggerated; it is pathetic." Washburn adds, "Let's face the ugly truth: If American medicine is falling apart, we physicians have no one to blame but ourselves."

We are very familiar with how temporarily comforting the defense of projection can be. It is much easier to blame than to accept responsibility. Washburn goes further stating, "When a physician insists that under managed care he or she does not have time to talk with patients anymore, this is a choice regarding personal practice style. That doctor chooses to put personal needs ahead of patient needs. A doctor can choose to see fewer patients, do better work, and make less money or work longer hours. We can work to connect with our patients in such a

way that we become their advocates and make a highly confusing health care 'system' function properly for them."

Washburn rails against some physicians' sense of entitlement: "...the idea that the world owes us a living, and a very good one at that, simply because we are hard working physicians. This attitude has got to go. Viktor Frankl was undoubtedly entitled to better than he got from the Nazis. Yet, let us read his words again, 'It did not really matter what we expected from life, but rather what life expected from us'."

Washburn ends his article by appealing to physician leaders. He says, "If the moral and philosophical environment of medicine has any chance of improvement, that change must start at the top." Physician leaders need to set the example of putting patient care first, ahead of personal gain. The primacy of patient needs has been the profession of medicine's "meaning of life" in the past and needs to be constantly re-established.

"Tell me it ain't so, Martha Stewart! What better time than now to reaffirm the roots of our professionalism and as medical leaders take the moral high road. In contrast to the long line of fallen corporate CEO's, wouldn't it be impressive to see more and more physicians leaders stand up to the bottom-line-driven, investor-owned medical marketplace and model service above self interest?"

- A Doctor, Telling It Like It Could Be

VIRGINIA NEWS

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We welcome letters to the editor and editorial contributions.

Congratulations to James S. Reinhard, MD who has been appointed by Gov. Mark R. Warner to lead Virginia's mental health agency.

Dr. Reinhard was recently appointed as commissioner of the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS). Dr. Reinhard had served as the department's deputy commissioner and since August, supervising the management of the state's 15 mental health and mental retardation facilities. Dr. Reinhard is the former director of Catawba State Hospital. Dr. Reinhard and his

wife, Stella, have five children and own a historic home in Salem.

Dr. Reinhard said he has long had an interest in the care provided to the public-sector patients because "they have not always received state-of-the-art treatment and they deserve the same level of treatment as everyone."

The members of the PSV are very pleased with the appointment of Dr. Reinhard as he has been an active member of the PSV for many years.

Please
Note We Have
A New
Website

PSV Advocacy Committee First Meeting: Access to Care

The newly-created PSV Advocacy Committee had its initial meeting on June 18 to determine the committee's strategy and activities for the next twelve months. The Advocacy Committee, which has psychiatrists from across the Commonwealth, was created by the Board of Directors in April to make recommendations on public policy issues and initiate projects to promote psychiatric medicine and patient safety. This year committee members will focus attention on access to mental health care in underserved areas.

The Advocacy Committee will aggressively undertake efforts and explore projects that appropriately utilize health providers, medical science, and existing resources to enhance the delivery of mental health services. These include partnerships with primary care physicians, cooperation with allied mental health professionals, consultation networks, telepsychiatry, activity at academic medical centers, and use of free clinics. The Psychiatric Society will also work closely with

local health departments, state public health officials, legislators, and other policymakers to promote safe, top-quality solutions.

The psychiatric community and patient safety advocates are increasingly concerned about unsafe proposals to address access problems. In New Mexico, the psychology lobby was able to pass a law that grants prescriptive authority to clinical psychologists. Now, social scientists with limited medical training will be able to prescribe powerful psychotropic medication to the mentally ill. PSV and other medical professional organizations oppose this dangerous plan and are developing creative methods to deliver true psychiatric care to underserved communities. **If you are interested in becoming active with the Advocacy Committee or in receiving frequent**

updates about access to mental health care and other health policy issues, please contact me at cwhitehead@whiteheadconsulting.net or visit the PSV website at www.psva.org



Governor Warner signs Senate Bill 400 (Psychiatrist appointed to the DMHMRSAS Board). Standing from the left is Cal Whitehead (PSV Grassroots Lobbyist), Senator Steve Martin (sponsor of the bill), Mike Woods (PSV Lobbyist), Helen Foster, MD (PSV Immediate Past President) and David Markowitz, MD (PSV President)



Healthy Communities Loan Fund

Consider obtaining a loan from the **Healthy Communities Loan Fund** before interest rates climb up again!

The **Healthy Communities Loan Fund** encourages psychiatrists to practice in mental health professional shortage areas. Word of mouth conveys how satisfying it is to:

- develop long term relationships not only with individual patients but also with their families;
- set up and run your own practice;
- participate in the life of a community where your contributions really matter and people show their gratitude.

If these factors appeal to you, we urge you to consider the long term benefits of practicing in an underserved area. To finance opening a new practice, relocating, building, expanding a facility, or adding new equipment to accommodate another psychiatrist,

Call:

Lilia Mayer/ Healthy Communities Loan Fund at the
Virginia Health Care Foundation
804-828-7494 or Email: loanfund@vhcf.org

First Virginia Banks, Inc.
The Robert Wood Johnson Foundation
The Virginia Health Care Foundation

PSV welcomes Kim Hogan Pesaniello, MD to Chincoteague on the Eastern Shore

Dr. Pesaniello specializes in psychotherapy with and without med management, as well as in group psychotherapy. Her primary interest is in treating depression, anxiety, interpersonal problems, personality issues, etc., in high functioning patients. She specializes in long-term psychotherapy (six months to two or more year's duration, depending on the individual needs). Her mode of psychotherapy is growth/process/ insight-oriented. She utilizes cognitive work, relaxation, and imagery as appropriate. Her experience includes:

- Board certified in psychiatry, American Board of Psychiatry & Neurology
- Medical training and psychiatric fellowship: the Johns Hopkins University School of Medicine
- Extensive experience in individual and group psychotherapy
- Extensive personal and peer supervision in psychotherapy
- Member of the American Academy of Psychotherapists (a professional group of highly experienced psychotherapists)
- Maryland Psychiatric Society, Managed Care Committee
- The Harford-Belair Community Mental Health Center in Baltimore
- The Johns Hopkins Hospital University Student Mental Health Program-Medical Campus

For further details or referral to her practice, contact her at 6455 Maddox Blvd., Suite 4, Chincoteague, VA 23336 or 757-336-6544.



PSV In The News

WOMEN'S COMMITTEE

The Women's Committee sent out a survey in the last issue of the PSV News (Spring 2002). The return rate of the women's issues survey was too low to prioritize programs. However, it appeared that there is an interest of early career development. Anyone interested in this topic should contact Dr. Adam Kaul at 804-794-2444 or atkaul@hotmail.com who is the board representative for early career issues. The Women's Committee did decide

however to develop a program for a domestic violence shelter. The shelter has the capability of serving 33 people on any given day and currently they have 30 residents, 20 of them are children. During the Board meeting we raised \$325 for the shelter. **Anyone interested in helping should contact Sandra Peterson, our Executive Director or Dr. Renate Forssmann-Falck at 804-340-0253 or renatef@earthlink.net.**

Psychiatric Society of Virginia welcomes new life members & fellows

LIFE MEMBERS—JANUARY 1, 2002

Phil Collins, MD

E. Daniel Kay, Jr., MD

Thomas Sarvay, Jr., MD

LIFE FELLOWS—JANUARY 1, 2002

Jose Erfe, MD

Eloise Haun, MD

James Shield, Jr., MD

IN MEMORIUM *Respectfully submitted by George K. Brooks, Jr., MD*

Dr. Milton David Friedenberg of Richmond died April 10, 2002 at the age of 78. Mickey, as his colleagues and friends knew him, began life in Petersburg. After completing high school, he attended the University of Richmond and following graduation entered the School of Medicine at the Medical College of Virginia (MCV) and graduated in 1947. He began a residency in psychiatry at the University of Georgia and transferred to MCV and completed his residency years under the late Dr. R. Finley Gayle. Dr. Friedenberg was called to active duty with the U.S. Army Medical Corps and served as a physician at Fort Pickett during the Korean Conflict-War. After discharge from military service he and his wife, Lorraine, returned to Richmond and for a brief time he was a staff physician of the medical staff at the Veterans Hospital in Richmond.

In 1953, Dr. Friedenberg opened an office for the practice of Psychiatry and continued in active outpatient office and hospital practice at several hospitals (Richmond Memorial, St. Mary's and MCV). He was Chair of the Division of Psychiatry at Richmond Memorial. Dr. Friedenberg was also a member of the adjunct faculty at MDV and attended the outpatient Psychiatric Clinic at MCV, supervising and teaching medical students. Dr. Friedenberg was an active member of the Psychiatric Society of Virginia and served as President in 1968.

Dr. Friedenberg was also a writer of short stories, and I am told he had at least one story published. He also wrote poetry and was never too busy to listen to a fellow physician and give help and comment as indicated or needed.

“Dr. Friedenberg... was never too busy to listen to a fellow physician and give help and comment as indicated or needed.”

His wife, Lorraine, two daughters, Carol and Joan, and three grandchildren survive Dr. Friedenberg. A memorial service was held April 14 and he is buried in the Hebrew Cemetery of Richmond.

Dr. Eugene Makarowsky of Richmond died after an extended illness at the age of 84. He was a native of Russia and received his doctorate in medicine from a Russian medical school. During World War II, he was called to active duty in the Russian Army and he and his wife, Claudia, were captured by the German army and later

liberated by the United States Army from captured by the German army and later liberated by the United States Army from prison camp. Dr. Makarowsky came to the United States and was a staff physician at Central State Hospital. Dr. Makarowsky then moved to a residency in psychiatry at the Medical College of Virginia (MCV) and on completion of residency training went with an outpatient psychiatric clinic in Richmond for several years before opening an office until he retired from practice in the early 1990's.

“During World War II, Dr. Makarowsky... and he and his wife, Claudia, were captured by the German army and later liberated by the United States Army from prison camp.”

Two daughters, Helen M. Tuman and Lydia M. Thurston and two grandchildren survive Dr. Makarowsky. A memorial service was held at St. Constantine and Helen Greek Cathedral followed by burial at Hollywood Cemetery.

Highlights from the PSV Spring Meeting

Friday, April 26 & Saturday, April 27, 2002 Virginia Crossings Conference Resort in Glen Allen, Virginia

The Psychiatric Society of Virginia held a very successful spring meeting with over 70 physicians & spouses in attendance.

10:00 am tee time on Friday at the beautiful Virginia Crossings Public Golf Course.

On Friday evening Mr. Patrick Finnerty, Director, Dept. of Medical Assistance Services spoke about the Virginia Medicaid Program.

Special Recognition for Delegate Hamilton (far right)



Delegate Phillip A. Hamilton of Newport News was recognized for his outstanding legislative leadership on mental health issues, and for his vision and his humanitarian approach to the problems of the mentally ill.

A special award went to Past-President Ram Shenoy, MD for his outstanding contributions as liaison to WWBT Channel 12 in Richmond on behalf of the PSV's social-change marketing programs in the prevention of suicide and post traumatic stress disorder.

Ram Shenoy receiving his award from Helen Foster



Out going President, Helen Foster receives Presidential Plaque at Saturday's Business Luncheon



Carolyn E. Thomas, MD, Past-President of the Richmond Academy of Medicine was honored for outstanding leadership, support and understanding of the issues regarding the mentally ill.

The CME Scientific Session included two speakers: Dr. Peter Jensen from New York City and Dr. James "Andy" Thomson from Charlottesville.

FALL 2002 MEETING MARK THE DATE

Friday, September 27 & Saturday, September 28, 2002 at the Boar's Head Inn, Charlottesville, Virginia

FRIDAY EVENTS INCLUDE:

4:00 pm PSV Board Meeting

6:00 pm reception (area Legislators will be invited)

7:00 pm dinner and speaker Gregory Saathoff, MD, Associate Professor of Research at the University of Virginia, Executive Director for the Medical School's Critical Incident Analysis Group and Conflict Resolution Specialist for the FBI's Critical Incident Response Group discusses "The Terrorist Identity: New Perspectives"

SATURDAY EVENTS INCLUDE:

7:30 am Committee Breakfasts

9:00 am CME Program featuring two speakers

Walter R. Byrd, Jr., MD, Associate Professor, West Virginia University School of Medicine Department of Behavioral Medicine & Psychiatry will speak about "Post Traumatic Stress Disorder: Exploring the Mind-Body Connection"

Joel Silverman, MD, Chair, Dept. of Psychiatry, The Medical College of Virginia will speak about "Virginia Psychiatry in a Time of Terrorism"

Deadline for Room Reservations is August 15 by 5:00 pm.

The Boar's Head Inn is conveniently located off I-64 in Charlottesville. The room rate for single and double is \$195.00 plus taxes and an \$8 per room/per night resort fee. For Reservations call 1-800-476-1988. Look for your PSV brochure in the mail the first of September.

See YOU on the 27th and 28th of September!

PSV welcomes all non-PSV members. Contact Sandra Peterson for more details at 804-754-1200 or spetersonpsv@attbi.com. A registration fee of \$40 for non-members includes break and lunch. Residents welcome. No fee for non-member residents.

Highlights from proceedings of the APA Assembly May 2002

“We need the APA to help us teach the public who we are and what we can do, to teach legislators which laws would harm or benefit their constituents, to assure that medical students learn about mental disorders—the most common and serious diseases they will ever see in practice, to help us recruit and support residents and fellows, to oversee the development of our diagnostic systems, and to address the needs of underrepresented groups in both psychiatry and the public—and we need the Assembly to make sure those things happen.” (Dr. Stotland, Assembly Speaker Report)

Each assembly meeting is a whirl and buzz of talk and action related to contemporary American psychiatry. As John Shemo and I are becoming progressively involved as your representatives to this great body, the assembly takes on increasing meaning and life. Many issues addressed by the assembly and organized psychiatry are charged with rousing affect such as psychologist prescribing while others such as the recommended revisions in by-laws build the steady foundations of ongoing organized psychiatry.

Several reports were made to the assembly throughout the two days. These included words of encouragement and optimism from our outgoing president Richard Harding as well as updates on APA restructuring and streamlining from our incoming president, Paul Appelbaum. APA finances are in much better shape than they were six months ago with a current reserve of \$300,000. The principle reason for this is the unpredicted sales in publications. Currently publications make up 45% of APA revenues, while 18% comes from membership and a whopping 22% comes from profit of the annual APA spring meeting.

There are currently about thirty thousand APA members which represents 60% of American psychiatrists. Direct and personal outreach to members considering dropping membership has been found to be successful in retaining members.

There is a growing movement within the assembly that to encourage more attention to professional issues related to *serious and persistent mental illness*. A number of actions

were passed by the Assembly and will be deliberated regarding this movement that has been supported by the immediate past, current and upcoming speaker. This is one of my pet projects/passions so please if you have any suggestions or would like to hear more details about this movement contact me.

The **ethics committee** has proposed to change APA functioning such that “Educational Enforcement” is the response to alleged ethics violations rather than to continue the detailed investigation and appeals process currently in place. This recommendation is made in part due to the legal defense cost involved in maintaining the current system. Please let us know if you have strong feelings about this one-way or the other.

“Each assembly meeting is a whirl and buzz of talk and action related to contemporary American psychiatry. As John Shemo and I are becoming progressively involved as your representatives to this great body, the assembly takes on increasing meaning and life.”

The Committee on Practice Guidelines presented the following information: Twelve practice guidelines have been published to date, and 3 have already been revised. In 2004 two more revisions will be completed: Substance Use Disorders and Schizophrenia.

In 2004 two new guidelines will be completed and these are Management of suicidal behaviors and PTSD/Acute Stress Disorder. A compendium of first 11 guidelines is published as a single book. Practice guidelines are used extensively as a source for ABPN and PRITE Examinations. Practice Guidelines have been translated into nine languages and have generated sales of 1.8 million dollars. Consideration will be given to the development of Standardized Treatment Plan for each major Diagnosis in DSM IV.

The **American Psychiatric Foundation** has commitments of \$700,000 for 2001. This marks a 25% increase in contributions and is the third year of double digit increases in contributions. For first quarter of 2002, 330,000 has been pledged. This is the source from which our own Ram Shenoy received a grant for 32,000 to develop a public awareness program regarding PTSD.

The **Council on Healthcare Systems and Financing** reported that it has become increasingly concerned about the *shortage of acute care beds* nationally. Specific examples of the impact of bed shortage should be sent to Sandra Hass in the Office of Health Care Financing in the APA. (shass@psych.org)

The **Committee on RBRVS, codes and Reimbursement** is working to address concerns about multiple seizures in ECT (90871) and documentation necessary for (90862). Staff at APA is providing a hot line to answer questions regarding coding at byowell@psych.org or ejaffe@psych.org.

Virginia Action Paper Passes Assembly. John Shemo authored an action paper entitled “Charter Behavioral Health System Closings, And Similar Psychiatric Hospital And Service Closings”. This paper precipitated a rousing deliberation both within several committees as well as on the assembly floor itself.

Passage of this paper will result in the APA formally endorsing a statement of concern regarding the abrupt closure of psychiatric hospitals. Concerns were expressed about closure of both private and public hospitals throughout our nation. This paper begins the process of formal adoption of an APA position on this. John lobbied a reference committee

continued on page 9

Disaster Planning

Assembly Report, continued from page 8

as well as our own area 5 committee regarding this paper and I was assured that it was reviewed by the Committee on Public and Community Psychiatry (CPCP). CPCP recommended that this idea be developed in further discussion and consideration for a guideline regarding the closure of State Hospitals in the Committee on Social Issues in Public Psychiatry.

Psychologist Prescribing Action Papers:

There were a number of papers presented regarding the issue of psychologist prescribing. A paper on developing alliances with other professional groups such as primary care physicians and nurse practitioners was deliberated and will be revised. A paper suggesting that a registry be set up to record complications of clients who had been given medication by psychologists and had adverse outcomes did not pass. A paper suggesting that prescribing privileges be changed to the practice of medicine in the documents that refer to psychology prescribing did not pass. A paper suggesting that APA take a more prominent role in the promotion of telepsychiatry as a means for access to qualified psychiatrists did pass.

Other Action Papers of Interest included: "Standardization of Treatment Plans" did not pass because it was felt to be too complex to implement across settings. "Change the name of the APA to American Psychiatric Medical Association"—Failed. This was part of the campaign of Marcia Craft-Goin, the incoming president-elect. "To Broaden the Compendium of Practice Guidelines to include those of the American Academy of Child Adolescent Psychiatrists" passed with revisions. A paper directing that APA leadership functioning in official capacities to "Avoid Endorsing or appearing to endorse Commercial Products"—Passed. "To establish the Medical Director's Annual Compensation" (to be set in an open session of the Assembly; recommending (not binding) a ceiling of \$350K/yr; Assembly to approve final salary offer—Passed. A paper suggesting APA develop the policy that "Clergy to be held to reporting standards relating to Child Abuse" was not passed. A paper entitled "Ask each district branch to develop a plan to increase membership," was not passed.

Since the 9/11 terrorist attack, Virginia has responded by providing immediate assistance in the Northern Virginia region. Within the first weeks, response interventions were developed to reach out to the community most affected. Their interventions involved coordination of local resources and rapid development of additional personnel and services for the area.

Since this time the State of Virginia has developed a statewide committee to further coordinate the services in Virginia.

At the APA meeting in May in Philadelphia, the Psychiatric Society of Virginia was recognized for the community service TV spots on PTSD. A special thanks goes out to Ram Shenoy, MD of Richmond for all of his hard work with these TV spots.

I have been attending meetings as your representative on the Health and Medical sub-panel of the Governor's Secure Virginia Initiative. Delegate John M. O'Bannon, III, MD (Richmond) is the Chair of the Initiative. Ben Carey, MD also attended the most recent meeting on June 19, 2002. Other PSV members who have attended the Initiative (and I thank all of you) are Drs. Edward Kantor and Owen Brodie. The Governor's Secure Virginia Initiative's current focus has been on preparation for bioterrorism—i.e. communications, coordination, identification and preparation for any disaster. They are very concerned with rapid identification of any agent used.

The Community Service Boards (CSBs) have been given the major responsibility for efforts to respond to the emotional reactions of our citizens. Let us not forget also the needs of the children! If there are any other PSV members who want to get involved please feel free to contact our executive director or myself.

But, I also feel a sense of dismay at the marginal interest and complete uninvolvedness in these organizations by many of my colleagues. Some of the important reasons for this apathy as expressed by my fellow residents include: a lack of resident specific opportunities, marginal inclusion, lacking knowledge about the advantages and need to link with district and state bodies, feeling unwelcome, skepticism about how receptive

such organizations will be to resident ideas and needs, and the perception that the district or national bodies are not invested in being helpful or open to residents.

Therefore, I would like to use this column to point out some of the benefits and the impact it might have on professional development. Let us understand professional development: it has two crucial elements. First, it is the process by which we are socialized into the culture of psychiatry. As with any culture, there are unique group characteristics that include formal and informal rules, rituals, expected behaviors, a common or unified purpose, and shared values, beliefs and goals. Second, any activity that presents the opportunity to refine or expand present skills is professional development. Such activities occur in a variety of contexts and settings, but environments, such as APA and PSV, provide greater access to peers, experiences that foster professional growth. It happens when we are interacting with peers, when we have the opportunity to discuss our ideas, to share in the musings of others, and to contemplate the meanings and effects of what we do and how well we do it.

We must continually believe we have something more to learn and concepts to understand lest we become stagnant and ineffective. As part of this continuing professional development, I would urge my fellow residents to join in some of the many activities and opportunities offered by APA and PSV participation at all levels. These include membership drives, PSV and APA workshops, convention volunteering, presenting at convention programs, writing for newsletters, spearheading or assisting with legislative advocacy efforts, attending retreats or socials and applying for awards and scholarships. This list of suggestions is certainly not comprehensive but can be used as a launching pad for further development of ideas.

Residency training presents many challenges in prioritizing personal and professional interests. Keep in mind that the development of professional and leadership skills will have far-reaching impact on a resident's career. Involvement in local, state and national APA activities offers an excellent training ground to develop the future leaders in Psychiatry.