WWW.PSYCHNEWS.ORG | NEWSPAPER OF THE AMERICAN PSYCHIATRIC ASSOCIATION | VOLUME 48, NUMBER 13, JULY 5, 2013

PSYCHIATRIC NEWS

The First and Last Word in Psychiatry

ISSN 0033-2704

David Hathcox

Former member of Congress Patrick Kennedy addresses the media at the National Press Club in Washington, D.C., after a White House conference on mental health last month. Kennedy is leading the charge for issuance of a long-overdue final rule implementing the Mental Health Parity and Addiction Equity Act of 2008. At left is APA President Jeffrey Lieberman, M.D.

APA Holds Press Conference On Key Mental Health Issues

Two continuing struggles—to combat stigma and get federal officials to issue a rule implementing the parity law—dominate the agenda.

BY JOAN AREHART-TREICHEL

On June 3, President Obama and Vice President Biden hosted a White House conference on mental health to which several APA leaders were invited (see page 3).

They included Jeffrey Lieberman, M.D., president of APA and chair of psychiatry at Columbia University; Paul Summergrad, M.D., APA president-elect and chair of psychiatry at Tufts University; and Jeffrey Borenstein, M.D., editor in chief of *Psychiatric News,* host of the television series "Healthy Minds," and president and CEO of the Brain & Behavior Research Foundation. Also attending was Patrick Kennedy, a former member of Congress who cosponsored the 2008 Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act in the House of Representatives and worked hard to ensure its passage. Today he serves as a senior strategic advisor for APA.

After the conference, these participants, along with APA Medical Director and CEO James H. Scully Jr., M.D., held a press conference at the National Press Club in Washington, D.C., to discuss some of the key issues in mental health care and how mental illness is perceived by the public.

One of those issues concerns the federal parity law that was passed five years ago but still does not have a final rule to ensure that insurance companies fol-

*see **Press Conference** on page 5*

Give an Hour To Expand Free Care For Veterans

A conference organized by Give an Hour begins a process of educating clinicians to provide mental health care for returning troops and their families.

BY AARON LEVIN

The Army National Guard and the nonprofit organization Give an Hour signed an agreement June 2 to help expand access to free mental health care for 350,000 National Guard and Reserve soldiers and their families.

"The National Guard is a grassroots organization," said National Guard Director Lt. Gen. William Ingram Jr. at the signing, held in conjunction with a conference in New York City. "Our members are spread around the country, often in rural areas where getting mental health care is difficult."

The memorandum of understanding will lead to more outreach efforts to mental health organizations and clinicians who can offer services to veterans in the communities where they live, said Give an Hour Founder and President Barbara van Dahlen, Ph.D. The organization enrolls mental health professionals of all types to provide pro bono care for military personnel and their families.

The American Psychiatric Foundation was a sponsor of the event.

"In cooperation with the National Guard, we will offer mental health education in communities, consultation to local

*see **Give an Hour** on page 18*

PERIODICALS: TIME SENSITIVE MATERIALS

INSIDE

5

Psychiatrist specializing in addictions chosen as SAMHSA's first chief medical officer.

14

Lyme disease's psychiatric symptoms can lead to misdiagnosis and delayed treatment.

18

Several new features will highlight APA's Institute on Psychiatric Services.

PSYCHIATRIC NEWS

©Copyright 2013, American Psychiatric Association

Psychiatric News, ISSN 0033-2704, is published bi-weekly on the first and third Friday of each month by the American Psychiatric Association, 1000 Wilson Boulevard, Arlington, Va. 22209-3901. Periodicals postage paid at Arlington, Va., and additional mailing offices. Postmaster: send address changes to *Psychiatric News,* APA, Suite 1825, 1000 Wilson Boulevard, Arlington, Va. 22209-3901. Online version: ISSN 1559-1255.

SUBSCRIPTIONS
U.S.: individual, $123. International: APA member, $167; nonmember, $184. Single issues: U.S., $24; international, $41. Institutional subscriptions are tier priced. For site licensing and pricing information, call (800) 368-5777 or e-mail institutions@psych.org.

OFFICERS OF THE ASSOCIATION
Jeffrey Lieberman, M.D., President
Paul Summergrad, M.D., President-elect
David Fassler, M.D., Treasurer
Maria Oquendo, M.D., Secretary
Melinda Young, M.D., Speaker of the Assembly
James H. Scully Jr., M.D., Medical Director

STAFF OF *PSYCHIATRIC NEWS*
Jeffrey Borenstein, M.D., **Editor in Chief**
Catherine F. Brown, **Executive Editor**
Ken Hausman, **Associate Editor**
Joan Arehart-Treichel, Mark Moran, Aaron Levin, Leslie Sinclair, **Senior Staff Writers**
B. Alma Herndon, **Production Manager**
Sergey Ivanov, **Senior Graphic Designer**
Christopher White, **Online Content Editor**
Eve Bender, Jonathan Wolfe, Jun Yan, Lynne Lamberg, **Contributors**
Lindsey Fox, **Advertising Manager**
Roger Domras, **Director of Circulation**

PSYCHIATRIC NEWS
EDITORIAL ADVISORY BOARD
Joseph Cerimele, M.D., Paramjit Joshi, M.D., John Luo, M.D., Molly McVoy, M.D., Claudia Reardon, M.D., Altha Stewart, M.D., and Ann Marie Sullivan, M.D.,

PUBLISHER
Rebecca Rinehart

EDITORS-IN-CHIEF EMERITI
Robert J. Campbell III, M.D.
James P. Krajeski, M.D.

EDITORIAL OFFICES
Telephone: (703) 907-7860
E-mail: cbrown@psych.org
Web site: psychnews.org

ADVERTISING SALES
Frank Cox, Kathleen Harrison, Tim Wolfinger, Gina Bennicasa, Eamon Wood, Pharmaceutical Media Inc., 30 East 33rd Street, New York, N.Y. 10016; (212) 904-0379; fax: (212) 685-6126; twolfinger@pminy.com; gbennicasa@pminy.com. Nonpharmaceutical and Classified advertising: ewood@pminy.com. (212) 907-0363

CHANGES OF ADDRESS
Call the APA Answer Center at (888) 35-PSYCH in the U.S. and Canada; in other countries, call (703) 907-7300.

The content of *Psychiatric News* does not necessarily reflect the views of APA or the editors. Unless so stated, neither *Psychiatric News* nor APA guarantees, warrants, or endorses information or advertising in this newspaper. Clinical opinions are not peer reviewed and thus should be independently verified.

The information or advertising contained in this newspaper is not intended to be a substitute for professional treatment or diagnosis. Reliance on such information is at the reader's own risk; neither APA nor *Psychiatric News* shall be liable if a reader relies on information in the newspaper rather than seeking and following professional advice in a timely manner.

Those who submit letters to the editor and other types of material for *Psychiatric News* are agreeing that APA has the right, in its sole discretion, to use their submission in print, electronic, or any other media.

CONTENTS

9

10

14

PROFESSIONAL NEWS

4 | **Peaceful Life Comes With Refusal to Be Defined by Illness**
At the annual meeting's Opening Session, outgoing APA President Dilip Jeste, M.D., has a conversation with lawyer and author Elyn Saks, Ph.D., J.D., about her recovery from serious mental illness.

COMMUNITY NEWS

8 | **Harsh Climate's Challenges Don't Deter N.D. Psychiatrists**
North Dakota may be cold for the body, but it's warm for the heart, psychiatrists who live and practice there agree.

MEMBERS IN THE NEWS

9 | **Psychiatrist's Mission Takes Him to Regions in Turmoil**
Brandon Kohrt, M.D., Ph.D., a medical anthropologist and psychiatrist, views his destiny as helping people in low-income countries and the world's trouble spots.

CLINICAL & RESEARCH NEWS

10 | **Discoverer of Prions Links Them to Dementia, Other Disorders**
While prions have been linked to diseases in animals, it's time to look more closely at their role in human disorders, including Alzheimer's and Parkinson's, says a Nobel Prize–winning physician.

13 | **VA Study Raises Doubts About Antidepressant's Cardiac Warning**
An analysis of a large body of data leads to questions about the need for the Food and Drug Administration's dosage-related warning for the antidepressant citalopram.

14 | **Eating Disorders May Be Overlooked in Diabetes Patients**
Individuals with type 1 diabetes are at significant risk for eating disorders, but identifying and treating them presents multiple challenges.

16 | **Imaging Studies Give Clues About Addiction Recovery**
Researchers are learning how participation in Alcoholics Anonymous may affect the neurocircuitry of people with addiction and contribute to "spiritual awakening."

Register Now for Institute!

G. Widman for GPTMC

APA's next major meeting—the Institute on Psychiatric Services—is being held October 10 to 13 in Philadelphia. The meeting is often referred to as APA's "little gem" because of its high quality and smaller size than the annual meeting. The theme of this year's institute is "Transforming Psychiatric Practice, Reforming Health Care Delivery." Advance registration is now open at www.psychiatry.org/ips. Housing information and reservations can also be accessed at that site.

Departments

3 | FROM THE PRESIDENT
17 | RESIDENTS' FORUM

FROM THE PRESIDENT

Will the Government Do the Right Thing?

BY JEFFREY LIEBERMAN, M.D.

The way that psychiatric medicine is practiced in this country—as well as the way mental health care is delivered and financed—is about to change dramatically. The president and Congress are the key drivers in this process, and the critical question everyone's asking is this: "Will the government do the right thing?"

This is a broad question that many have asked about health care issues for years—as we struggle to improve health care and make it more accessible and cost-effective. But it's especially important now, as we await the final rule on the Mental Health Parity and Addiction Equity Act, which was passed in 2008 but has yet to be fully implemented. The detailed final rule—which nobody has yet seen but is due out soon—will determine precisely how the law's provisions will be implemented. Until then, we continue to have symbolic but not actual parity.

As if this were not enough, we also are in the early stages of health care reform via the Patient Protection and Affordable Care Act.

Because so much currently hangs in the political balance for psychiatrists and APA, when I was invited to a special White House Conference on Mental Health last month, I immediately cleared my schedule, as did my invited APA colleagues Paul Summergrad (president-elect) and Jeff Borenstein (chair of the Council on Communications and editor in chief of *Psychiatric News*).

The daylong event was held June 3 in the West Wing of the White House and featured an impressive assemblage of passionate presenters, starting with President Obama (whose moving speech set the tone for the day) and ending with Vice President Joe Biden (whose rousing call to arms concluded the meeting). In between we heard from Health and Human Services Secretary Kathleen Sebelius (whose department must issue the final parity rule), Education Secretary Arne Duncan, and Veterans Affairs Secretary Eric Shinseki. Also in attendance were a broad assortment of senators and members of Congress including former Congressman Patrick Kennedy (now a consultant to APA), representatives from the NIH, SAMHSA, and other professional organizations (including the AMA and the American Psychological Association), notable authors Kay Jamison and Elyn Saks, as well as representatives from numerous consumer and advocacy organizations. Two of our best-known actor/advocates also spoke: Glenn Close (whose sister has schizoaffective disorder, prompting the two of them to found the BringChange2Mind antistigma initiative) and Bradley Cooper (who played the lead character, with bipolar disorder, in the feature film "Silver Linings Playbook").

The invitees represented amazingly diverse constituencies and backgrounds, but were joined by a common interest: to improve the lives of people with mental illness by enhancing the quality of care and access to it.

It was an exciting day at the White House for all of us—inspiring, encouraging, and challenging. It was also, in the language of diplomatic speak, a day full of "informative discussions" and the "frank exchanges of ideas." And while I left feeling elated, I was equally concerned.

Don't get me wrong: the conference represented, to my mind, the most important and significant presidential effort on behalf of mental health care since Rosalynn Carter's White House Conference on Mental Illness over 30 years ago. But there were things about it that gave me pause. The tenor and content of the meeting were not as medically oriented or scientifically based as I would have liked. The presentations and discussions got a little too "touchy feely" at times, and the overall focus seemed more on social-science approaches to mental health care than biomedical or neuroscience perspectives. This is not to say that recovery, peer support, counseling, and stigma are not vitally important issues for the enhancement of mental health care quality and access. But health care begins with accurate medical diagnosis and gold-standard treatment—and the whole point of the Mental Health Parity and Addiction Equity Act is to make sure that patients get both medical treatment and supportive services from professionals and peers. I seriously doubt that a daylong government call to arms on other public health problems such as cancer, cardiovascular disease, or infectious disease would have devoted so little time to talking about medical approaches and their scientific underpinnings. I would have liked to hear more about collaborative care models, early detection and intervention strategies, methods of treating medical and substance use comorbidity in people with mental disorders, and the need for more research ranging from translational neuroscience to comparative effectiveness studies.

As we left the conference and walked down the White House driveway, we felt exhilarated and optimistic. But we also wondered aloud what the government's next steps would be and whether they would measure up to the importance and urgency of this critical issue. We had

see **From the President** on page 19

The Retreat AT Sheppard Pratt

A first class setting for world class care

Don Ross, M.D., Medical Director

- Psychotherapeutic Milieu
- Intermediate Length of Stay
- Elegantly Appointed Environment
- Treating All Diagnostic Conditions, Including Dual Diagnosis
- TMS for Depression
- DBT Groups and Therapy
- Transitional Group Home Option

The Retreat at Sheppard Pratt represents a departure from the crisis stabilization psychiatric treatment episode. *The Retreat* features all private rooms with baths in a setting designed for intensive diagnosis and psychotherapeutic treatment. Treatment includes psychopharmacology, psychodynamic therapy and Eastern movement and meditation practice. *The Retreat* does not participate with any insurance programs; all care is privately funded and all length of stay and treatment decisions are based on the expert recommendations of the treatment team and the patient's response.

For information, call: 410-938-4040

www.retreatatsp.org

6501 N. Charles Street ✦ Baltimore, Maryland 21204

American Psychiatric Association

2014 ANNUAL MEETING

CALL FOR ABSTRACTS

Don't miss the opportunity to submit your proposed presentation for a symposium, scientific and clinical report, or workshop.

Visit the Annual Meeting Website for More Information!

annualmeeting.psychiatry.org

PROFESSIONAL NEWS

Jeste, Saks Discuss Stigma, Resilience, And Recovery From Mental Illness

When Elyn Saks was able to accept having a serious mental illness, it lost its powerful grip on her definition of herself.

BY MARK MORAN

"My therapist used to say I was three people—Professor Saks, the lady with the thick medical history, and Elyn," recounted Elyn Saks, Ph.D., J.D., to outgoing APA President Dilip Jeste, M.D., about her struggle with and continuing recovery from schizophrenia. "And he thought Elyn was the most neglected. Eventually, through psychotherapeutic work, coming to terms with the narcissistic injury of having a serious mental illness, it began to define me less. It became accident rather than essence. Today Elyn and Professor Saks are at the forefront, and the lady with the thick chart is trailing in third."

Saks's remarks were part of a wide-ranging conversation with Jeste at the Opening Session of APA's 2013 annual meeting in San Francisco, where they talked about her living with a serious mental illness while also pursuing a successful career as a writer, ethicist, and lawyer. Saks is the Orrin B. Evans Professor of Law, Psychology, and Psychiatry and Behavioral Sciences at the University of Southern California and a MacArthur Foundation Fellowship winner. She is also the author of an award-winning best-seller, *The Center Cannot Hold: My Journey Through Madness*, an autobiographical account of her long struggle with schizophrenia.

It is not the first time Saks has spoken to APA members. At last year's Institute on Psychiatric Services in New York, she recalled her early ominous symptoms in childhood and adolescence, her first hospitalization while studying at Oxford University in England, her long resistance to and denial of mental illness, and her eventual acceptance of the efficacy of antipsychotic medication in combination with psychotherapy in her treatment and recovery.

"I was given a very poor and grave prognosis," Saks said then. "In other words, I was expected to be unable to live independently, let alone to work. And yet it hasn't turned out that way. My central goals in writing my story are to give hope to people with schizophrenia and understanding to those who don't have the illness."

David Hathcox

Outgoing APA President Dilip Jeste, M.D., talks with Elyn Saks, Ph.D., J.D., about her experiences as a successful professional who has had severe mental illness and her insights about psychiatric care.

Hers is a remarkable story of resilience in the face of adversity. Saks is a cancer survivor in addition to having schizophrenia. And she emphasized in her conversation that illness of any kind need not define an individual, while remarking on the different ways that mental and physical illnesses are regarded.

"For the most part, I think about my academic role and my life with my husband and my friends," she said. "The mental illness is in the background, but it doesn't really occupy a lot of my mental time any more. That's changed. For a long time it was totally preoccupying.

"The cancer diagnosis came as a huge blow," Saks said. "It's very threatening and very scary. But if you have a good prognosis after the treatment, you don't think about it. It's not a part of me. The mental illness seems like more of a global characteristic. I like to say 'I am not mentally ill; I have a mental illness,' just as we say 'I am not cancer, I have cancer.'

"But a lot of us [with a mental illness] still feel that kind of internal stigma," she said. "That's a difference. The other difference is that people tend to think less of someone with a mental illness. I saw a slogan once that said 'Imagine being blamed for having cancer.' "

Yet people tend to blame an individual for mental illness, Saks said. She recounted that when she was in the hospital for cancer treatment, her room was filled with cards and flowers, and she wondered why the same isn't done when people are hospitalized for serious mental illness. She shared this thought with an audience not long after, and a local mental health advocacy organization began the practice of sending cards and letters to people hospitalized in the local psychiatric hospital.

Saks also recalled the painful—as well as joyful and humorous—aspects of her journey and concluded with a note of gratitude to the field of psychiatry. "In many ways, psychiatry has been the star of my show," Saks said. "I'm incredibly grateful for what you do. And on behalf of my fellow patients, thank you very much." PN

Psychotherapy Threatened Despite Cost-Effectiveness

Patients with complex psychiatric conditions needing long-term treatment are frequently those targeted by insurance companies.

BY MARK MORAN

"We are in the midst of a national mental health care crisis with respect to the provision of mental health benefits, including psychotherapy, just as national health care reform, the Affordable Care Act, is being implemented," said Susan Lazar, M.D., at APA's 2013 annual meeting in San Francisco in a symposium titled "Psychotherapy: Expanse, Education, and Efficacy."

Lazar, a psychiatrist in private practice and a member and former chair of the Committee on Psychotherapy of the Group for the Advancement of Psychiatry (GAP), spoke about the cost-effectiveness of psychotherapy. She said that even in the wake of enactment of the strongest laws ever in this country mandating appropriate coverage and nondiscrimination against the coverage of care for psychiatric patients, access to psychotherapy and other psychiatric treatments is under attack from insurance companies.

"For the past three years, many insurance companies, including Cigna, UnitedHealthcare, and Kaiser Permanente, began severe restrictions on mental health benefits, including psychotherapy," she said. She emphasized that the patients who are most in need of more prolonged and intensive psychotherapy are typically the patients whose treatment and services are threatened.

Lazar cited dozens of studies demonstrating the efficacy and cost-effectiveness of long- and short-term psychotherapy for depression, anxiety, posttraumatic stress disorder, schizophrenia, and personality disorders in both children and adults. (She edited a review of the subject, *Psychotherapy Is Worth It: A Comprehensive Review of Its Cost-Effectiveness*, cowritten by GAP's Committee on Psychotherapy and published by American Psychiatric Publishing.)

"The preponderance of the literature reviewed attests overall to the cost-effectiveness of the psychotherapies for the conditions examined," Lazar said. "While 'cost-effective' treatments can yield cost savings in health care costs, disability, and other societal costs, 'cost-effective' does not mean 'cheap' but describes treatments that are of high value and effectiveness even if they increase direct treatment costs.

"Psychotherapy is an effective and often highly cost-effective medical intervention for many serious psychiatric conditions," Lazar said. "It is at times the

see **Psychotherapy** on facing page

SAMHSA Selects Psychiatrist as First Chief Medical Officer

Elinore McCance-Katz, M.D., Ph.D., plans to lend her clinical expertise to SAMHSA's many mental health focused public-health initiatives.

BY JUN YAN

Elinore McCance-Katz, M.D., Ph.D., a psychiatrist with a subspecialty in addiction psychiatry, was appointed the first chief medical officer of the federal government's Substance Abuse and Mental Health Services Administration (SAMHSA) in May.

McCance-Katz is a professor of psychiatry at the University of California, San Francisco (UCSF), and served as the 2009 president of the American Academy of Addiction Psychiatry (AAAP). A long-time member of APA, she led the Physician Clinical Support System (PCSS)-Buprenorphine program, funded by SAMHSA grants, in collaboration with APA's Council on Addiction Psychiatry. The program has helped train physicians to prescribe buprenorphine for opioid-dependent patients using distance-learning tools.

"We're very excited to have Elie join us as a chief medical officer to provide the clinical expertise and guidance for all our programs to fulfill our mission of improving behavioral health across the nation," Paolo Delvecchio, M.S.W., director of SAMHSA's Center for Mental Health Services, told *Psychiatric News*.

"My role here is to bring a psychiatric perspective to the many projects at SAMHSA," McCance-Katz said in an interview. "I will also be leading the HIV and other infectious-disease efforts at SAMHSA." In addition, she said she will act as a liaison with other federal agencies such as the National Institutes of Health, Centers for Medicare and Medicaid Services, and Health Resources and Services Administration.

"I had already worked with SAMHSA for a number of years on the PCSS project and a medication guideline for persons with posttraumatic stress disorder as well as opioid dependence," she noted.

Another area of her past involvement, and a continuing priority of the agency, is providing cross-discipline training for medical professionals to improve addiction treatment. "SAMHSA has a very large national training program for screening and brief interventions for alcohol, illicit drug use, and prescription drug misuse. At UCSF, with a grant [from SAMHSA], we did a lot of training in the primary care setting and then expanded it to pediatrics, psychiatry, and other specialties," McCance-Katz said. She emphasized that psychiatrists, and APA in particular, "have a huge role to play" in integrating the mental health aspects of care with other areas of medicine.

"We don't have enough psychiatrists. We don't have enough addiction psychiatrists. Even if you add addiction medicine, the number [of qualified professionals] is small compared with the number of Americans who need these kinds of services," she noted. "I see APA and affiliated associations playing a role in training their colleagues—not just physicians but also nurses, pharmacists, physician assistants, and even dentists—to identify and help people with mental health or substance abuse issues."

Indeed, McCance-Katz believes that one of the looming challenges facing SAMHSA and the psychiatry profession is the shortage of qualified mental health care providers to meet the public-health need, a situation that also provides new opportunities for psychiatrists.

SAMHSA

Elinore McCance-Katz, M.D., Ph.D. , says that psychiatrists need to become more integrated into this country's medical care system.

"The opportunity is for addiction psychiatrists, as well as general psychiatrists, to become more closely partnered with our colleagues in other aspects of medical care," she said. "Not only in training, which is key, but we also need addiction psychiatrists and general psychiatrists to be available in hospitals and to provide care in primary care and other settings," beyond the services traditionally provided by consultation-liaison psychiatrists. Psychiatrists need to become more integrated into the larger medical care system, she suggested.

"Elie is a superb researcher and has taken a national role on various addiction-psychiatry initiatives in the past years. She is a wonderful educator, researcher, and clinician—what we call a triple threat," Frances Levin, M.D., president of the AAAP, said in an interview. "She's a visionary and is ahead of the curve on where the field should go, especially on integrating the various types of health care professionals into addiction treatment."

John Renner, M.D., immediate past chair of APA's Council on Addiction Psychiatry, emphasized that McCance-Katz "has always been committed to the highest standards of patient care, and we believe that she will make significant contributions to the field in her new position at SAMHSA." PN

Psychotherapy

continued from facing page

first-line and most important treatment and at other times augments the efficacy of psychotropic medication. The patients who are most in need of more prolonged and intensive psychotherapy are those with personality disorders and those with chronic complex psychiatric conditions, often including severe anxiety and depression. These patients, if inadequately treated, are extremely costly to society in increased medical and emergency services, disability, and, for certain groups, destructive and antisocial behavior. Certain children and adolescents with learning disabilities and those with severe psychiatric disorders also require more than brief treatment.

"Other diagnostic groups for whom psychotherapy is effective, cost-effective, and at times cost-saving in other medical and societal costs include patients with schizophrenia, anxiety disorder (including posttraumatic stress disorder), depression, or substance abuse. In addition, psychotherapy for the medically ill with concomitant psychiatric illness often lowers medical costs, improves recovery from medical illness, and at times even prolongs life compared with similar patients not given psychotherapy." PN

Violations of the parity law should be reported to APA at APAMemberparityviolations@psych.org or to APA's HelpLine at (800) 343-4671. More information on *Psychotherapy Is Worth It: A Comprehensive Review of Its Cost-Effectiveness* is posted at http://www.appi.org/SearchCenter/Pages/SearchDetail.aspx?ItemId=7215. APA members can purchase the book at discount.

Press Conference

continued from page 1

low the law's provisions as the law was intended. "We want a rule to be released by the White House" that says that treatment for illnesses of the brain as well as the body should be covered by insurance policies, Kennedy declared, and disclosure of the names of insurance companies that do not "comply with parity" should be part of the final rule. Summergrad concurred, emphasizing that it has been five years since the parity act was signed and that a final rule is critical.

Another critical issue is how to dissuade the American public from believing that all people who commit violence are mentally ill. "Gun control and violence have been conflated with mental illness," Lieberman said. Yet only 4 percent of violent crimes are committed by mentally ill individuals, he emphasized.

Yet a third pressing issue is how to combat the stigma often attached to mental illness and its treatment. The speakers agreed that the best solution is to change how the media portray mental illness. An example of how reporters propagate stigma is when they write, "A politician has a schizophrenic attitude," Borenstein noted. Reporters would certainly never write, "A politician has a diabetic attitude." An example of how popular films foster stigma can be found in the new psychological thriller "Side Effects," Lieberman pointed out. The film is entertaining, but it undermines the psychiatric profession by reinforcing myths that have often been promulgated about this field, he said.

The increasing integration of mental health care with primary care is also high on the national mental health agenda. Scully reported that APA is working with private insurance companies and Medicare officials to ensure that they provide equitable payment for care provided through such initiatives.

Finally, the health insurance exchanges that are being set up under the Affordable Care Act will influence how mental illness is covered. "We need a voice in these health exchanges . . . and APA needs to convene that discussion," Kennedy asserted. PN

To watch a video of APA's press conference following the White House Conference on Mental Health, scan the QR code at left or go to http://vimeo.com/67656759.

PROFESSIONAL NEWS

AMA Releases Insurer Report Card, Awards Innovative Schools

The AMA's Administrative Burden Index ranks insurers by the level of unnecessary costs that impact the billing and payment of medical claims.

BY MARK MORAN

Patients are responsible for nearly one-quarter of medical bills, according to the AMA's sixth annual National Health Insurer Report Card.

This year the report card examined the portion of health care expenses for which patients are responsible through copays, deductibles, and coinsurance. During February and March, patients paid an average 23.6 percent of the amount that insurers set for paying physicians.

"Physicians want to provide patients with their individual out-of-pocket costs, but must work through a maze of complex insurer rules to find useful information," said AMA Board Member Barbara McAneny, M.D. "The AMA is calling on insurers to provide physicians with better tools that can automatically determine a patient's payment responsibility prior to treatment."

The National Health Insurer Report Card is the cornerstone of the AMA's Heal the Claims Process campaign. The goal of the campaign is to eliminate administrative waste by improving the billing and payment system.

The AMA also unveiled a new Administrative Burden Index (ABI) to rank commercial health insurers according to the level of unnecessary cost they contribute to the billing and payment of medical claims. The AMA found that administrative tasks associated with avoidable errors, inefficiency, and waste in the medical-claims process resulted in an average ABI cost per claim of $2.36 for physicians and insurers. Cigna had the best ABI cost per claim of $1.25, or 47 percent below the commercial insurer average. HCSC had the worst ABI cost per claim at $3.32, or 41 percent above the commercial insurer average.

The AMA estimates that $12 billion a year could be saved if insurers eliminated unnecessary administrative tasks with automated systems for processing and paying medical claims. This savings represents 21 percent of total administrative costs that physicians spend to ensure accurate payments from insurers.

"The high administrative costs associated with the burdens of processing medical claims annually should not be accepted as the price of doing business with health insurers," said McAneny. "The AMA is a strong advocate of an automated approach for processing medical claims that will save precious health care dollars and free physicians from needless administrative tasks that take time away from patient care."

In other AMA news released at the opening of the AMA's Annual House of Delegates meeting last month, the organization announced the names of the 11 medical schools that will receive funding as part of its Accelerating Change in Medical Education initiative.

Outgoing AMA President Jeremy Lazarus, M.D., said the initiative is aimed at transforming the way future physicians are trained—one of the three goals of the AMA's long-term strategic plan.

"We are thrilled to award funding to 11 medical schools for their bold, transformative proposals designed to close the gaps between how medical students are trained and how health care is delivered," Lazarus said in a statement.

The proposals include models for competency-based student progression, total student immersion within the health care system from the first day of medical school, and the increased use of health IT and virtual patients.

The schools are Indiana University School of Medicine; Mayo Medical School; New York University School of Medicine; Oregon Health and Science University School of Medicine; Pennsylvania State College of Medicine; Brody School of Medicine at East Carolina University; Warren Alpert Medical School of Brown University; University of California, Davis, School of Medicine; University of California, San Francisco, School of Medicine; University of Michigan Medical School; and Vanderbilt University School of Medicine.

The AMA will provide $1 million to each school over five years to fund the educational innovations envisioned by each institution. A critical component of the initiative will be to establish a learning consortium with the selected schools to rapidly disseminate best practices to other medical and health-profession schools. PN

More information about the Heal the Claims Process campaign, including the National Health Insurer Report Card and the new Administrative Burden Index, is posted at www.ama-assn.org/go/reportcard. Summaries of the proposals by the 11 award-winning schools are posted at http://www.ama-assn.org/sub/accelerating-change/grant-projects.shtml.

Students Aren't Hearing Message About Risks of Excessive Drinking

While colleges are educating students on the dangers of binge drinking, they also should inform students about the long-term risks of excessive drinking, especially for women.

BY JUN YAN

At least once during their first year of college, more than half of students drink more than the limits for low-risk or moderate alcohol consumption recommended by the National Institute on Alcohol Abuse and Alcoholism (NIAAA), a survey in three New England universities showed.

And more female students exceeded the weekly alcohol limit than did male students, suggesting that young women may not be aware of how the NIAAA guidelines describe acute and chronic risks of alcohol use in men and women differently.

Among the nearly 1,000 students surveyed, almost two-thirds had at least one occasion during the college year in which they drank more than the weekly or daily alcohol-consumption recommendations by NIAAA. The proportions were nearly identical in male and female students. The average age of survey respondents was 18.4.

A little over half (51 percent) of the female students exceeded the weekly drinking limit for women, higher than the 45 percent of male students who exceeded the weekly drinking limit for men. This was primarily due to the gender difference in NIAAA's recommendations, the authors found.

NIAAA guidelines recommend no more than three drinks daily for women and four drinks daily for men. However, the weekly limit is seven drinks for women and 14 for men. In other words, the weekly limit for women is 50 percent of that for men, proportionally less than the daily guideline. One drink is defined as 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of liquor.

The daily limits are intended to prevent acute alcohol poisoning, while the weekly limits help prevent the harmful consequences of chronic excessive drinking, the authors noted, as epidemiological data indicate that women are more vulnerable than men to the long-term harm of excessive drinking, such as risks for liver disease and breast cancer.

"Education given to college students tends to focus on acute intoxication, such as drunk driving and alcohol poisoning," Bettina Hoeppner, Ph.D., told *Psychiatric News*. She is the lead author of the study and an assistant professor of psychology at Harvard Medical School. "Acute risk is more noticeable and garners more attention, especially in the college setting. However, there is not a lot [of education] about the toxicity of chronic drinking."

Hoeppner believes that female students are aware of the recommendation that they should drink less than their male peers on an occasion but not necessarily of the weekly guidelines and the risks of chronic excessive drinking. "It is easy to pass the [NIAAA] limit with one drink a day and a couple of drinks on the weekend," she pointed out.

Hoepnner urged mental health professionals to increase young people's awareness of not only the acute danger of intoxication but also the long-term consequences of frequent drinking. "Hopefully, students will remember the information after they leave school," she said. PN

An abstract of "Sex Differences in College Student Adherence to NIAAA Drinking Guidelines" is posted at http://onlinelibrary.wiley.com/doi/10.1111/acer.12159/abstract. The NIAAA guideline for moderate drinking is posted at http://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking.

Psychiatric News Wins Award

Psychiatric News has won the 2013 Bronze Award for Excellence in Design from Association Publishing & Media. This membership organization serves the needs of association publishers, business operation executives, communications professionals, designers, and other content generators. The competition received about 900 entries.

Photos Help Tell Story of APA's Annual Meeting

The official launch of *DSM-5* was only one of the many events that made this year's APA annual meeting in San Francisco in May one of the best in years. (Additional annual meeting coverage and photos appeared in the June 7 and 21 issues.) In case you missed that meeting, make plans now to attend APA's smaller gem of a meeting, the Institute on Psychiatric Services in Philadelphia October 10 to 13.

1

2

3

4

5

6

1 The University of Texas Health Sciences Center at Houston emerged victorious in the annual MindGames competition. Pictured with their trophy are (left to right) Garima Arora, M.D., Marsal Sanches, M.D., and Ashley Toutounchi, M.D. They defeated teams from New York Presbyterian/Cornell and UCLA Medical Center.

2 *DSM-5* was released at the annual meeting, and staff of American Psychiatric Publishing were challenged to keep up with the long sales lines.

3 From left: Yael Wolf, M.D., Nicole Seben, M.D., Laura Freedman, M.D., Zoe Thomas, M.D., and medical student Aris Hadjinicolaou of Canada enjoy a treat in the Exhibit Hall.

4 Actress Mare Winningham played the role of Mary Tyrone in "Long Day's Journey Into Night" as part of NIDA's Addiction Performance Project at the annual meeting.

5 Sr. Marysia Weber, R.S.M., D.O., of Alma, Mich., and Richard Adler, M.D., of Seattle take time out from scientific sessions.

6 Under the name "Unassembled Four," Assembly members Jim Nininger, M.D., of New York; Don Brada, M.D., of Lawrence, Kan.; Dan Anzia, M.D., of Forest Park, Ill.; and Mark Wright, M.D., of Lexington, Ky., get ready to perform their latest psychiatric ditty, "Hello *DSM-5*."

Photos: David Hathcox

N.D. Psychiatrists Invite Colleagues To Practice in Their Special Environment

In spite of Arctic winds, frequent blizzards, devastating floods, and vast rural spaces, psychiatrists who have put down roots in North Dakota find practicing there rewarding.

BY JOAN AREHART-TREICHEL

Many Americans may visualize North Dakota as a bleak terrain pummeled by subzero temperatures, Arctic winds, and frequent blizzards. But North Dakota is so much more than that, notably a state undergirded by a sense of community and a can-do spirit, psychiatrists who practice there report. And they like it very much, they say.

"Now, true, the weather can be very interesting," Cheryl Huber, M.D., a Bismarck psychiatrist originally from South Carolina, remarked during an interview with *Psychiatric News.* "It changes a lot. We've experienced blizzards, flooding, tornadoes, and hail, lots of hail."

"And we have to think about our weather and how it relates to patient care," Laura Kroetsch, M.D., a Fargo psychiatrist, pointed out. "A lot of times clinicians and nursing staff are thinking ahead about what the weather is going to be like so that they can be sure that patients have enough psychotropic medications. And being in the Red River Valley, we are in a flood zone as well. We have had flooding situations in which our patients had to get their psychiatric care at Red Cross shelters."

"Because of the rural nature of our state, it is also a little bit harder to outreach to outlying communities," Kroetsch explained. "Some clinics try to send clinicians and specialists to the different areas, but you can send people out there only so often. We are attempting to increase telepsychiatry to such areas, but right now the demand for it surpasses the supply."

Since many North Dakotans are farmers, you also need to talk farming, Ronald Burd, M.D., a Fargo psychiatrist and former speaker of the APA Assembly, told *Psychiatric News.* "Perhaps it helps that I grew up on a ranch in Montana, so that when people come into my office, we talk about the sugar beet harvest and we talk about getting ready for spring planting. Also, the planting and harvest seasons take priority over medication management. I'll tell them, 'If you end up coming into town to get parts, give me a call, and we'll see if we can work you in.' "

"I would say, based on my years here, that it takes progress a little longer to work its way here," Huber opined. "For instance, early on, I encountered some of the old attitudes toward women in authority positions. Fortunately that has improved over the years."

Another fact of life in the state, Huber noted, "is that you tend to get involved in the community and see your patients in all kinds of settings. Managing those interactions can keep you on your toes."

Albert Samuelson, M.D.

Albert Samuelson, M.D., who has practiced psychiatry in North Dakota for over half a century, says, "I feel very good about where my life has taken me."

Mental Health Care Demands Soar

The oil boom of the past four or five years in the northwest corner of the state has brought in thousands of out of staters who are looking for jobs. They run the gamut—there are truck drivers, pipe fitters, teachers, manicurists, and strippers, among others. Their ingress has overwhelmed housing and roads in that area, unleashed crime, and greatly boosted the demand for services, including mental health services, Albert Samuelson, M.D., a Bismarck psychiatrist who has practiced psychiatry for over half a century in North Dakota, reported.

Psychiatrist Madeline Free, M.D., practices in Dickinson, a once-small town that has experienced astronomical growth from the oil boom. "At least half the clients seen in the community mental health center in Dickinson have been in the state less than two years," she said. "Their problems include anxiety, depression, alcohol or drug abuse, and relationship issues. Relationship issues are magnified due to the absence of a spouse and/or new people in their lives. Moreover, there are many social-service calls because of domestic violence, and hospital emergency rooms can't handle the number of drug-related problems."

Madeline Free, M.D.

Psychiatrist Madeline Free, M.D., practices in Dickinson, N.D., which has experienced astronomical growth from the oil boom. She says the state needs more psychiatrists in this region.

To make things even tougher, there are very few psychiatrists available to help, Huber pointed out. "In the western half of North Dakota, we probably have about half the number of psychiatrists practicing than we had 10 years ago," she said. "We could use more psychiatrists here!"

And while the oil boom has brought in a lot of money for the state—"We have a surplus of money in the treasury that you wouldn't believe!" Samuelson exclaimed—it is yet to be directed toward more mental health services.

Nevertheless, "Historically, we have been blessed to have some legislatures that have been proactive regarding mental health care," Kroetsch noted.

Moreover, the state's community mental health service system is working well, "although we still need psychiatrists and services in some of the rural areas, particularly in the western part of the state," Samuelson said. Samuelson helped implement President John Kennedy's Community Mental Health Act of 1963 in North Dakota.

There are other compensations as well that come from living and practicing in North Dakota, psychiatrists content with life there attest.

There are above-average salaries to draw more psychiatrists to the state, Burd noted. "North Dakota is a great place to raise a family. It has exceptional outdoor recreational activities—hunting, boating, and so forth."

"The summers are beautiful!" Huber observed.

"A nice thing about North Dakota is that there aren't many people," Samuelson pointed out. "I can get to work in 10 minutes."

"People go out of their way to help you if you get into trouble," Huber said.

Community Plays Key Role

"I would say that community is one thing that draws people into North Dakota and keeps them here," Kroetsch observed. "Take the stress that our community experienced when the city was on the verge of flooding. The attitude was, 'We can handle this—we can do this!' Everybody banded together and sandbagged. Our staff did lots of sandbagging. So did a number of our patients."

see ***North Dakota*** *on page 11*

MEMBERS IN THE NEWS

Brandon Kohrt, M.D., Ph.D.

Brandon Kohrt, M.D., Ph.D., and colleague Maya Shrestha interview a former child soldier in Nepal. Many of the former child soldiers suffered from anxiety, depression, posttraumatic stress disorder, and discrimination after they returned home.

Psychiatrist on Mission to Help Mentally Ill People in Poor Countries

Brandon Kohrt, M.D., Ph.D., studied to become a medical anthropologist and psychiatrist. With his formal education completed, he sees his destiny as helping people in low-income countries.

BY JOAN AREHART-TREICHEL

It's a long way from the bucolic town of Paupack, near Pennsylvania's Pocono Mountains, to the dusty, polluted city of Kathmandu, Nepal.

But one might view it as a trajectory that 38-year-old Brandon Kohrt, M.D., Ph.D., has selected. Indeed, he has traveled back and forth between the United States and Nepal numerous times during the past 17 years.

When he was an undergraduate at the University of Southern California (USC), Kohrt wanted to become a medical anthropologist. So he spent one of those years in Nepal, researching cross-cultural concepts and manifestations of mental illness. Yet "seeing people living with mental illness, but not getting any treatment, made me want to pursue psychiatry training as well as social-science training," the soft-spoken Kohrt explains.

Thus, after he graduated from USC in 1998, he entered a combined medical anthropology and medical school program at Emory University. He received a Ph.D. in medical anthropology and an M.D. in 2009. From 2009 to 2011, he did a psychiatry residency at Emory and then two additional residency years at George Washington University, completing his residency in June. And throughout his studies, he undertook various mental health projects in Nepal that were sponsored by Fulbright fellowships, the National Institute of Mental Health, and the nongovernmental organization Transcultural Psychosocial Organization (TPO) Nepal.

Brandon Kohrt, M.D., Ph.D.

Brandon Kohrt, M.D., Ph.D., visits Butabika Psychiatric Hospital, Uganda's largest inpatient psychiatric facility, with more than 500 beds.

Similarities Link Traditional Healing, Modern Psychiatry

Considerable interaction with traditional healers in Nepal, Mongolia, and Liberia has given Brandon Kohrt, M.D., Ph.D., the opportunity to compare traditional healing with modern American psychiatry.

Both forms of healing are based on the belief that the treatment will help and on the collaboration between the healer and the patient, he explains. And when the belief and the collaboration—the doctor-patient alliance—are strong, both forms of healing can be effective, he adds. "Understanding how traditional healing works has led me to realize that there are commonalities with the techniques that we use."

However, this is not to say that people in Nepal and Liberia shouldn't have access to modern American psychiatric treatments, Kohrt emphasizes. The ideal, he says, is to make both traditional healing methods and psychotherapy and psychotropic medications available. Then patients and their families can choose the combination of treatments that is most culturally and personally compelling for them.

Teachers Rejected Former Child Soldiers

For example, when Nepal's decade-long war between the monarchy and Maoists ended in 2006, he and colleagues at TPO Nepal evaluated the mental health of children who had served as soldiers in the Maoist army. They found that many suffered from anxiety, depression, or posttraumatic stress disorder (PTSD) and that many also reported that discrimination against them back home was even more traumatic than what they had experienced as child soldiers. "Teachers would call them 'little Maoists,' force them to sit on the floor and mock them, and sometimes not even let them into the classroom because they were afraid of them," Kohrt recalls.

"So what we did," Kohrt continues, "was to train community psychosocial workers to meet with the teachers and ask them to discuss their fears and concerns about these children. The community psychosocial workers then brought the teachers and former child soldiers together. The children said that the most important thing about coming home was to be able to reenter school. Slowly the teachers improved their treatment of the youngsters, and when they did so, the youngsters' classmates and other members of the community did as well."

Kohrt and his colleagues also studied the impact of the intervention on the former child soldiers' mental health. A year after the intervention had been implemented, the children's mental health was comparable to that of other children in the communities, they found.

Work in War-Torn African Nation

Liberia is a country located on the west coast of equatorial Africa. It contains luscious growth during the rainy season, yet strong, dusty winds from the Sahara Desert rake it from November through March.

A 14-year civil conflict, which ended in 2003, left Liberia scarred by violence

see **Kohrt** on page 20

Prions May Be at Root Of Several Brain Diseases

Nobel Prize–winner Stanley Prusiner, M.D, explains the relationship between prions and human neurodegenerative disorders.

BY AARON LEVIN

Prions, those tiny bits of rogue protein that cause mad-cow disease, also may be implicated in human illnesses of the brain, said Stanley Prusiner, M.D., in a lecture at APA's 2013 annual meeting in San Francisco in May.

Prusiner discovered prions, the nonliving proteins that cause scrapie in sheep, bovine spongiform encephalopathy ("mad cow") in cattle, chronic wasting disease (CWD) in elk, and Creutzfeldt-Jacob disease in humans. Now, he adds Parkinson's disease, Alzheimer's disease, frontotemporal dementia, and possibly ALS to that list.

Prions are composed of host-encoded proteins that adopt a self-propagating, alternative conformation, said Prusiner, a professor of neurology and director of the Institute for Neurodegenerative Diseases at the University of California, San Francisco. Prions replicate as the normal isoform of the prion protein (PrPC) is converted to the isoform that causes disease (PrPSc).

Prusiner's groundbreaking work was met by some initial skepticism, but was ultimately recognized with the Nobel Prize in Physiology or Medicine in 1997.

Public attention has focused on infectious origins of prion diseases, especially among those who ingest infected meat. However, infection rarely occurs except for CWD prions, which can infect more than 90 percent of cervids in herds, he said.

"Over 99 percent of prion disease cases are inherited or sporadic," he said. "In Alzheimer's disease, frontotemporal dementias, Parkinson's disease, and Creutzfeldt-Jacob disease, different proteins become prions, namely, amyloid-β, tau, α-synuclein, and PrP."

Furthermore, these diseases are only 10 percent to 20 percent heritable, suggesting to Prusiner that such late-onset disorders represent the accumulation of damaging proteins over time, moving slowly from one neuron to the next.

"Different proteins differentiate into different diseases," he explained. "This explains how they can be variously infectious, inherited, posttraumatic, or sporadic."

One possible trigger for the cascade that leads to these disorders is head trauma, said Prusiner. Many different causes of brain injury provoke the neurofibrillary tangles of tau protein seen on autopsy, including trauma.

Recent suicides by former National Football League players highlight the effects of repeated blows to the head over years of play, he suggested.

"Their lives began to fall apart in their 30s, 40s, or 50s as they exhibited changes in personality, behavior, executive function, and language," he said. In these posttraumatic frontotemporal dementia cases, tangles accumulate in the frontal lobes, producing profound neuropsychiatric illness.

Such cases are hard to diagnose. Many patients see a psychiatrist first, but later are referred to neurologists.

The chronic traumatic encephalopathy in athletes caused by repeated head trauma is a primary tauopathy, while Alzheimer's disease is a secondary tauopathy initiated by amyloid-β prions, he explained.

David Hathcox

Prions are important precursors of human neurological diseases, their discoverer, Stanley Prusiner, M.D., explains at APA's annual meeting.

He noted that the military medical system has seen a steady increase in traumatic brain injuries since 2005, one paralleled by a rise in hospital-bed days for substance abuse, anxiety, mood, and adjustment disorders as well as suicidal ideation.

In the search for treatments, Prusiner and others have been testing several compounds on cells and in mice. Initially positive tests of these drugs extended the lives of mice that overexpressed certain chimeric human/mouse prions. However, drug resistance developed, producing conformational mutations that resulted in a new prion strain independent of DNA and RNA, said Prusiner.

"Either the drug selects for a subset of conformers or the drug is actually changing the conformation," he said. "It's not clear which."

This "conformational mutagenesis" suggests that a combination of drugs with different mechanisms of action will probably be needed to attack prion disease at different points in the conversion process, since neuronal function will be unlikely to be restored once it is lost, he said.

"There are three possible points for intervention: decreasing precursor proteins, inhibiting their conversion, or increasing their clearance," he said. "Developing drugs that don't attack the headwaters of the process is a mistake." PN

Telomeres Hold Considerable Sway Over Our Health

Finding a way to halt the shortening of telomeres might reduce the severity or incidence of certain serious illnesses.

BY AARON LEVIN

Telomeres, the DNA that caps the ends of our chromosomes, play a central role in the longevity of our cells, and they may also affect and be affected by psychiatric disorders, said Elizabeth Blackburn, Ph.D., at APA's annual meeting in San Francisco in May.

Left to their own devices, telomeres shorten with each cell division. Compromising telomere maintenance eventually impairs the cell replenishment and function. When they get too short, the cell ceases to divide, senescence sets in, and the cell puts out pro-inflammatory and tumorigenic factors, said Blackburn, a professor of biochemistry and biophysics at the University of California, San Francisco.

David Hathcox

Elizabeth Blackburn, Ph.D., notes that compromised telomere maintenance is exacerbated by chronic psychological stress and interferes with the replenishment and function of human cells.

This wreaks havoc in the neighborhood, she said. "They're like a rotten apple in a barrel, affecting the other cells around them."

But humans live for decades, so something must counteract those ever-shrinking telomeres. That something is the enzyme telomerase. Discovering how telomeres and telomerase protect chromosomes led to the Nobel Prize in Physiology or Medicine in 2009 for Blackburn, Carol Greider, Ph.D., and Jack Szostak, Ph.D.

Telomerase acts to counter telomere shortening in cell division, said Blackburn. "Telomerase is trying to 'rescue' telomeres as they get too short."

Given its critical role in physiology, telomerase is under "exquisite and tight control at every level of control you can think of," said Blackburn. These include transcription, RNA splicing, assembly of ribonuclear proteins, trafficking, signaling inputs, and post-transcriptional modification.

Such control is important

*see **Telomeres** on facing page*

Side Effects Limit Drug Options In Bipolar Patients

Weight gain induced by antipsychotic medications used by patients with bipolar depression seriously limits a clinician's treatment choices.

BY AARON LEVIN

Roger McIntyre, M.D., looked around the room at APA's annual meeting in San Francisco in May and asked the attendees which was more difficult: a) treating mania in bipolar patients? or b) treating depression in such patients?

Few listeners responded to the first question, but nearly every hand in the room shot into the air after the second.

"Depressive symptoms and depressive episodes are not only the index presentations of bipolar disorder but are also the predominant symptoms at presentation," said McIntyre, a professor of psychiatry and pharmacology at the University of Toronto. "It is abundantly clear at this time that the lion's share of morbidity with bipolar disorder is a consequence of the depressive phase, but most treatments are not very effective" at treating this.

Yet clinicians faced an "anemic" list of options, he said. All seven of the atypical antipsychotic agents approved for bipolar disorder are antimanic, but only three are antidepressant, he said.

Even these medications have problems, however. Olanzapine monotherapy produces only a modest effect size in bipolar I depression, but the weight gain it induces is a "deal breaker" in McIntyre's view. Quetiapine shows separation from placebo in bipolar I and bipolar II patients but also causes weight gain. Lurasidone works as an adjunct to lithium or valproate in acute bipolar I depression but is not approved as monotherapy because of—yes—weight gain.

Aaron Levin

Roger McIntyre, M.D.: Weight gain from antipsychotic medications is not just a cosmetic problem, it's a "brain hazard."

Gaining weight is not just a cosmetic problem, it's a "brain hazard," said McIntyre. The literature indicates that metabolic obesity affects the neural system and the circuits serving affective processing and cognition. That has important downstream consequences.

"Obesity in bipolar patients reduces the likelihood that the patient will recover from a manic episode and the likelihood that they will stay well over the long term, and it increases the risk of depression," he said.

McIntyre's studies using diffusion tensor imaging revealed that overweight patients with first-episode bipolar disorder had a decreased signal in the default mode network, with a pattern equivalent to that of normal-weight patients after four or five episodes.

"Weight gain from medication is not only unwanted, it may also be changing the underlying brain structure and function," he pointed out.

With regard to the maintenance phase of treating bipolar disorder, conventional antipsychotics are efficacious in acute mania, but not in acute bipolar depression, said McIntyre. He cited a recent small study comparing patients taking lithium or valproate plus perphenazine with those taking lithium or valproate plus placebo. Patients in the perphenazine arm had a greater chance of dropping out and adverse events, including extrapyramidal side effects.

They also had a "clinical toxicity of depression." The literature is not clear about whether using an antipsychotic *causes* depression, but it does "induce a phenotype that is indistinguishable from depression—dysphoric, fatigued, with psychomotor retardation," he said.

"In short, we don't have evidence that conventional antipsychotic medications can treat, delay, or prevent depression," he said. However, there is some evidence that olanzapine may forestall the return of clinically significant depressive symptoms in bipolar patients who had achieved remittance with the drug in the short term.

Quetiapine as an adjunct to lithium or valproate in patients followed for one to two years shows an advantage compared with placebo in delaying and reducing recurrence in bipolar depression. That utility is offset, however, by acceptability issues and weight gain.

Finally, *DSM-5* has introduced the "mixed specifier," the appearance of syndromal mania or depression with some manifestation of opposite symptoms. This is not uncommon, said McIntyre. Patients are typically overactive, impulsive, and agitated and have racing thoughts.

Using manufacturers' datasets from clinical trials, McIntyre found that 35 percent to 40 percent of manic patients qualified for the mixed specifier by *DSM-5* standards. The drugs again generally worked to treat mania, but only lurasidone was efficacious both for bipolar depression and also for bipolar depressive patients with the mixed specifier that included subsyndromal hypomanic features.

Overall, efficacy is critical in selecting a medication but clinicians remain "significantly limited by issues of central system side effects as well as by metabolic side effects," he said. PN

To watch a video interview of McIntyre, scan the QR code at left or go to http://www.youtube.com/watch?v=Wiaz5ZAYbus.

Telomeres

continued from facing page

because telomerase abides by the Goldilocks principle. Too little allows telomeres to get shorter, but a combination of short telomeres and high telomerase levels is associated with worse health outcomes including risk of depression and cancer.

Telomere maintenance integrates many inputs, both genetic and nongenetic.

A broad range of environmental stressors can affect telomere length and the risk of mortality and morbidity: intrauterine stress, traumatic childhood events, lifetime duration of depression, and low educational attainment.

Perturbation in telomere maintenance, whether by causation or association, is linked to many age-related disorders, she said.

"Telomere length is both a cause or contributor to and a marker of disease," said Blackburn. For instance, people with one rare, extreme mutation (dyskeratosis congenita) have higher rates of neuropsychiatric morbidity.

However, more complex relationships exist, as well.

Bladder cancer patients with both depression and short telomeres have an average survival of 31 months, compared with 60 months for those with depression alone and 200 months for those with neither condition.

Another study found that mothers stressed by caring for chronically ill children had shorter immune-cell telomere lengths. And the Whitehall study in Britain reported that "cynical hostility" was related to telomere shortness, Blackburn said.

A study of 100,000 Kaiser Permanente patients that included 20 years of clinical data, surveys, interviews, and environmental exposure data found higher risks of mortality in the lowest versus the highest quartile of telomere length.

Observational research, she noted, has suggested that short telomeres are associated in the general population with a number of illnesses, including cancers, pulmonary fibrosis, cardiovascular diseases, vascular dementia, and diabetes.

Stress reduction techniques like physical exercise, better sleep quality, or meditation may counteract telomere shortening, but these must be tested in controlled trials, said Blackburn PN

North Dakota

continued from page 8

"The folks I've been most impressed by," Kroetsch said, "are those who have chronic, severe mental illness and still maintain that drive, that work ethic that North Dakota is so proud of. The individuals with such illnesses are very much the same as all of us and really want to be part of the community. For example, I have a young patient with schizophrenia. Psychotropic medications helped reduce his auditory hallucinations, but they are still present and interfering with his daily functioning. Nonetheless, he is determined that he is going to be the first person in his family to graduate from college.

"All in all, the satisfaction from practicing psychiatry here is probably the same as it would be anywhere," Kroetsch continued. "Every day, we have the amazing privilege of hearing intimate stories about people's lives. It is rewarding to help somebody find their voice, their strength, and their resilience." PN

Much of Autism's Groundwork May Be Laid Before Birth

While more than 50 genetic causes of autism have been discovered so far, there is no single "autism gene," according to autism expert Daniel Geschwind, M.D., Ph.D.

BY AARON LEVIN

"The genetics of autism are beginning to be consistent with a working model of cortex-to-cortex dysfunction," said Daniel Geschwind, M.D., Ph.D., at APA's 2013 annual meeting in San Francisco. "And we now think that a lot of what happens occurs prenatally, during brain development."

Genetic studies on autism have proliferated in recent years, said Geschwind, a professor of neurology and psychiatry at the University of California, Los Angeles. More papers were published in the last six years than in the previous 30, he said. In addition, large-scale collaborations are under way, increasing the number of patients providing data. The Autism Genetic Resource Exchange began in 1998 and now contains data from 1,500 families, 6,000 individuals.

As a result, more than 50 genetic causes of autism have been discovered so far, and about 1,000 exomes (the coding parts of the genome) have been identified.

Thus, there is no single "autism gene." Even the most frequent genes have an effect size of less than 1 percent, he said. "A hundred children could represent a hundred different cases."

Autism is part of a normal distribution on a continuum of human behavior, he said. It is a clinically heterogeneous diagnosis, overlapping with other neurodevelopmental disorders of higher human cognition. Common variants have small effects, working not in strict Mendelian fashion but by increasing risk.

"Autism is a syndrome, not an etiology," said Geschwind. "Autistic behavior is shared by dozens of other disorders, including Tourette's syndrome, Fragile X, untreated PKU, and others. A large part of autism is a collection of rare diseases."

David Hathcox

Daniel Geschwind, M.D., Ph.D., says that autism is part of a normal distribution on a continuum of human behavior, overlapping with other neurodevelopmental disorders of higher human cognition.

He added, "We can talk about genes now, but we still can't create a risk profile for an individual child."

Geschwind hypothesized that polymorphisms disrupt normal functions of circuits in areas involved with implicit learning—where people learn language and social cognition.

As an example of current research, he described one mouse model now under study for its role in producing neuropathology and pathophysiology comparable to autism in humans. Mice with the CNTNAP2 gene knocked out exhibit normal motor coordination, but increased social dysfunction, repetitive behavior, hyperactivity, and hypersensitivity to sensory stimulation. They also have deficits in ultrasonic communication with cage mates.

These mice respond to treatment with risperidone, which reverses hyperactivity (as it does in some severe human autism cases), and reduces perseverative behavior and grooming (a mark of anxiety). The drug has no effect on social behavior, but that symptom does respond to oxytocin and vasopressin, he said. "We now think that a number of genes will affect the oxytocin system, so we may be able to identify a subset of patients who respond to oxytocin."

Genes alone don't account for autism cases, although how environmental influences interact with genes remains murky. Several risk factors are known or have been hypothesized. Inflammatory cytokines that cross the prenatal blood-brain barrier are a plausible, if unproven, possible source of abnormalities in synapto-

see **Autism** on page 17

More than just medical professional liability insurance...

How Much is Your Reputation Worth?

We have the comprehensive coverage you need to protect your reputation and practice setting.

Should you face an investigation from a state licensing board or governmental agency related to billing, participation on an insurance panel, a professional society inquiry or any other administrative defense issue, our policy provides $50,000 administrative defense coverage at *no additional charge*.

There is no deductible and we assign you an attorney so you don't pay out-of-pocket expenses. Contact us today for your customized quote.

- **Remy Palumbo**
Senior Account Manager

TheProgram@prms.com

- More than 20,000 psychiatric claims handled
- Over 40,000 issues responded to by the Risk Management Consultation Service (RMCS) since inception in 1997
- Accredited by the ACCME
- Administrative and governmental billing defense coverage
- Coverage for forensic and telemedicine psychiatric services
- ECT/EST included at no additional charge
- Premium discounts - and much more!

Contact us to learn more about our full-service, psychiatric-specific insurance program.

PRMS
PROFESSIONAL RISK MANAGEMENT SERVICES, INC.
PSYCHIATRISTS' PROGRAM®

www.PsychProgram.com | TheProgram@prms.com | (800) 245-3333 ext. 389

twitter @PsychProgram

Are FDA Warnings on Citalopram's Cardiac Effects Warranted?

A new study finds that high-dose citalopram does not appear to increase the risk of cardiac death or ventricular arrhythmia.

BY JUN YAN

A large-scale study based on Department of Veterans Affairs (VA) data disputes the restrictions the Food and Drug Administration (FDA) placed on the maximum dosage of citalopram and its warning on the drug's cardiac risks.

In 2011 and 2012, the FDA issued warnings that citalopram can cause dose-dependent QT interval prolongation and should not be prescribed for a daily dose higher than 40 mg. For patients over age 60 or with liver-function impairment, the maximum daily dose should be 20 mg, the agency emphasized.

In a study published in the June *American Journal of Psychiatry*, Kara Zivin, Ph.D., an assistant professor of psychiatry at the University of Michigan and a research investigator with the VA, and colleagues collected data on 618,450 patients who had a diagnosis of depressive disorder and had received a prescription for citalopram from 2004 to 2009. They compared the rates of ventricular arrhythmia, cardiac death, noncardiac death, and all-cause death in those who received high (>40 mg daily), medium (21 mg-40 mg daily), and low doses of the antidepressant (1 mg-20 mg daily).

Patients on high-dose citalopram had statistically significantly lower risks of ventricular arrhythmia, all-cause death, and noncardiac death than patients on low-dose citalopram after adjusting for demographic and clinical factors that could affect mortality (see chart). The risk of cardiac death was not different between high-dose and low-dose citalopram patients.

"These findings raise questions regarding the continued merit of the FDA warning and…whether the warning itself will cause more harm than good," the authors said. They pointed out that the FDA has not been able to prove the causation between QT prolongation and torsade de pointes. They also noted that citalopram has been available in generic form since 2004, and limiting the dosage in which it can be prescribed has implications for the costs borne by payers.

The authors also looked at more than 350,000 patients who took sertraline, an SSRI that does not carry an FDA warning for QT prolongation or torsade de pointes. As was the case with citalopram, high-dose sertraline (>100 mg daily) was associated with significantly lower risk of ventricular arrhythmia compared with low-dose sertraline (1 mg-50 mg). Cardiac, noncardiac, and all-cause mortality risks had no dose-dependent relationship.

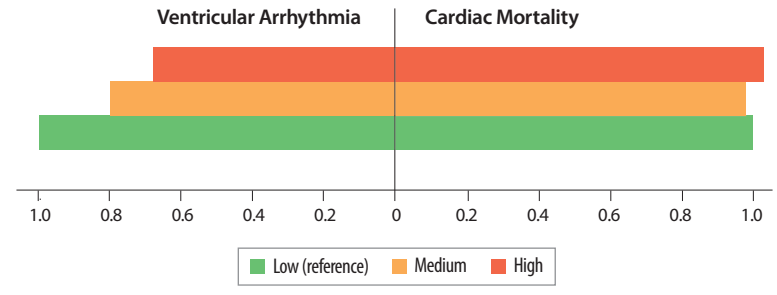
The study was funded by grants from the VA.

The FDA based its citalopram warnings on postmarketing reports of QT prolongation in patients taking the medication and an unpublished study in 119 volunteers that showed an 8.5-millisecond and 18.5-millisecond increase in QT interval associated with daily citalopram doses of 20 mg and 60 mg, respectively. The agency also analyzed a QT study on escitalopram, an S-isomer of citalopram, and concluded that no dose restriction was needed for the isomer, because the QT prolongations associated with 10 mg and 30 mg escitalopram (4.5 and 10.7 milliseconds) were smaller than those associated with 20 mg and 60 mg citalopram. PN

An abstract of "Evaluation of the FDA Warning Against Prescribing Citalopram at Doses Exceeding 40 mg" is posted at http://ajp.psychiatryonline.org/article.aspx?articleID=1685280. The FDA warning is posted at http://www.fda.gov/drugs/drugsafety/ucm297391.htm.

Link Not Found Between Mortality, High-Dose Citalopram

The bars below represent the relative likelihood of ventricular arrhythmia and cardiac mortality in depression patients treated with citalopram at low dose (1-20 mg daily), medium dose (21-40 mg daily), and high dose (>40 mg).



Source: Kara Zivin, Ph.D., *American Journal of Psychiatry*, June 2013

Expert Calls for Judicious Treatment Of Psychotic Disorders in Elderly

Psychotic symptoms in the elderly can be severe, causing disruption in functioning for the patients and for others.

BY LESLIE SINCLAIR

"Some delusions deserve pharmacotherapy, and some do not," said George Grossberg, M.D., about the use of antipsychotic medications in patients with dementia. Grossberg spoke at the session "Advances in Geriatric Psychopharmacology" at APA's 2013 annual meeting in San Francisco in May. He is the Samuel W. Fordyce Professor of Psychiatry and director of geriatric psychiatry at Saint Louis University School of Medicine. He has spent much of his career furthering the understanding of behavioral symptoms in Alzheimer's disease and other neurocognitive disorders.

In his presentation on psychotic disorders in the elderly, Grossberg addressed the nature and treatment of delusions that occur as part of the psychosis of Alzheimer's disease and those that occur in non-Alzheimer's dementias.

"Most of these delusions are fairly simple," he explained, such as those in which the patient believes he or she is in the wrong home or that those around them are stealing their belongings. Grossberg said these patients often have delusions of misidentification or misperception. The complexity of their delusions decreases with increased cognitive impairment, but some delusions may trigger agitation.

Hallucinations are also associated with dementia, with visual hallucinations being most common, such as those that include people from the patient's past or the presence of animals or intruders. Auditory hallucinations also occur, but are usually simple, such as hearing voices from a deceased relative, and are rarely persecutory, said Grossberg. Patients with advanced dementia may experience visual hallucinations that cause them to reach out to touch imaginary objects. And hallucinations, like delusions, may trigger agitation in some patients.

David Hathcox

George Grossberg, M.D.: "Some delusions deserve pharmacotherapy, and some do not."

In such patients, Grossberg recommends carefully evaluating and treating any underlying medical problems, considering possible offending medications, and identifying environmental and psychosocial triggers that might be able to be altered for the patient.

When considering treatment with antipsychotics for patients who do not respond to such nonpharmacologic measures, Grossberg recommended discussing the risks and benefits of using antipsychotics in dementia with the patient's family, if possible, and documenting that conversation.

"We have to ask ourselves whether a patient's delusions are disabling, do they pose a safety risk, or do they cause severe emotional distress?" he said, noting that the goal of antipsychotic therapy in these

see **Elderly** on page 15

Eating Disorders May Pose Greater Risk in Type 1 Diabetes

Clinicians must discern whether poor diabetic control is just that, or something more troubling in patients with type 1 diabetes.

BY LESLIE SINCLAIR

When treating patients with type 1 diabetes (DM-1), clinicians often focus on the potential for microvascular and macrovascular complications, such as retinopathy and cardiovascular disease. But many DM-1 patients are at much greater risk for a different complication: an eating disorder.

DM-1 is among the most common chronic illnesses of childhood, with a prevalence of 0.1 percent in the general population, affecting both genders equally. "The highest risk for an eating disorder appears when patients are diagnosed with DM-1 between ages 7 and 18 years," explained Erin Sterenson, M.D., a psychosomatic medicine fellow at the Mayo Clinic in Rochester, Minn., who led the Academy of Psychosomatic Medicine's seminar "Eating Disorders Through the Lifespan" at APA's 2013 annual meeting in San Francisco in May.

Sterenson explained that although the prevalence of anorexia nervosa in DM-1 patients is thought to be equal to that in non-DM-1 patients—which she noted are between 0 percent and 3.2 percent—the prevalence of bulimia nervosa is much higher, up to 35 percent compared with 1 percent to 2 percent in the general population.

DM-1 patients with disordered eating, informally known as diabulimia, have an unusual and potentially dangerous method for purging calories at their disposal: insulin restriction or omission. When insulin is underdosed in these patients, muscle and fat are broken down into ketone bodies, sugar is unable to enter cells and be used for energy, and sugar (calories) is purged via urination, resulting in weight loss.

How common are eating disorders in DM-1 patients? Sterenson pointed out that studies suggest DM-1 patients are two to four times more likely to experience an eating disorder than are nondiabetics. Consistent with other forms of eating disorders, 95 percent of DM-1 patients with eating disorders are female, and 45 percent are aged 15 and 30.

Rates of insulin omission also appear to peak between the ages of 15 and 30 in diabulimic patients. But detecting an eating disorder in a DM-1 patient can be challenging, Sterenson said. There are many legitimate reasons why DM-1 patients might restrict their insulin intake, such as simply forgetting to dose themselves. Fear of hypoglycemia and its social implications, uncertainty about carbohydrate counts, increased physical activity, and limited access to food or medical supplies in certain settings can also result in insulin restriction.

Dmitry Lobanov/Shutterstock

Routine methods for monitoring and controlling blood glucose levels can be mistaken for signs of an eating disorder in DM-1 patients.

Identifying DM-1 patients with eating disorders is made even more complicated by the lack of a validated screening tool. Tools designed for non-DM-1 patients can be misleading. "The general screening tools often ask questions that most of our patients with DM-1 are encouraged to incorporate into their daily life, such as being aware of calorie content and carbohydrate content," said Sterenson. "On the other hand, these screening measures don't evaluate patients for insulin omission or underdosing."

Normal aspects of management of DM-1 can also create risk factors for an eating disorder. Dietary restraint and preoccupation with food, disregard for hunger and satiety cues, perceived and actual loss of control and independence, and a focus on exercise are all aspects of daily management of DM-1, as well as potential triggers for an eating disorder.

But there are signs and symptoms that should raise a clinician's "index of suspicion" for an eating disorder in a DM-1 patient, Sterenson emphasized, including extreme concerns about body shape or weight, intense exercise regimens, and low-calorie meal plans. Unexplained elevations in HbA1c, repeated episodes of diabetic ketoacidosis, and resistance to treating hypoglycemia should also be investigated.

And while detection of an eating disorder in a DM-1 patient can be tricky, treatment and prevention are even more complicated, she noted. Psychotherapy, assessment and treatment of psychiatric comorbidities, and less-intensive dietary management are some appropriate approaches, but little information about the effectiveness of any specific treatment is available, and Sterenson stressed the need for greater focus on evaluating and treating diabulimic patients. "For many DM-1 patients, eating disorders present a much greater risk than the microvascular and macrovascular complications on which we so often focus," she said. PN

To watch a video interview of Sterenson, scan the QR code at left or go to http://www.youtube.com/watch?v=eAW5wqDxeyE.

PHOTO FUN/Shutterstock

The bite of an *Ixodes* tick can potentially lead to a host of neuropsychiatric symptoms.

Case Shows How Lyme Disease Can Mimic New-Onset Panic Disorder

Neuropsychiatric symptoms are commonly misdiagnosed, and delayed treatment for the real cause can lead to long-lasting impairment.

BY LESLIE SINCLAIR

Syphilis, caused by the spirochete bacterium *Treponema pallidum*, has been called the "great imitator" because of its ability to affect numerous systems and confusion with other diseases. At a workshop at APA's 2013 annual meeting titled "Medical Conditions Mimicking Psychiatric Disorders Versus Psychiatric Disorders Mimicking Medical Conditions: Diagnostic and Treatment Challenges," presenter Yu Dong, M.D., Ph.D., a psychiatry resident at Baystate Medical Center in Springfield, Mass., detailed the case of another spirochetal imitator: *Borrelia burgdorferi*, the Lyme disease bacterium.

Dong shared with a packed room the case of a 19-year-old female college sophomore who suffered neuropsychiatric manifestations of early-stage Lyme disease. The patient experienced sustained panic attacks lasting for hours at a time and severely disturbed sleep, and she described a "brain fog" that caused difficulty with concentration and memory and left her feeling detached from reality. She also experienced "stroke-like" symptoms that included blurred vision, facial tingling, and left-sided body numbness. Despite the occurrence of these symptoms within a month after she was exposed to a tick at a baseball field in May 2012, the patient had four negative Lyme test (ELISA) results.

Her symptoms continued for several months, as she was given a cardiac workup, which was negative, and a neurologic workup including head CT and MRI of the cervical spine. Results of the neurologic workup—intended to

*see **Lyme Disease** on facing page*

Review Finds 2007 OCD Guideline 'Substantially Correct and Current'

There are new rating scales in the APA practice guideline that clinicians can use, and augmentation strategies have better evidence than was available in 2007.

BY MARK MORAN

APA's 2007 practice guideline on obsessive-compulsive disorder (OCD) remains substantially correct and current in its recommendations, according to a new guideline "watch."

More data are available regarding rates of response to some interventions, new rating scales have been developed, and preliminary studies suggest additional treatments or modes of delivery that deserve further study, according to the guideline watch.

The guideline watch was written by Lorrin Koran, M.D., and H. Blair Simpson, M.D., Ph.D., who were members of the APA work group that developed the 2007 guideline.

Guideline watches summarize significant developments in practice that have occurred since publication of an APA practice guideline. Watches may be written and reviewed by experts associated with the original guideline development and are approved for publication by APA's Executive Committee on Practice Guidelines. Thus, watches represent the opinion of the authors and approval of the Executive Committee, but are not APA policy.

"We reviewed 236 articles selected from more than 900 possibly relevant ones selected by APA staff, and after review of those articles, we concluded that the guideline written in 2007 remains substantially correct and current," Koran told *Psychiatric News*. "Some recommendations in the original guideline now have stronger evidence, and there are some new rating scales and new ways of delivering services."

The guideline watch provides a review of issues in psychiatric management, acute-phase treatment, and discontinuation of active treatment.

Under psychiatric management, the guideline notes that two new self-report questionnaires for OCD are available. The Florida Obsessive-Compulsive Inventory includes a symptom checklist and a severity scale and has high internal consistency and high correlation with scores on the clinician-rated Yale-Brown Obsessive-Compulsive Scale (Y-BOCS). The Obsessive-Compulsive Inventory–Revised (OCI-R), an 18-item, validated self-report scale for quantifying levels of distress associated with six OCD symptom subtypes, may be appropriate for both clinical and research purposes, according to the watch.

Although the original Y-BOCS remains a valid tool, the scale was recently revised; the Likert rating scale for each item has been expanded from five points (0–4) to six points (0–5), the Resistance to Obsessions item was deleted, and the Severity Scale item and scoring were revised to integrate avoidance behaviors.

Regarding treatment, there have been some intriguing new developments. Koran noted that encouraging behavior change now appears to be an important part of psychopharmacologic treatment, as opposed to just prescribing medicine. "Compulsions are done to either reduce anxiety or prevent some imagined bad thing from happening," he said. "So people will compulsively check the stove because they believe the house might otherwise burn down. A recent study suggests that encouraging patients to resist doing their compulsions and thereby find out that their fears are irrational and that their anxiety and distress will go away of their own accord actually helps in conjunction with medication."

Koran said the first-line treatments continue to be cognitive-behavioral therapy (CBT) or an SRI medication. And within CBT, the evidence continues to be strongest for exposure and response prevention (ERP) therapy.

Some augmentation therapies, such as adding ERP to medication or vice versa, now have stronger evidence, as does the addition of dextroamphetamine or topiramate to an SSRI. However, evidence for the efficacy of the addition of quetiapine or risperidone as adjunctive treatments now appears to be more mixed, and evidence for transcranial magnetic stimulation is equivocal.

Koran noted that recent literature indicates that comorbid PTSD does not lead to a poorer response to either ERP or medication. But comorbid social phobia was associated with worse outcome for either CBT or fluoxetine treatment. "This suggests that if a patient has social phobia, that condition has to be closely attended to in order to successfully treat the OCD," Koran said.

The guideline watch concludes with a note about the future and the need for more research. "Clinicians can help in the discovery of the means to reduce suffering by searching for local, well-designed, and ethically approved studies and encouraging patients to look into such studies and participate," the guideline watch states. "A helpful Web site is clinicaltrials.gov, a federally sponsored, searchable database designed to provide patients, family members, and the public with information about ongoing clinical trials."

Koran said, "We still need more effective treatments, and we still need clinically useful predictors of response and indicators of which augmentation strategy would be effective for a particular patient. We also need longer-term studies of medication augmentation strategies, because almost all of them have been for only six or 12 weeks."

He added, "OCD is clearly treatable, and patients should be encouraged to pursue sequential trials if the first treatment doesn't work, because later treatments are quite likely to be beneficial." PN

The guideline watch is posted at http://psychiatryonline.org/content.aspx?bookid=28&sectionid=40634994.

Lyme Disease

continued from facing page

assess whether she might be experiencing a viral CNS infection or atypical migraine—were negative as well. In September, she experienced joint pain and swelling. In December, six months after her symptoms had begun, a Lyme disease specialist performed a Western blot test, finding her positive for three out of 10 bands, and she was finally diagnosed with Lyme disease.

Treatment was begun, but the patient's medical odyssey was not yet over.

Despite treatment, her symptoms worsened, with more frequent panic attacks and nighttime awakening attributed to Herxheimer reaction. A Herxheimer reaction is worsening of symptoms during the first few days of antibiotic treatment, presumably due to an inflammatory response to spirochetal lysis and antigen release, explained Dong, who noted that such a reaction can be quite prolonged in cases of Lyme disease.

"Patients who are treated with appropriate antibiotics in the early stages of Lyme disease usually recover rapidly and completely," Dong noted, "but antibiotic treatment may be less effective in the late stages of illness," making rapid diagnosis imperative to prevent long-term consequences for the patient. Treatment in the late or chronic stage is difficult due to sequestration of the spirochete, especially in the CNS. Untreated infection leads to recurrence of fluctuations of symptoms, triggering specific or nonspecific immunologic responses that can become multisystem symptoms. Neuropsychiatric symptoms may become permanent and irreversible, either from the direct effect of the spirochete in the CNS or from a secondary immune response.

Dong said Lyme disease is just one of several medical conditions that can mimic panic disorder—myocardial infarction, cardiac dysrhythmia, asthma, hyperthyroidism, pheochromocytoma, and seizure disorder are some of the others.

Lyme disease can be easily missed as a diagnosis because a patient may not have a history of tick exposure or experience the characteristic skin rash, and the multisystem nature of the disease can lead to multiple diagnoses for the patient's symptoms. Latent asymptomatic infection with *Borrelia burgdorferi* can also last years before symptoms of late infection appear. When Lyme disease is suspected, two-tiered testing (ELISA and Western blot) is recommended, and "most literature recommends clinical diagnosis regardless of serology findings," said Dong. PN

Elderly

continued from page 13

aging patients must be to minimize their agitation and distress and decrease behaviors that could be dangerous to themselves or others.

"We don't want to be too liberal in prescribing these medications," said Grossberg, who also discussed the implications of recent efforts to address the use of antipsychotics in elderly patients through federal regulation. "We want to be sure in this older, vulnerable audience that the indications are proper, and the psychotic symptoms are really disabling. On the other hand, we don't want to deny [treatment for] individuals who could dramatically benefit from these medications. It's important for us to better understand the nature of behavioral symptoms in Alzheimer's disease and related disorders and to understand the nonpharmacologic treatment options that are available, but also to appreciate what appropriate pharmacological treatment can do for these patients." PN

To watch a video interview of Grossberg, scan the QR code at left or go to http://www.youtube.com/watch?v=F5EqXaNn-bY.

Can Neuroscience Explain What Occurs in Addiction Recovery?

Findings from functional magnetic imaging of the brain point to a neurobiological understanding of the "spiritual awakening" that many people recovering from alcoholism report from participation in AA.

BY MARK MORAN

Participation in Alcoholics Anonymous (AA), the 12-step program of recovery from alcoholism developed more than 60 years ago, works on the neurocircuitry of addiction in ways that might be elucidated by cognitive and brain-imaging studies.

That's what Marc Galanter, M.D., a professor of psychiatry at New York University, said in the Oscar Pfister Lecture at APA's 2013 annual meeting in San Francisco in May. In addition to providing evidence that AA achieves success, he discussed ways to understand how participation in AA may act on the neurocircuitry of addiction, particularly with regard to what many successfully recovering alcoholics in AA call a "spiritual awakening."

Galanter said that AA uses many of the psychosocial features that operate in any charismatic membership group: social cohesion through attendance at regular meetings; a belief system embodied in the book *Alcoholics Anonymous*; a behavioral program of action requiring an individual to practice the 12 steps; and an emphasis on cognitive change by altering habits and avoiding "people, places, and things" that serve as triggers for alcohol or drug use.

Galanter said that a feeling of "belonging" is essential to success in AA. "When joining a charismatic group, an individual experiences relief in distress in direct relation to how closely affiliated he or she feels with the group," he noted.

He outlined seminal studies looking at variables associated with successful long-term sobriety. In one 2006 study of 628 alcoholics in the VA system, successful abstinence at 16 years was related to AA attendance but not to the quantity of medical treatment.

Two 2003 studies found that engagement in AA was not associated with prior motivation or religiosity. But interestingly, while spiritual beliefs at baseline did not predict abstinence at three-year follow-up, a "spiritual awakening" by three years was associated with three-times higher abstinence rates.

A survey of physicians in the organization International Doctors in Alcoholics Anonymous (www.idaa.org) found that among those who claimed to have had a "spiritual awakening," 79 percent reported having no craving for alcohol, compared with 59 percent who had not had such an experience. And those who claimed a spiritual awakening had an average of 155 days sober, compared with 83 for those who had not.

Mark Moran

Marc Galanter, M.D., points out that part of AA's success is due to participants' feeling of "belonging" to the group and that participation has neurobiological effects.

So is it possible to understand at a neurobiological level what is happening when someone undergoes a "spiritual awakening"?

Galanter outlined findings from functional magnetic resonance imaging that show brain areas crucial to alcohol and drug use and addiction, as well as to varied cognitive, emotional, and behavioral phenomena crucial to behavior change. These phenomena include "mirroring" (copying behavior of those with whom one is in close interpersonal interaction), empathy, integration of memories, values, storytelling, and the kind of cognitive dissonance that may occur in a person previously without religious or spiritual orientation who suddenly undergoes a spiritual awakening.

*see **Recovery** on facing page*

Social Cognition Is Crucial To Employment in Schizophrenia

Cognitive training calls for "bridging" the skills learned to real-world problems encountered by patients, and that requires the involvement of a clinician who knows the patient well.

BY MARK MORAN

Social cognition—the ability to comprehend and appropriately respond to social interactions—appears to be among the most important variables in achieving successful employment for people with schizophrenia.

In fact, social cognition was found to be more important than basic neurocognition and clinical symptoms, according to a study presented in a poster session at the International Congress on Schizophrenia Research in Orlando, Fla., by Felice Reddy, Ph.D., a postdoctoral fellow in the Department of Psychiatry and Biobehavioral Science at UCLA.

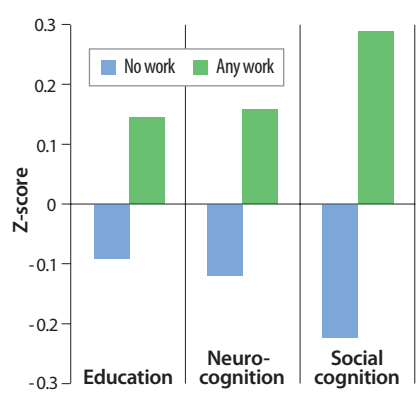
"Social cognition has become increasingly popular over the last 10 years as an important variable in understanding schizophrenia," principal investigator Robert Kern, Ph.D., told *Psychiatric News* in an interview at the congress. "It includes the cognitive abilities and processes involved in understanding human interaction, perceptions of others and their emotions, and what is known as 'theory of mind'—the ability to think about what another individual is thinking, based on cues in the social environment.

"These are abilities that most people take for granted, but in schizophrenia we know now that social cognition is one of the key areas of dysfunction," Kern said. "In the work I have been doing for 10 years, one of the primary aims has been to identify variables that distinguish those who are successful in finding work from those who are not successful.

"In this study, we found that the one variable that distinguished workers from nonworkers was social cognition," said Kern. He is a research professor at UCLA and at the Department of Veterans Affairs VISN22 Mental Illness Research, Education, and Clinical Center in Los Angeles.

Social Cognition Matters

Social cognition is found to be more important than other factors, including clinical symptoms, in getting and keeping work for people with schizophrenia.



Source: Robert Kern, Ph.D.

Kern, Reddy, and colleagues analyzed data on 74 veterans (68 men, six women) who met SCID-based *DSM-IV* criteria for schizophrenia or schizoaffective disorder and were enrolled in the Greater Los Angeles VA Healthcare Center's supported-employment program.

Following their enrollment in the supported-employment program and signing informed consent for participation in the study, veterans received a baseline clinical and neurocognitive assessment using the MATRICS Consensus Cognitive Battery (MCCB). The MCCB is a battery of cognitive assessments developed by the Measurement and Treatment Research to Improve Cognition in Schizophrenia, a UCLA project funded by the National Institute of Mental Health, one goal of which is to standardize protocols for studying cognition.

Veterans then worked with their employment specialist to attain a community-based job or enrollment in an educational program if that was their choice.

Researchers were trying to learn what the determinants of employ-

*see **Employment** on page 20*

RESIDENTS' FORUM

Annual Meeting Was Most User-Friendly for MITs

BY ERIK VANDERLIP, M.D.

If you had the privilege of attending the APA annual meeting in San Francisco in May, I hope you were able to enjoy at least some of the flurry of events targeted to residents and fellows each day of the meeting. The annual meeting is the largest gathering of psychiatrists in the world, and the turnout this year in San Francisco was enormous.

Because of its sheer size and scope, however, the meeting can be daunting for first-time attendees. What session to attend and when? Where are the other residents and fellows?

APA's member-in-training (MIT) leadership worked extensively behind the scenes over the past year to address these challenges and make the meeting as user-friendly for residents as possible. As a result, I can confidently state that this meeting was a resounding success!

Learning from fragmented experiences in Philadelphia in 2012, we wanted to create a meeting experience that was member-centered and personable.

This idea came to fruition in the MIT Center, a centrally located room within the convention center that provided consistent MIT-focused programming sessions as well as a place to rest and socialize between sessions.

The MIT Center also housed literature on subspecialty programs and career opportunities from allied organizations and an on-call schedule of volunteer mentors from subspecialty groups who were available to meet with MITs interested in their area of expertise.

We hope to advance the MIT Center next year by potentially removing the programming and placing it at a location in the Exhibit Hall to make it more accessible and to promote a more casual atmosphere for MITs to congregate. Feedback on this suggestion is welcome!

All residents and fellows attending the meeting also had the opportunity to join the shared Facebook group that highlighted resident and fellow scholarly work as well as a unified social-events calendar. Ad lib mentoring was also available for members of the Facebook group. In many ways, it was the MIT home over the course of the meeting. More than 400 residents signed up, receiving real-time information on opportunities for career development and networking spanning the breadth of the meeting. Jake Behrens, a PGY-4 at the University of Wisconsin and head of the Assembly Committee of Members-in-Training, deserves enormous credit for his behind-the-scenes work managing the Facebook outreach—an integral part of what made the meeting come together for many in attendance this year.

The Facebook group was an instrumental platform for social networking. Stellar residents from the University of California, San Francisco (UCSF), went above and beyond the call of duty in arranging nightly social events at several local attractions, often with discounts for attendance at nearby hangouts. The venues were always packed with MITs and allowed for the unique collaborations that can occur only when everyone relaxes in a welcoming social environment. The UCSF residents set a new bar for host-city MITs that we can only hope to replicate next year in New York.

Finally, our outgoing member-In-training trustee, Alik Widge, organized a wonderful MIT Caucus reception at a nearby restaurant where residents and fellows got to meet our incoming medical director, Saul Levin, and learn how the APA leadership is addressing the needs of the Association's resident members. Additionally, residents and fellows who managed to pull themselves out of bed early Monday morning had the privilege of meeting with psychiatrist Jeremy Lazarus, the president of the AMA, and other prominent national leaders around intimate continental-style breakfasts to discuss career development and leadership.

All of these opportunities were in addition to the amazing scientific programming APA always offers at the annual meeting. As we gather feedback on this year's meeting, we hope to further refine the services we provide to make it a must-attend event for residents and fellows at least once in their training, so they can be part of the richness and vitality that is our professional organization.

Attending these meetings offers us a complementary education in career development and networking that's sometimes hard to come by during training. Thanks to all who helped to make the meeting the best yet, and I look forward to the beginning of an amazing year serving as the resident-fellow trustee on the Board. PN

Erik Vanderlip, M.D., is a second-year fellow in psychiatry health services research at the University of Washington and the member-in-training trustee on the APA Board of Trustees.

Recovery

continued from facing page

For example, it appears that the hippocampus and dorsolateral prefrontal cortex are key to the acquisition, integration, and retrieval of memories, which may be crucial to communication of one's own story of addiction in meetings. Some studies suggest that self-disclosure of the kind that occurs in AA meetings when one has a strong sense of belonging may be intrinsically rewarding by activating areas of the mesolimbic dopamine system.

And profound attitude changes may be predicted by activity in the dorsal anterior cingulate cortex and the anterior insula.

In an interview with *Psychiatric News*, Galanter emphasized that the religious or spiritual dimension of AA and other 12-step programs should not dissuade clinicians from referring patients to AA.

"Successful improvement with participation in AA is not correlated with religiosity at the outset or with greater motivation," Galanter explained. "So clinicians shouldn't have to be concerned [about referring] their patients who are not religious or highly motivated. In fact, the best outcomes are associated with greater severity."

He added that the ubiquitous nature of AA makes it a logical adjunct to medical treatment for a condition that is chronic. "There are over 1 million AA members and 100,000 groups, so it's a resource that is readily available at any time of the day. Since we have long established that addiction is a chronic illness that is subject to relapse, and since people cannot stay in treatment continuously, we need resources that are not costly and that are viable for the long term."

He urged clinicians to familiarize themselves with 12-step programs by attending designated meetings that are not "closed" to anyone who does not identify as an alcoholic or addict. "Anyone treating people with any substance abuse problem should themselves have gone to some open AA meetings to get a better idea of what it is like," Galanter said. "But fewer have had that experience than one would think relative to the benefits, so I would recommend this to our [APA] members." PN

To listen to an audio interview with Galanter, go to http://paracom.paramount-communication.com/ct/12800973:15686324905:m:1:339349070:1ADC8437344F29A118303AA5641203CB:r.

Autism

continued from page 12

genesis. Advanced parental age shows an epidemiological relationship, increasing risk threefold from ages 20 to 50. Assortive mating may play a role. Prenatal folic acid supplementation appears to decrease risk.

Unknown aspects of life in the modern world may also play a role, just as the "hygiene hypothesis" appears to influence incidence of asthma, said Geschwind. "Whatever the environmental factor or factors, it must be fairly common around the world."

Yet another line of attack makes use of systems biology. Advanced mathematical tools help researchers look not at genes alone but at network function and structure. One such study has found 17 modules—high-traffic locations analogous to airline hubs—that go up and down in brain development. Two modules contained rare genome variants and were up-regulated starting at 10 to 12 weeks in gestation and remained up through mid-fetal development.

"This is the period encompassing cortical development, covering the birth and fate of cortical projection neurons," he said. Three other modules corresponded to synaptic development and function. These modules were not enriched in the siblings of autism patients, and intellectual disability genes were randomly distributed across the modules, suggesting a pattern specific to autism.

"Despite etiological heterogeneity, transcriptional profiling and integrative genomic analyses suggest common pathways on which we can capitalize genomic findings to create in vitro and in vivo models and use systems biology approaches to identify potential convergent molecular pathways," said Geschwind. "We hope that knowing the mechanisms will lead us to biological pathways and thus to treatments." PN

APA MEETINGS

New Formats, New Courses Make IPS A Can't-Miss Experience

Integrating psychiatric and primary care will be a major focus of sessions at this fall's Institute on Psychiatric Services, which will be held in Philadelphia, the city in which APA was born.

BY ALTHA STEWART, M.D.

It is my pleasure to invite you to the 2013 Institute on Psychiatric Services (IPS), which is being held October 10 to 13 in Philadelphia. This year's meeting, whose theme is "Transforming Psychiatric Practice, Reforming Health Care Delivery," will be innovative, diverse, comprehensive, and professionally fulfilling.

Altha Stewart, M.D., is chair of the Scientific Program Committee of the Institute on Psychiatric Services. She is also project director for Just Care Family Network, Memphis's federally funded System of Care initiative for children with serious emotional disorders.

The IPS has become a "must attend" professional meeting, attracting an international audience yet still maintaining a community and public mental health focus. Attendees this year will be able to select from many high-quality scientific sessions related to the meeting's theme, including the expanding field of integrated care and its impact on the future of psychiatry and psychiatric practice, the movement of the Affordable Care Act toward full implementation, homelessness, and veterans' issues, to name just a few.

Additionally, the institute is an excellent one-stop resource for those who need to satisfy professional CME or Maintenance of Certification requirements, and, as always, there will be ample opportunities for attendees to network with experts, colleagues, advocates, and peers.

More than 100 workshops, lectures, symposia, innovative programs, and forums are planned, as well as half- and full-day seminars and courses. Some of the more popular courses from previous meetings will again be offered to assist attendees in mastering important new material in depth and will cover diverse issues including primary care skills for psychiatrists and psychopharmacology. And in keeping with the recent changes in our field, we are pleased to add to the program new courses in CPT coding and *DSM-5*.

This year's IPS will offer these other exciting features:

*see **IPS** on facing page*

Give an Hour

continued from page 1

organizations, and help with referrals," van Dahlen told *Psychiatric News*. "Not all veterans have pathology, but all are affected in some way by war, and with our help can make a good transition home."

The conference, designed to inform current and future mental health practitioners about the challenges facing troops returning from war and ways to help them, was held at New York-Presbyterian/Columbia University Medical Center.

Obstacles Need to Be Confronted

Clinicians will have to overcome several obstacles to providing care for the program's target population, Annelle Primm, M.D., M.P.H., told attendees.

"Stigma is not limited to military or veterans communities, but in a culture of stoicism and strength, it is hard to come forward and admit needing help," said Primm, APA's deputy medical director and director of its Office of Minority and National Affairs. "Psychiatrists and other mental health professionals must always be knowledgeable about the cultures from which people come. So we must ask patients about their military or veteran status to help develop a person-centered approach to care."

An understanding of the underlying neuroscience of mental illness and brain disorders also is needed to manage diagnosis and care, said Bruce McEwen, Ph.D., a professor at Rockefeller University in New York.

"Repeated stress experiences affect the adult brain in different ways," said McEwen. "Neurons in the hippocampus shrink and become less efficient in communicating information, while neurons in parts of the amygdala involved in anxiety and fear grow and become more functionally connected as part of the same stress."

With treatment, however, these brain changes are reversible in many patients, said McEwen. The amygdala of a person with chronic anxiety who responds to a mindfulness-based stress-reduction program can grow smaller with successful treatment, showing that behavior can change the brain.

TBI Assessment Is Crucial

Traumatic brain injuries (TBI), all too frequent in the conflicts in Iraq and Afghanistan, are both a matter for concern in themselves and a potential obstacle to care, said John Corrigan, Ph.D., a professor and director of the Division of Rehabilitation Psychology in the Department of Physical Medicine and Rehabilitation at Ohio State University Medical Center in Columbus.

"There are high levels of TBI in both civilian and military populations so we always have to ask if the patient has had a TBI, the extent of the injury, when was the age of the first TBI, what was the worst one, and if they have experienced more than one," he said.

Lloyd Wolf

National Guard Director Lt. Gen. William Ingram Jr. (left) and Barbara van Dahlen, Ph.D., founder of Give an Hour, shake hands after signing an agreement to extend care by volunteer mental health professionals to returning troops and their families.

The cognitive load of therapy itself was yet another consideration. Patients entering therapy have to learn a new vocabulary—the vocabulary of treatment—and since attention, learning, and memory problems are typical following a TBI, they may need special accommodation, said Corrigan. Being late for an appointment may be a symptom, not a "lack of motivation," so therapists may have to introduce more structure into treatment planning and sessions.

"Understanding cognitive load has to become part of all behavioral health care from here on out," said Corrigan. "When it does, we will all better serve our service members."

Psychiatrist and retired Army Col. Charles Hoge, M.D., a researcher at the Walter Reed Army Institute of Research, pointed out the irony of posttraumatic stress disorder (PTSD).

"Each symptom of PTSD has adaptive value," he said. "Hypervigilance is highly useful in combat, and emotional numbing reduces distraction on the battlefield. But they all have negative effects when the soldier comes home."

Another—and sadder—irony is that while PTSD treatment has a 70 percent to 80 percent success rate if completed, half of the military members who could be diagnosed with the disorder do not enter treatment at all, and half of those who begin treatment drop out, he said.

Life circumstances, job changes, stigma, a belief in self-reliance, and negative prior encounters with the health care or mental health systems lead to those drop-outs.

"Reluctance to speak is a constant, yet narration is the most important part of the healing process," said Hoge. "People need more than just manualized therapeutic templates, and dialogue in the supervision process can help practitioners." PN

Lloyd Wolf

Panelists at the Give an Hour "Celebration of Service" conference in New York included Annelle Primm, M.D., M.P.H. (left), APA's deputy medical director and director of its Office of Minority and National Affairs; and Jeane Anastas, Ph.D., of New York University and president of the National Association of Social Workers.

More information about Give an Hour is posted at http://www.giveanhour.org.

APA MEETINGS

IPS

continued from facing page

- A new format—invited seminars—will provide up-to-date information in areas of special interest to the meeting's diverse attendees, including HIV management in psychiatric disorders, career paths for IMGs, clinical work with people who are homeless, buprenorphine training, integration of primary care and behavioral health, neuropsychosocial mechanisms underlying racist and sexist events in our daily practice, and finding the ideal job in psychiatry.

- An "un-debate" led by Pennsylvania consumer advocate Joseph Rogers.

- A special session commemorating a half-century of community mental health featuring, among others, pioneers John Talbott, M.D., and Paul Fink, M.D.

- A behavioral health and primary care integration track encompassing multiple sessions in which psychiatrists, behavioral health professionals, and primary care providers will discuss their different clinical perspectives and how we can more effectively collaborate in providing care to our mutual patients.

- Sessions on culturally appropriate assessment, the impact of health care reform on the mental health of diverse and underserved populations, suicide screening and response in general hospitals, as well as racial stress, coping, and socialization in black families, will be offered as part of the 10-year tradition of the APA Office of Minority and National Affair's OMNA on Tour series.

- The Opening Session keynote address will be delivered by Estelle Richman, a nationally recognized expert on behavioral health and children's services, a pioneer in creating consumer-driven and consumer-friendly mental health services, an advocate for the integration of funding for behavioral health systems, and a recipient of the Harvard University Kennedy School of Government's Innovation Award for the redesign of the Philadelphia behavioral health system.

Among this year's lecturers are SAMHSA Administrator Pamela Hyde, J.D.; prominent community psychiatrists Mark Ragins, M.D., David Pollack, M.D., and Lisa Dixon, M.D.; Ezra Susser, M.D., who will discuss global community mental health; Howard Goldman, M.D., who will discuss health care reform and psychiatric services; colleagues from the psychiatric administration and research arenas, including Raquel Gur, M.D., Ph.D., who will discuss the detection and intervention of psychosis-prone youth, and Arthur Evans, M.D., who will discuss models of health reform and financing; and Fran Silvestri, M.B.A., who will discuss leadership and knowledge exchange in transforming mental health services.

Come participate in what promises to be a vibrant educational exchange at APA's 2013 IPS and enjoy the cultural and historic offerings of Philadelphia—the city where APA was founded and is considered by many to be the birthplace of American psychiatry! PN

The IPS will be held at the Marriott Philadelphia Downtown. Register now and save on fees. More information, including online registration, can be accessed at http://www.psychiatry.org/learn/institute-on-psychiatric-services.

From the President

continued from page 3

no question about the sincerity of the administration, but worried whether it had the political "bandwidth" and will to actively engage in an ambitious effort on mental health. After all, the way we were brought together, rather hurriedly, led some to expect a major policy announcement—either about the final rule on mental health parity or a new government initiative. Instead, we got more of a series of brilliant and high-powered pep talks, encouragement without enough real promises of action.

Nonetheless, I am going to take this White House conference as a very positive first step, one we need to encourage and help turn into ambitious action. I am also going to remain hopeful about the final mental health parity rule. At the same time, APA needs to monitor developments and be prepared to be proactive if they falter or come up short (see page 1). APA's Department of Government Relations and our other relevant staff and elected or appointed leaders stand ready to inform and influence the political process. If we want the government to "do the right thing," we need to help the government understand what the right thing is and realize that the President Obama and Congress can't do this alone. We, too, have to "do the right thing" for our patients and our profession. We must come to the table willing to demand parity and an end to stigma, but we must also be active partners in improving quality and efficiency of care. PN

***The Icahn School of Medicine at Mount Sinai's** affiliation with **Elmhurst Hospital Center**, serving the culturally diverse community of Western Queens, seeks Full-Time BC/BE Psychiatrists to join its world-class faculty in the Behavioral Health Department.*

Icahn School of Medicine at **Mount Sinai**

Full-Time/Part-Time Outpatient Psychiatrist
BC/BE Psychiatrists to provide psychiatric evaluation and treatment in an outpatient clinic. Provide direct patient care, supervision of psychiatric residents and medical students. Work as part of multi-disciplinary team. Spanish and Korean speaking are strongly encouraged to apply.

Part-Time Chemical Dependency
BC/BE Psychiatrist to provide psychiatric evaluation and treatment to dually diagnosed patient population in outpatient chemical dependency program. May be combined with part-time position in outpatient psychiatric clinic. Provide direct patient care and supervision to residents and medical students. Candidate should have experience with methadone maintenance, buprenorphine, and other related therapies.

Full-Time Attending Adult Inpatient Unit
BC/BE Psychiatrists to provide assessment and treatment on an adult general psychiatry inpatient unit. Provide clinical leadership of multidisciplinary treatment team. Teaching opportunities with psychiatric residents and medical students are available.

Full-Time Consultation-Liaison Psychiatrist
BC/BE Psychiatrist to work with a consultation team to provide consultation, assessment, and treatment to psychiatric patients on a general hospital service. Provide supervision to residents, medical students and other trainees.

We provide a full range of psychiatric services including but not limited to: Ambulatory Adult and Child Mental Health programs, Acute Inpatient services, Psychiatric Emergency services, Mobile Crisis Unit, ACT teams and consultative services. We also provide opportunities for teaching residents/medical students as part of our ACGME approved residency programs. Opportunities for research are available. Additionally, we offer faculty appointment at the Icahn School of Medicine at Mount Sinai commensurate with credentials, experience and qualifications.

All positions require New York State License to practice medicine and DEA. Please send CV, along with a brief description of career interests and goals to: **Howard Gould, M.D., Deputy Director of Psychiatry, Elmhurst Hospital Center, 79-01 Broadway, Rm. D10-34, Elmhurst, NY 11373. Phone: 718-334-3556, Fax: 718-334-2642, E-mail: gouldh@nychhc.org.**

The Mount Sinai Medical Center is an equal opportunity/affirmative action employer. We recognize the power and importance of a diverse employee population and strongly encourage applicants with various experiences and backgrounds. Mount Sinai Medical Center- An EEO/AA Employer M/F/D/V

Kohrt

continued from page 9

and carnage and with many of its citizens suffering from PTSD. Building upon two decades of efforts to foster peace and democracy in Liberia, the Carter Center, headquartered in Atlanta, launched a five-year initiative in 2010 to help the Liberian government create a sustainable mental health system. The initiative includes policy implementation and service delivery, training and capacity building, advocacy, anti-stigma programs, and research.

Kohrt had "the good fortune," he says, of being at Emory University in Atlanta in 2008 and 2009, when the initiative was being designed, and was able to participate in that process. "And since 2010, I have been going back and forth to Liberia, working primarily in the area of researching programs to reduce stigma, but also to support family involvement in mental health care and recovery."

For instance, mental illness is highly stigmatized in Liberia, he points out. Many Liberians believe that mental illness is caused by witchcraft and could be contagious. In 2011, Kohrt and his colleagues attempted to reduce such stigma by using radio campaigns, bumper stickers, and various other awareness-raising activities. The results were disappointing but highly informative about the limitations of using standard approaches to stigma reduction. After that, they supported development of advocacy groups of individuals living with mental illness and their family members. These individuals are now an integral part of the antistigma campaigns directed toward specific groups, including police, journalists, and pharmacists. It looks as if this tack is going to be more effective, Kohrt reports.

Dialogue Comes First

Working in Nepal and Liberia has its challenges, Kohrt acknowledges. "Often you are perceived as someone who has a lot of resources at your disposal, which can lead to superficial agreement with whatever ideas you present. So what my colleagues and I do before designing an intervention is attempt to foster dialogue with community leaders, religious leaders, and traditional healers to identify people's needs, concerns, and expectations. And only after we've taken this participatory approach do we design an intervention."

Language has been another challenge, Kohrt points out. He and his collaborators have spent years documenting how emotions, cognitions, and bodily sensations are described in the Nepali language, as well as in Mongolian, Haitian Kreyol, and now Liberian English. Traditionally anthropologists and psychiatrists argued that the division between mind and body is a product of Western thinking. Kohrt and his colleagues have found that this is not the case. Cultures from Asia to Africa to the Caribbean have divisions of the heart, mind, and body that create interesting opportunities for the cultural adaptation of psychotherapy and psychoeducation, Kohrt has found.

Balancing the hurdles, of course, are the rewards that Kohrt receives from his work in Nepal and Liberia. "Working with people in these countries as they develop new research and clinical skills through our collaborations has been very gratifying," he says. "I had the privilege of helping a man recover from mental illness in a remote Himalayan village, and he is now running a project with us."

Work in Uganda May Be on Horizon

Now that Kohrt has completed his education, he is becoming an assistant professor of global health and psychiatry at the Duke Global Health Institute of Duke University and will be conducting more international mental health work in Liberia and Nepal and possibly in Uganda as well.

William McDonald, M.D., director of psychiatry and behavioral sciences at Emory University, has known Kohrt since Kohrt was in medical school. "He is set on a path to make an important impact on mental health care for cross-cultural populations and training for young professionals in cross-cultural mental health," McDonald observes.

Brandon Kohrt, M.D., Ph.D.

Brandon Kohrt, M.D., Ph.D., and Seidu Swaray of the Liberian Association for Psychosocial Services are conducting a needs assessment for the Carter Center in Lofa County, Liberia.

"At this early stage in his career, Dr. Kohrt is already considered a leader in the field of global mental health research," attests James Griffith, M.D., interim chair of psychiatry at George Washington University. "But in addition, he is a remarkably good clinician. His warmth, openness, and absence of pretense enable him to quickly connect with patients. Moreover, the scope of his skills using language and relationship enable him to build alliances with some of the most difficult patients imaginable, who then begin making visible changes in their lives." PN

From 2006 to 2008, Kohrt and a friend made a documentary film about children who served in Nepal's civil war titled "Returned: Child Soldiers of Nepal's Maoist Army." It won the American Anthropological Association's award for best student documentary and has played in several film festivals. Excerpts of the film can be viewed at www.nepaldocumentary.com.

To watch a video interview of Kohrt about his experiences, scan the QR code at left or go to http://youtu.be/BItwpi-fIdkE.

Employment

continued from page 16

ability and work outcome among veterans with schizophrenia were and what relative contributions to employability were made by demographics, symptoms, neurocognition, and social cognition.

Thirty-nine percent of the study participants got competitive jobs or were engaged in transitional work experiences. Of those who obtained work, only 50 percent maintained employment for longer than 10 weeks. An additional 4 percent were enrolled in college courses.

The researchers assessed seven domains tested by the MCCB, and of these, social cognition stood out as the largest predictor of employment or educational enrollment. They then assessed several demographic variables (age, gender, education) as well as symptomatology, neurocognition, and social cognitive abilities as predictors. Although not reaching statistical significance, social cognition was the only variable reflecting a unique contribution to employability.

Kern said that the ability to interact socially, even at a minimal level, is key to maintaining employment. "Employers will say [of a patient], 'Well, he does the work O.K., but I don't really know what's going on with him. He never talks to me or other workers, and during a break he just goes off by himself.' And the patients will say, 'The work is O.K., but I don't really feel comfortable around the other workers, and I definitely don't want to talk to my supervisor.' "

He cited the example of one individual whose car broke down but who was terrified of calling his supervisor to explain; four days went by, he never showed up at work, and he was fired.

Reddy said that while cognitive remediation, and especially social cognition training, is not widely disseminated as a treatment in community practice, clinicians should take note. "It is so important for clinicians and patients to be aware of difficulties with social cognition as a potential obstacle, as well as the usefulness of cognitive remediation or social cognition training in obtaining and maintaining successful employment," she said.

A daylong "satellite" meeting on cognition took place prior to the start of the congress, reflective of the importance of the subject in the schizophrenia research community. And many researchers emphasized the importance of "bridging" cognitive skills training to real-world situations faced by patients, particularly in the workplace. A number of programs have emerged in which cognitive and social cognition training are embedded within supported-work programs.

Kern emphasized the importance to successful bridging strategies of a clinician who knows the patient well. "Cognitive skills training needs to be tied to real work-a-day problems encountered by the patient," he said. "But that's a moving target unless you have someone working with the patient on a regular basis." PN

Emergency Psychiatrist

STONY BROOK MEDICINE

Stony Brook University has established itself as one of America's most dynamic public universities, a center of academic excellence and a leader in health education, patient care and research. Listed among the top 1 percent of all universities in the world by the *Times Higher Education World University Rankings*, Stony Brook is home to more than 24,000 undergraduate, graduate and doctoral students and more than 13,500 faculty and staff, including those employed at Stony Brook Medicine, Long Island's premier academic medical center and teaching hospital. With 597 beds, Stony Brook University Hospital is the region's only tertiary care center and Regional Trauma Center. The University is a member of the prestigious Association of American Universities and co-manager of nearby Brookhaven National Laboratory.

Opportunity in a world-class medical center for a junior or mid-level academic psychiatrist in a vibrant and actively growing Comprehensive Psychiatric Emergency Program at Stony Brook University Hospital. Stony Brook Medicine is undergoing tremendous growth under a new President, Dean and Chair of Psychiatry. Our emergency psychiatry service is expanding into spacious, newly built quarters. We are looking for individuals who welcome the challenge and satisfaction of providing top-notch emergency psychiatric care. Join a diverse, motivated group of clinicians, educators and researchers in enhancing current services. Includes direct clinical responsibilities and supervision of residents, NPs and medical students. Opportunities for clinical research in emergency psychiatry exist.

Stony Brook Health Sciences Tower is located in beautiful Suffolk County on the North Shore of Long Island, approximately 40 miles east of New York City. Stony Brook is a wonderful place to live and raise children, with abundant opportunities for recreation as well as ready access to Manhattan.

Required: MD; Board Eligible/Board Certified in Psychiatry; New York State license eligible. Able to provide cross-coverage, including some evening, night and weekend shifts.

Preferred: Clinical experience in a Comprehensive Psychiatric Emergency Program or other emergency psychiatric setting. Track record of research/teaching experience in Emergency Psychiatry.

To qualify for a senior faculty appointment, the candidate must meet the criteria established by the School of Medicine (School of Medicine's Criteria for Appointment, Promotion and Tenure) for Appointment, Promotion and Tenure.

To apply submit a cover letter and résumé/CV to: Ramin Parsey, MD, PhD, Chair
Department of Psychiatry and Behavioral Science Health Sciences Tower, T-010,
Room 020, Stony Brook University
Stony Brook, NY 11794-8101
Fax #: (631) 444-1560

For a full position description, application procedures or to apply online, visit
www.stonybrook.edu/jobs
(Ref. #: F-7676-13-02-F)

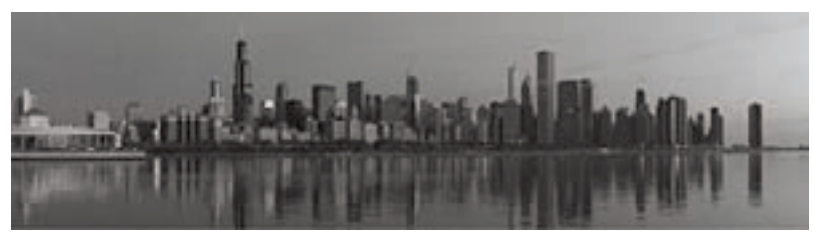
Stony Brook Medicine

Stony Brook University/SUNY is an affirmative action, equal opportunity educator and employer.

9th Congress of the International Neuropsychiatric Association

Treating Neuropsychiatric Illness: A Multidisciplinary Approach

September 25-27, 2013
Congress Plaza Hotel
Chicago, IL, USA



Topics Include:

- Epilepsy
- Vascular Dementia
- Deep Brain Stimulation
- Traumatic Brain Injury
- Management of Stroke
- Neuroimaging

Special Lectures Include:

"Pregnancy and Psychotropic Medications"
Dr. Florence Thibau

"The Incredible Renaissance of Brain Stimulation Methods: Current Status and Future Implications for Neuropsychiatry"
Dr. Mark George

"Neuroscience, Memory and the Law"
Dr. Michael Kopelman

18 CME Credits Available!

EARLY REGISTRATION AND ABSTRACT SUBMISSION END ON AUGUST 1, 2013
www.neuropsychiatrychicago2013.com

Hosted by the International Neuropsychiatric Association and the Neuroscience Institute of the Advocate Christ Medical Center. Sponsorship from the University of Illinois at Chicago, Synergy Behavioral Health, and the Institute for Psychoanalysis

---

PSYCHIATRY FELLOWSHIP IN FORENSIC PSYCHIATRY

The Ohio State University now offers a fellowship in forensic psychiatry. In conjunction with Ohio's only maximum security forensic hospital at Twin Valley Behavioral Healthcare and the world renowned Nationwide Children's Hospital, this fellowship offers specialized training in the intersection of psychiatry and the law. Fellows will have the unique opportunity to be involved in many different aspects of forensic patients' assessment and evaluation. Fellows will aid in evaluation of defendants' competency and sanity at the time of the act both in jail and hospital settings. Treatment opportunities, juvenile evaluations, and civil cases will round out the fellows' experience. Additionally, there are opportunities for interested fellows to become involved in advocacy and policy matters at the state level through the Ohio Department of Mental Health also located in Columbus.

One year appointment, 07/01/14 to 06/30/15:

- ACGME approved fellowship
- 5 day, 40-50 hour/week schedule
- No evening or weekend call
- No typical managed care demands

Interested? Candidates must be board eligible and obtain an unrestricted Ohio medical license.

Send your CV, letter of interest, 2 writing samples and 3 letters of recommendation, including one from your residency training director to:

Delaney Smith, M.D.
Twin Valley Behavioral Healthcare
2200 West Broad St., Columbus, OH, 43223

Deadline for application is 10/01/2013

For additional information contact
Julie Niedermier, MD
at julie.niedermier@osumc.edu or (614) 293-4540

NYU School of Medicine
NYU LANGONE MEDICAL CENTER

ATTENDING PSYCHIATRISTS

Gouverneur Health, an academic affiliate of NYU School of Medicine and Rusk Institute of Rehabilitation Medicine, provides high-quality ambulatory care, behavioral health, sub-acute, rehabilitation medicine and skilled nursing services. We are located in Manhattan's Lower East Side, a diverse and up-and-coming area adjacent to the East Village attracting a new generation of students, artists, and business owners. We are expanding to meet community needs and will soon complete a $200 million modernization project that includes the construction of a new ambulatory care pavilion for our Center for Community Health and Wellness, and the creation of The Residence at Gouverneur Court, a next generation level state-of-the-art health facility with 295 sub-acute, medically complex, rehabilitative and skilled nursing beds.

Our behavioral health service, the largest outpatient mental health network serving the multiethnic LES community, is seeking highly motivated board eligible or board certified adult and child psychiatrists to work in our multi-discipline outpatient services. Psychiatrists will work as part of an interdisciplinary team and are responsible for medication management, consultations and some intake evaluations. There is a strong emphasis on the integration of medical and mental health services provided on site.

Positions are available in our Asian BiCultural, Adult, Child & Adolescent and Consultation Liaison programs. Bilingual Spanish or Chinese speaking a plus. Candidates are eligible for academic appointment at the NYU School of Medicine. We offer a competitive salary and benefits package. Please e-mail resume with a brief cover letter to: **David Nardacci, M.D. at nardaccd@nychhc.org or fax to 212-238-7399**.

The NYU School of Medicine was founded in 1841 and is an equal opportunity, affirmative action employer and provides a drug-free and smoke-free workplace.

UNIVERSITY of ROCHESTER MEDICAL CENTER

The University of Rochester Department of Psychiatry seeks full-time, board eligible or certified psychiatrists committed to developing careers as members of a dynamic and growing faculty. Positions are available in ambulatory settings that emphasize integrated, team-based care and the implementation and study of evidence-based practice in close collaboration with primary care. We also seek faculty members interested in developing their skills as hospitalists, with ECT, and in our Comprehensive Psychiatric Emergency Program. A license to practice in New York State is required.

We excel in helping early and mid-career psychiatrists realize their career development goals in medical education, clinical care and research. Located between Lake Ontario and New York's scenic Finger Lakes region, Rochester provides a rich variety of social, recreational, cultural and educational opportunities. Additional information about the department is available at **http://www.urmc.rochester.edu/smd/Psych.**

The University of Rochester has a strong commitment to principles of diversity and, in that spirit, actively encourages applications from groups underrepresented in higher education and medicine. Women, minorities, individuals with disabilities and veterans are encouraged to apply. We offer competitive compensation and benefits.

Interested applicants should e-mail inquires and a C.V. to:

http://www.rochester.edu/working/hr/jobs/

Linda H. Chaudron, MD, MS
Professor of Psychiatry, Associate Chair, Clinical Services
Department of Psychiatry
University of Rochester Medical Center
300 Crittenden Boulevard
Rochester, NY 14642-8409
E-mail: Linda_Chaudron@urmc.rochester.edu
Phone: (585)273-2113; **Fax**: 585-273-1066

NYU School of Medicine
NYU LANGONE MEDICAL CENTER

Director of Psychiatry & Behavioral Health

Gouverneur Health, an academic affiliate of NYU School of Medicine and Rusk Institute of Rehabilitation Medicine, provides high-quality ambulatory care, sub-acute, rehabilitation medicine and skilled nursing services. We are located in Manhattan's Lower East Side, a diverse and up-and-coming area adjacent to the East Village attracting a new generation of students, artists, and business owners. We are expanding to meet community needs and will soon complete a $200 million modernization project that includes the construction of a new ambulatory care pavilion for our Center for Community Health and Wellness, and the creation of The Residence at Gouverneur Court, a next generation level state-of-the-art health facility with 295 sub-acute, medically complex, rehabilitative and skilled nursing beds.

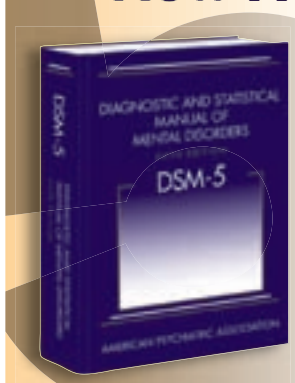
The successful candidate will be responsible for providing clinical and administrative leadership for psychiatry and behavioral health services at Gouverneur and its off-site programs. Responsibilities include: overseeing departmental activities of 100 clinical, administrative, and support staff; ensuring the implementation of integrated medical and behavioral healthcare models by developing strategic priorities and launching new programs and initiatives; leading departmental quality improvement programs and instituting effective clinical practice guidelines; ensuring compliance with governmental certification, regulatory and accreditation requirements, and recruitment activities; and participating in clinical research, educational and training activities within Gouverneur and at NYU.

Qualified candidates must be board-certified psychiatrists with at least five years of supervisory experience in an ambulatory setting and familiarity with JCAHO and Article 28 requirements. S/he should also possess excellent interpersonal, analytical, organizational and grant writing skills, and should have a background in academic teaching/training, performance improvement, and good marketing, financial and business acumen. Bilingual Spanish or Chinese-speaking skills are a plus.

Salary and benefits package is commensurate with experience. Candidates are also eligible for academic appointment at the NYU School of Medicine. Please send your curriculum vitae and salary history to the attention of: **William B. Bateman, MD, Director, Medical & Professional Affairs, Gouverneur Healthcare Services, 227 Madison St. - Room 1252, New York, NY 10002.**

The NYU School of Medicine was founded in 1841 and is an equal opportunity, affirmative action employer and provides a drug-free and smoke-free workplace.

Now Available—DSM-5™!



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

American Psychiatric Association

This new edition of *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5™), used by clinicians and researchers to diagnose and classify mental disorders, is the product of more than 10 years of effort by hundreds of international experts in all aspects of mental health.

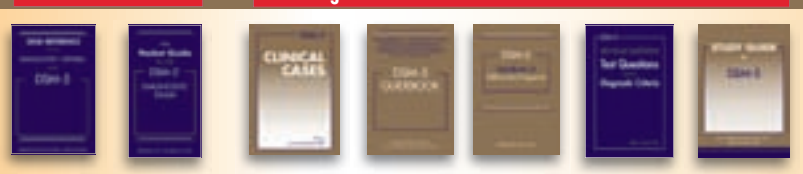
The criteria are concise and explicit, intended to facilitate an objective assessment of symptom presentations in a variety of clinical settings—inpatient, outpatient, partial hospital, consultation-liaison, clinical, private practice, and primary care.

The *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition, is the most comprehensive, current, and critical resource for clinical practice available to today's mental health professionals.

2013 • 992 pages • ISBN 978-0-89042-554-1 • Hardcover • $199.00 • Item #2554
2013 • 992 pages • ISBN 978-0-89042-555-8 • Paperback • $149.00 • Item #2555

DSM-5 COLLECTION Explore the DSM-5 Collection of related titles

Just Published! Coming Fall 2013!



Order @ www.appi.org
Phone: 1-800-368-5777 • Email: appi@psych.org • Fax: 703-907-1091
20% Discount For American Psychiatric Association Members!
25% Discount For APA Members-in-Training!

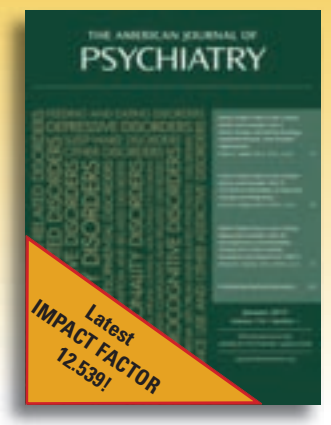
The American Journal of PSYCHIATRY

Official Journal of the American Psychiatric Association

Edited by Robert Freedman, M.D.

4 of Journal Watch Psychiatry's 10 "Top Stories of 2012" appeared in AJP!

No other journal had multiple appearances!



• *The American Journal of Psychiatry* (AJP) has an Impact Factor of 12.539 according to the 2011 Journal Citation Reports® (Thomson Reuters, 2012), placing it 2nd among the 129 journals in psychiatry while still remaining the far-and-away leader in total citations.

• *The American Journal of Psychiatry* is also the #2 journal in psychiatry in terms of immediacy according to Thomson Scientific's Immediacy Index. This important performance metric is calculated by dividing the number of citations to articles published in a given year by the number of articles published in that year.

• A poll conducted by the BioMedical & Life Sciences Division of The Special Libraries Associaton identified the 100 most influential journals in all of Biology & Medicine over the last 100 years. *The American Journal of Psychiatry* was among those honored, the only psychiatry/psychology journal represented.

No other psychiatric journal reaches more psychiatrists with greater impact or immediacy than the one the overwhelming majority of psychiatrists considers essential: AJP.

ISSN 0002-953X • ajp.psychiatryonline.org • To order a subscription, visit www.appi.org.

The *First* and *Last* Word in Psychiatry
www.appi.org • 1-800-368-5777 • 703-907-7322
Priority Code AH1303

CLASSIFIEDS

Classified Advertising Information

2013 Rates:

- $26 per line for orders of 1 to 2 insertions
- $24 per line for orders of 3 or more consecutive insertions if your written order specifies a 3 or more consecutive issue run
- $23 per line for orders of 6 or more insertions if your written order specifies a 6 or more issue run
- 1 line = approximately 42 characters
- 6 line minimum
- $35 extra for confidential blind box number
- Classified rates are non-commissionable
- Overseas and "Practice for Sale" advertisers are required to prepay in full with a credit card

Free Online Advertising:
Psychiatric News classified ads are posted on pn.psychiatryonline.org on the date of publication.

EMAIL and web page links:
For an additional $50 your prospects can e-mail a response to your ad in seconds. A web link transports prospects directly to your web site in just one click.

Logos:
Insert a 4-color logo above your ad for $275 per issue or a black-and-white logo for $195 per issue. Submit logo as 300 dpi TIFF or EPS.

Blind Box Replies:
A blind box address is available to provide confidentiality to advertisers. Please address all blind box advertising replies to:
ATTN.: Box P-XXX
Psychiatric News Classifieds
American Psychiatric Publishing Inc.
1000 Wilson Blvd, Suite 1825
Arlington, Virginia 22209-3901

Submissions:
Email or Fax ad request including issue dates desired, contact name, phone number, and billing address, to:
Eamon Wood
Psychiatric News Classifieds
(212) 904-0363 • Fax (212) 685-6126
ewood@pminy.com

The publisher reserves the right to accept or reject advertisments for *Psychiatric News* and is not liable for the failure, for any reason, to publish an ad. Advertisements will be typeset as submitted. Lines of space separating headlines and paragraphs are counted as chargeable lines. We do not provide proofs of ads before publication.

Deadlines:
All new advertising copy, changes, and cancellations must be received in writing by Friday, 5 p.m. (E.T) two weeks prior to publication date. All advertising copy, changes and cancellations received after the deadline will be placed in the next available issue. Publication dates are the first and third Fridays of every month. Upcoming deadlines are:

Issue	Deadline
August 2	July 19
August 16	August 2

All advertisers in this section must employ without regard for race, sex, age, nationality, or religion in accordance with the law. APA policy also prohibits discrimination based on sexual orientation or country of origin.

Nationwide

FCS

THE 1ST CHOICE IN PSYCHIATRIC RECRUITMENT

Visit our website www.fcspsy.com
Over 400 permanent searches nationwide.
800-783-9152

ARKANSAS

Horizon Health seeks a **Medical Director** for our 15-bed Geriatric inpatient psychiatric program our client hospital **National Park Medical Center in Hot Springs, AR**. Experience with geriatric population preferred. Excellent income and practice opportunity. For more information contact: Mark Blakeney, Voice: 972-420-7473, Fax: 972-420-8233; email: mark.blakeney@horizonhealth.com EOE.

CALIFORNIA

Psychiatrist

Founded in 1987, AHF is the largest specialized provider of HIV/AIDS medical care in the nation and world. Our mission is to provide "Cutting-Edge Clinical Care" in an integrated healthcare delivery system.

AHF is currently seeking a FT Psychiatrist to join our Mental Health team in Los Angeles, California. In this role, you report to our Director of Mental Health and will be a key contributor in our integrated HIV/AIDS health care system. This position may also participate in mental health research.

Requirements/Experience

- California Board Certified Psychiatrist
- Must have previous experience treating HIV clients
- Certified in Mental Health with independent psychotropic prescribing experience
- Valid California RNP/FNP license without restrictions
- Valid furnishing license is required

Please send your resume (word format) to: miyoshi.lafourche@aidshealth.org. If you would like to see a full job description of this opportunity, please visit our website at www.aidshealth.org .

Adult and youth out-patient psychiatric positions available with Butte County Behavioral Health Department. $150/hour for contracted out-patient positions. Regular help positions also available. We are a HPSA/NHSC-designated County. Please contact Dr. Carolyn Kimura, Medical Director, at 530/891-2850.

www.psychiatry.org

PSYCHIATRIST
San Luis Obispo, CA
Beautiful California Central Coast

Private Outpatient Psychiatric Clinic in expansion seeks a BC/BE Adult or Child/Adolescent Psychiatrist full-time, to join our growing multidisciplinary private practice. You will be working with another psychiatrist, two Nurse Practitioners, one Psychologist and one LMFT. We also have a very well trained and supportive staff. We offer an excellent salary from 205K to 235K, without benefits. Regular schedule is Mondays to Fridays from 9 to 5 (we can consider some flexibility on the scheduling), no calls. Our patients are Adolescent and Adults mostly with primary mood and anxiety disorders, some with dual diagnoses. Most off our patients are from major insurers, we are not accepting Medicare or Medical.

Please send letter of interest and CV to Pedro Guimaraes, M.D. at: pedroguimaraes.md@gmail.com.

An Outpatient Adult Psychiatrist is needed for Stanislaus County Behavioral Health & Recovery Services, in the Central Valley less than two hours from San Francisco and Yosemite. Recovery-oriented treatment provided in a multidisciplinary setting. Excellent salary scale with steps starting from 179K to 217K; additional 5% differential for board certification. No call requirements at this time. Full benefit package including medical, vision/dental, vacation, sick time. Excellent retirement package with deferred comp. plan avail.

Fax CV to Uday Mukherjee, MD at
(209) 525-6291 or
Email: umukherjee@stanbhrs.org.

BEAUTIFUL NORTHERN CALIFORNIA POSITION
THERAPEUTIC SOLUTIONS, P.C.
Adult and Adolescent Psychiatrist Needed

- Full-time position, Monday - Friday, 8 a.m.-5 p.m.
- Comprehensive practice with outpatient services, IOP and PHP services, as well as outpatient ECT and TMS.
- Limited office call.
- Very competitive salary with bonus structure included.
- Excellent benefits package.
- Our location offers quality housing prices, little traffic, regional airport, 1½ hour drive to Sacramento, 2 hour drive to Napa Valley, 3 hour drive to San Francisco and the coast.

For further info contact
Pamela Mayhew
Practice Administrator, at:
pmayhew@therapeuticsolutionspc.com.

COLORADO

Horizon Health seeks an **Attending Psychiatrist** for a new 22-bed Senior Behavioral Health program at our client hospital **Exempla Lutheran Medical Center** in **Wheat Ridge, CO.** Excellent practice opportunity and income. For more information contact: Mark Blakeney, Voice: 972-420-7473, Fax: 972-420-8233; email: mark.blakeney@horizonhealth.com. EOE

CONNECTICUT

If you are an Adult Psychiatrist seeking to excel in an expanding outpatient setting with extraordinary clinical support, we can make that happen.

Saint Francis Hospital and Medical Center in Hartford, Connecticut, has an exceptional opportunity for a BC/BE Adult Psychiatrist to help expand our outpatient behavioral health services. The position is open to adult psychiatrists, but there is also opportunity to tailor this position for a child psychiatrist interested in seeing adults and adolescents. The outpatient setting of this practice allows for flexible work hours.

Saint Francis Care behavioral health outpatient services are part of a multidisciplinary approach to psychiatric care with clinical support from adult and child psychiatrists, nurse practitioners, and master's-level therapists. Outpatient offices are located in Hartford and Glastonbury, with offices to be added in Simsbury and Enfield this year. Saint Francis Hospital and Medical Center is a 617-bed tertiary care teaching hospital. The Behavioral Health Service at Saint Francis Hospital and Medical Center includes four inpatient psychiatric units, psychiatric consultation and liaison services, and behavioral health services in the Emergency Department.

This opportunity will enable you to enjoy Connecticut living at its best with a unique mix of urban and suburban life near Hartford—a city known for its arts and sophisticated culture. The region is full of options for outdoor enthusiasts and urban trekkers. Hartford's central location offers its residents easy access all of New England's most sought-after attractions including Boston, New York City, the beaches and the mountains.

Contact Christine Bourbeau, Director of Physician Recruitment, today at 855-894-5590 or email your CV and letter of interest to CBourbea@stfranciscare.org for immediate consideration.

www.JoinSaintFrancisCare.com
EEO/AA- A/F/D/V
pre-employment drug testing

Medical Director
Hartford, CT

FT Medical Director opportunity with community mental health agency in Hartford County, CT. Responsible for all medical services within the agency; functions as chief psychiatrist; directs and oversees the professional practices of the nursing staff and psychiatrists. Must have a CT licensed MD and Board Certified in Psychiatry. Excellent salary and benefits package. Forward CV to Cheryl Rapier at Cheryl@psychpros.com or call 513-333-4780.

FLORIDA

PSYCHIATRIST; FULL TIME, FL LICENSE REQUIRED; Aventura, FL; private practice located equidistant between Miami and Ft. Lauderdale; children/adolescent/adult/geriatric pts; email CV to aventuraoffices@bellsouth.net or FAX to Dusty: 305-935-1717.

CLASSIFIEDS

Florida Licensed BE/BC psychiatrist and advanced registered nurse practitioner needed for a Joint Commission Accredited community mental health center and psychiatric hospital. Excellent benefits and location. **Contact:** Suresh P. Rajpara, M.D., Chief Medical Officer, Jerome Golden Center for Behavioral Health, 1041 45th Street, West Palm Beach, Fl 33407. Phone: (561) 383-5917; Fax: (561) 514-1239; Email: aabad@jeromegoldencenter.org.

UNLIMITED INCOME. Clearwater, Destin, Jacksonville, Kissimmee, Melbourne, Sarasota, or Winter Park. Consultation practice, full or part-time. NO CALL. Great salary and benefits package based on production. We are a reputable, ethics-based practice with a team approach to nursing home patient care. Call Linda at 866-936-5250.

GEORGIA

Adult Psychiatrist
Lawrenceville, GA

Innovative tri-county mental health system seeking qualified Adult Psychiatrist for contract position in Lawrenceville, GA. 20-30 hours/week. Supportive staff and competitive pay. Please forward CV via email to crissie@northsidepsychiatric.com or fax to Crissie Sensing at (850)660-1472.

PSYCHIATRIST

New Horizons Community Service Board in Columbus, Georgia is seeking an Adult Psychiatrist for its Outpatient/Court Services programs. This growing community offers a pleasing climate and is situated within a short distance to Atlanta and the Gulf Coast. The qualified applicant will possess or be eligible for a valid physician's license from the state of Georgia, have completed a three-year residency in an accredited facility and be board eligible or board certified. Excellent salary with a comprehensive benefits package. Interested parties should send their curriculum vitae to:

Shannon Robertson
srobertson@newhorizonscsb.org
706/317-5001
706/317-5004 (Fax)

The State of Georgia Department of Behavioral Health and Developmental Disabilities is currently recruiting for board-certified and board eligible psychiatrist to work at one of our six hospitals located throughout the following cities in Georgia: Atlanta, Savannah, Milledgeville, Thomasville, Columbus, Augusta. We have current openings for full-time, part-time and hourly Psychiatrists. Positions are available on both acute and chronic forensic and adult mental health units. All psychiatrists will lead a multi-disciplinary team of professionals providing quality care to both voluntary and involuntary patients. Our state facilities provide academic affiliations and promote academic collaborations, along with an excellent benefits package and competitive salary. Please forward your CV to ncnathaniel@dhr.state.ga.us

Come join our incredible behavioral health team. Come to the Peach State!!!

KENTUCKY

Horizon Health seeks a Psychiatrist for our 10-bed Senior Adult, and 10-bed Adult, inpatient Behavioral Health programs our client hospital **St. Claire Regional Medical Center in Morehead, KY.** Experience with geriatric population preferred. Excellent salary, benefits and practice opportunity. For more information contact: Mark Blakeney, Voice: 972-420-7473, Fax: 972-420-8233; email: mark.blakeney@horizonhealth.com. EOE.

LOUISIANA

Overton Brooks VA Medical Center in Shreveport, LA is seeking full-time BE/BC staff Psychiatrists. Limited on-call duties, regular hours, malpractice insurance covered by Federal Tort Claims Act, opportunities for research in association with Louisiana State University available.

Experience what 250,000 current VA employees already have: state-of-the art practice settings, access to latest technology, a multi-disciplinary team environment and the opportunity to provide the men and women who have bravely served this country with the finest patient care, benefits and customer satisfaction.

Shreveport is quickly becoming a great place to start a business, raise a family, and explore the great outdoors. Easy driving distance to major metropolitan centers such as Dallas and New Orleans. Shreveport has an excellent quality of life, nationally rated Magnet schools, with a reasonable cost of living and warm climate. Salary is negotiable.

Candidates must be U.S./Naturalized Citizens and possess a valid and unrestricted license in any state. Duties include clinical practice (inpatient/outpatient), and supervision of fellows/residents/medical students.

Please send cover letter and CV to Sonia.Williams@va.gov.

MAINE

Liberty Healthcare anticipates an opening for a full-time attending Psychiatrist at the Riverview Psychiatric Center in Augusta, Maine. This position offers a small case load, competitive compensation package, regular 40-hour workweeks, minimal on-call, 7+ weeks off annually, liability insurance, onsite CME, relocation assistance and a collegial work environment. Psychiatrists who have an interest in providing inpatient services to adults who have serious and persistent mental illness and/or forensic patients are encouraged to apply. Details online at www.libertyhealthcare.com/upload/303.pdf. Contact Ian Castronuovo at (610) 389-7430 or ianc@libertyhealth.com.

Are you an APA member?
If so, have You Seen Your APA Headlines Today?

MARYLAND

Incredible Sunsets - Endless Waterviews - Psychiatrist needed on 24-bed adult inpatient psychiatric unit on the beautiful Eastern Shore. There is also IOP and Outpatient Addiction Program. Cambridge is located on the Choptank River in Dorchester County - a county of 1,700 miles of shoreline and is only an hour to Annapolis and Ocean City, and an hour and 45 minutes to Baltimore. Live and work in a place where many want to retire - a great quality of life. Also, seeking a Psychiatrist for one weekend per month of coverage for the unit. Please **call Terry B. Good, Horizon Health, at 1-804-684-5661,** Fax #: 804-684-5663; Email: terry.good@horizonhealth.com.

BOARD CERTIFIED
FORENSIC PSYCHIATRIST
STAFF PSYCHIATRIST
CHILD PSYCHIATRIST
and
Board Certified Somatic Physician

Spring Grove Hospital Center, a progressive, publicly funded, freestanding psychiatric hospital, is currently seeking to hire several full-time board certified Psychiatrists and a full-time board certified Somatic Physician. Spring Grove Hospital Center is a 388 bed complex that provides a board spectrum of inpatient psychiatric services to adults and adolescents. The center is owned and operated by the State of Maryland and is under the governance of the Mental Hygiene Administration of the Department of Health and Mental Hygiene. Spring Grove was founded in 1797 and is the second oldest continuously operating psychiatric hospital in the United States, fully accredited and certified. We have an ongoing commitment to providing psychiatric care and treatment of the highest quality. We also maintain a number of student teaching programs and serve as a popular training site for many professional schools including the University of Maryland. We are located on a scenic 189 acre campus in Catonsville just outside of Baltimore, Maryland and conveniently located along the I-95 corridor between Baltimore and Washington D.C. We offer competitive salary and excellent State of Maryland benefits, including generous vacation and retirement packages. For further clarification of job duties of the position, contact Dr. Krishnan and provide a curriculum vitae (CV), license, and board certification. Interested candidates also need to complete an electronic State application (MS-100) downloaded at www.dbm.maryland.gov for Physician Clinical Specialist and include a valid State of Maryland license and board certification.

Devika Krishnan, M.D.
Clinical Director
Spring Grove Hospital Center
55 Wade Avenue
Catonsville, Maryland 21228
410-402-7595
410-402-7038 (fax)
EOE

Springfield Hospital Center in Sykesville, MD is accepting applications for a **Forensic Psychiatrist**. Eligible candidates must have board certification including added qualifications in forensic psychiatry (or equivalent). Duties include pretrial evaluations of competency to stand trial and criminal responsibility, competency restoration, and training of residents and students. Please forward a CV and inquiry to Erik Roskes, MD, Director, Forensic Services, Springfield Hospital Center, by fax (410.970.7105) or email (erik.roskes@maryland.gov).

Springfield Hospital Center is seeking Board-certified or Board-eligible **general psychiatrists** for our 350-bed MHA adult inpatient facility. Salary is negotiable, within MHA guidelines. Our rural, tobacco-free campus is 22 miles west of Baltimore, convenient to the Chesapeake Bay, Washington, and a variety of cultural, historic, sports, and recreational venues. Benefits include 27 paid days off in the first year, subsidized health insurance, free parking, a generous retirement program, and a truly pleasant workplace. A Medical Services physician is always on campus to attend to patients' somatic needs. Staff psychiatrists are not expected to work after hours, but some choose to supplement their salary by providing evening and weekend/holiday coverage under contract. In addition, we offer after-hours coverage contracts to psychiatrists who are not full-time staff members. Please send CV to **Paramjit Agrawal, M.D., Clinical Director, SHC, 6655 Sykesville Road, Sykesville, MD 21784. For questions, call (410)970-7006 or e-mail paramjit.agrawal@dhmh.state.md.us.** EOE

MASSACHUSETTS

OUTPATIENT/ ADULT or CHILD
CITY COMPENSATION/COUNTRY LIVING!

Harrington Hospital seeks a Full-Time Outpatient Adult and/or Child Psychiatrist to join our psychiatric team of physicians, licensed therapists and an advanced clinical nurse specialist. We offer excellent working conditions and a supportive staff with nursing staff available for med calls and other psychiatrists available for vacation coverage. We are opening new sites and expanding our services in Southern Worcester County.

Harrington Hospital is a 114 bed acute care independent, community hospital located in South Central Massachusetts with clinics located in Charlton, Southbridge and Webster. We are a teaching affiliate for the University of Massachusetts and St. Elizabeth's. Our community is small, friendly, and safe with great schools, low cost of living, and beautiful countryside.

Requirements:MA license or license eligible; Board Certified or Eligible

Benefits include: signing bonus, flexible schedule, free parking, collegial medical staff, EMR, CME Program, part-time positions also available.

Tom Trask
Executive Director Physician Services
508-764-2424
ttrask@harringtonhospital.org

CLASSIFIEDS

Psychiatrist Opportunity in the Beautiful Berkshires. Top notch colleagues.

Berkshire Medical Center's Department of Psychiatry and Behavioral Science provides you the opportunity to become part of a stable, highly integrated clinical collaboration among Psychiatry, Primary Care, and Medical Specialty Services. Our Health System has an excellent opportunity for an Adult Psychiatrist to work in a highly integrated clinical collaborative at the interface of Primary Care and Behavioral Health. A clinical background in geriatric psychiatry is preferred. Our psychiatry residency program allows you to contribute to the education of the next generation of mental health specialists. Berkshire Medical Center is nationally recognized by HealthGrades and many other independent organizations for outstanding care.

Please contact Antoinette Lentine in the Physician Recruitment Department at 413-395-7866 or e-mail at mdrecruitment@bhs1.org.

MICHIGAN

Horizon Health, together with client hospital seeks a Child/Adolescent Psychiatrist to join a behavioral health team of psychiatrists, psychologists, social workers and medical consultants. The program offers 61 licensed inpatient psychiatric beds (47 adult and 14 adolescent) and 7 licensed inpatient chemical dependency beds. Located in Saginaw, a city of Michigan and the seat of Saginaw County, located in the Flint/Tri-Cities region of Michigan. Child/Adolescent Psychiatrist will be employed by hospital. Hospital package will include competitive salary, full benefits, and insurance coverage. Interested candidates please submit CV to Mark Blakeney: mark.blakeney@horizonhealth.com ; Voice: 972-420-7473; Fax 972-420-8233. EOE

Did you know that APA provides support for managing a practice? We provide members a wide variety of practical assistance on day-to-day issues that arise in managing a practice, such as reimbursement, relationships with managed care companies, coding, documentation, Medicare, Medicaid, establishing or closing a practice, and mental health/addiction parity. APA Members may access practice management assistance by calling the HelpLine at 800.343.4671, sending email to hsf@psych.org or through our website at www.psychiatry.org/practice

Psychiatry Opportunity Consultation Liaison and Adult Psychiatric Hospitalist

Beaumont Health System is a three-hospital regional health system with a total of 1,738 licensed beds, more than 14,000 full-time equivalent employees and 3,100 physicians in Oakland, Macomb and Wayne counties. Beaumont Hospital, Royal Oak has two immediate openings. One position is for a psychiatrist with experience as a consultation liaison, and the other has a focus on inpatient adult psychiatry as a hospitalist.

The Consultation Liaison will focus on adult medical/surgical patients with a full-time effort on inpatient work, is expected to take psychiatric ER call, will oversee the consult service and will be actively involved in teaching medical students from Oakland University William Beaumont School of Medicine on rotation for their psychiatry clinical sections.

The Adult Psychiatric Hospitalist will have experience in adult inpatient psychiatry and partial hospitalization. This is a fulltime position with an expectation to take psychiatric ER call and be actively involved in teaching medical students from Oakland University William Beaumont School of Medicine on rotation for their psychiatry clinical sections.

Beaumont is the exclusive clinical teaching site for the Oakland University William Beaumont School of Medicine.

Candidates should send a curriculum vitae and cover letter to:
Diane Blackburn
Beaumont Health System
Physician Recruitment
Administration Bldg., HR Dept.
3711 West 13 Mile Rd.
Royal Oak, MI 48073
dblackburn@beaumont.edu
248.551.1565 – office; 248.551.1555 - fax
http://pathwaysplatform.com/opportunities/4899-consultation-psychiatry
http://pathwaysplatform.com/opportunities/4900-inpatient-adult-psychiatry-psychiatric-hospitalist

MINNESOTA

Psychiatric Opportunities!

Join an organization on the cutting edge of psychiatric care that presents many new and exciting challenges and experiences! BE/BC psychiatrists needed in: Addiction, Adult, and Forensics, We also have a Forensic Medical Director opportunity available.

Contact Lena today for additional information: 651-431-3672 or email lena.garcia@state.mn.us

MISSISSIPPI

Horizon Health seeks a **Medical Director** for a 19-bed Adult Inpatient Psychiatric Program in **Northern MS.** Well established, busy program with full complement of support staff and administration. $200K+ Salary, Full Benefits, CME, Relocation and more. For more information contact: Mark Blakeney, Voice: 972-420-7473, Fax: 972-420-8233; email: mark.blakeney@horizonhealth.com EOE.

The G.V. (Sonny) Montgomery VA Medical Center is recruiting for a full-time psychiatrist for the Mental Health Product Line. The successful candidate must be board certified / board eligible in psychiatry. Interest and experience in teaching and research are desirable. Duties may involve several aspects of general psychiatry, including inpatient, outpatient, consultative, or telemedicine psychiatry. Assists with diagnostic evaluations and with the care of unscheduled veterans who present to the clinic. Assists with walk-ins, and general medical management. Assumes appointments scheduled in clinics and will share other psychiatrist duties, i.e., inpatient psychiatry, detoxification, residential treatment, and serving as a medical/prescribing resource for staff. The incumbent should be eligible for a faculty appointment at the University of Mississippi School of Medicine, Department of Psychiatry. The G. V. (Sonny) Montgomery VA Medical Center, Mental Health Service is an integral part of the South Central VA Health Care Network, Mental Illness Research, Education and Clinical Center (MIRECC) with basic, clinical and health services project on schizophrenia, mood disorders, PTSD, substance abuse and dementia.

The VAMC in Jackson is a 155- bed acute care hospital with an attached 86-bed community living center and receives patients from a wide geographic area for primary and tertiary care. Our medical center has primary health care responsibility for over 45,000 veterans. On the physical campus of the University of Mississippi Medical Center, School of Medicine, most staff have faculty appointments with ample opportunity to teach medical students, residents and fellows. Research experience and participation in either basic or clinical research protocols encouraged.

Interested candidates may contact Paula Dace Nelson, Human Resources Specialist, at 601-362-4471, extension 5588 or email at Paula.Dace-Nelson@va.gov.

MISSOURI

Make An Income that Matches All the Work You Do - 20 Minutes From St. Louis - 30 Minutes To Work - Seeking a Psychiatrist for a very lucrative position with a very successful group practice in Festus. Work would be primarily inpatient work on adult & geropsych units in Farmington. Ideal opportunity for someone who wants the ability to make a very large income based on all your hard work. All billing and scheduling is done for you. Can also employ if H1 and J1 Visa is needed. Please **call Terry B. Good, Horizon Health, at 1-804-684-5661,** Fax #: 804-684-5663; Email: terry.good@horizonhealth.com.

MONTANA

Horizon Health seeks a Psychiatrist for a 24-bed (12 adult, 12 geriatric) behavioral health inpatient hospitalization program for short-term behavioral health treatment in beautiful **Helena, MT**. Helena is a charming, sophisticated and beautiful Victorian city! Offering a competitive salary and benefits. Contact: Mark Blakeney, Horizon Health, mark.blakeney@horizonhealth.com or FAX: 972-420-8233 EOE.

NEW HAMPSHIRE

Department of Psychiatry Faculty Position

The Geisel School of Medicine at Dartmouth, Department of Psychiatry, in a productive collaboration with the State of Maine, currently has two full-time openings at the Riverview Psychiatric Center.

Riverview Psychiatric Center is the flagship inpatient treatment center for Maine's public mental health system. Riverview consists of 92 adult inpatient beds, two outpatient clinics, and a forensic ACT team. Housed in a beautiful facility built in 2004, Riverview provides tertiary psychiatric care to civil voluntary and involuntary patients as well as forensic care.

Medical Director (Search PS1013D). The Riverview Medical Director will serve as the chief clinical officer of Riverview Psychiatric Center. The Medical Director works with the superintendent to help lead the facility, overseeing the quality of clinical care, and directly supervising the psychiatrists and psychologists. The Dartmouth tie adds colleagues who are leading other public sector hospitals, educational opportunities, and access to expert consultation. The role includes promoting excellent clinical care, supporting teaching and training, and facilitating research activities that serve the mission of both Riverview and the Department. The ideal candidate will have a passion for public sector care, a patient-centered clinical orientation, forensic experience, excellent clinical leadership skills, sound interpersonal skills, administrative experience, a strong academic background and will be board certified in Psychiatry and license eligible in Maine. Academic rank and salary will be consistent with experience.

Psychiatrist (Search PS0813D). The ideal candidate will have a passion for public sector care, a patient-centered clinical orientation, forensic experience, excellent clinical leadership skills, sound interpersonal skills, administrative experience, a strong academic background and will be board certified in Psychiatry and license eligible in Maine. Academic duties can include teaching and supervision of medical students and residents. Research opportunities available and encouraged. Academic rank and salary will be consistent with experience.

A letter of interest, curriculum vitae, and three letters of reference should be addressed to Dr. William Torrey, Search Chair, and e-mailed to psychiatry.jobs@dartmouth.edu. Please reference the search number in the subject line.

The Geisel School of Medicine at Dartmouth is an Equal Opportunity/Affirmative Action Employer and encourages applications from women and members of minority groups.

For information on all advertising products that the American Psychiatric Association has to offer, please visit: www.appi.org/Journals/Pages/AdvertisingInfo.aspx

CLASSIFIEDS

NEW JERSEY

Medical Director & Associate Positions – Northern NJ - Seeking psychiatrists in private practice who want to follow inpatients on adult psych unit in Jersey City. Administrative stipends available for PT admin work. Can round in the a.m. or p.m. and go to practice the rest of the time. Great opportunity to grow one's practice, increase revenue. Additional income to the psychiatrist such as being paid for weekend call plus additional revenue that I would be happy to discuss with you. Also hourly contract pos. available for 24 hrs per week for outpatient work. Please contact **Terry B. Good at 1-804-684-5661,** Fax #: 804-684-5663; Email: terry.good@horizonhealth.com.

NEW YORK CITY & AREA

Bellevue Hospital Center
South Manhattan Healthcare Network

Bellevue Hospital Center, part of the New York University Langone Medical Center, is seeking board certified/eligible psychiatrists for psychiatry positions in inpatient psychiatry and in the general outpatient clinic. The positions include teaching opportunities.

Qualified candidates are eligible for faculty appointment at a suitable rank.

Our services provide compassionate, culturally sensitive care to patients with a range of diagnoses and psychosocial complexities. Access is available to a complete range of medical and specialty consult services. Chinese and/or Spanish speaking psychiatrists and those with addictions expertise are especially sought.

CV and inquiries should be sent to:
Mary Anne Badaracco, M.D.
Chief of Psychiatry,
Bellevue Medical Center,
Department of Psychiatry
Mary.Badaracco@nyumc.org

Child and Adolescent Psychiatrist
P/T - 10-15 hours per week (evenings and/or weekends) in a Child and Family Mental Health Center in Brooklyn. Excellent compensation. No call. Fax resume to (718) 553-6769, or email to clinicaldirector@nypcc.org.

Addiction Psychiatrist/ Unit Chief

Full-time position available for an Addiction Psychiatrist/ Unit Chief on the Chemical Dependency Unit at Flushing Hospital Medical Center. Supervise residents, fellows, medical students, and other trainees. Fully-staffed by Internists and PA's. Full compliment of CASACs and Social Workers. Research opportunities available. Work within the larger MediSys Health Network with extensive Psychiatric services and resources. Competitive salary, paid malpractice insurance, and full benefits. Please send your CV to Seeth Vivek, MD fax: 718-206-7169 or Email svivek@jhmc.org

---

Director of Emergency Psychiatry
STONY BROOK MEDICINE

Stony Brook University has established itself as one of America's most dynamic public universities, a center of academic excellence and a leader in health education, patient care and research. Listed among the top 1 percent of all universities in the world by the **Times Higher Education World University Rankings,** Stony Brook is home to more than 24,000 undergraduate, graduate and doctoral students and more than 13,500 faculty and staff, including those employed at Stony Brook Medicine, Long Island's premier academic medical center and teaching hospital. With 597 beds, Stony Brook Hospital is the region's only tertiary care center and Regional Trauma Center. The University is a member of the prestigious Association of American Universities and co-manager of nearby Brookhaven National Laboratory.

Stony Brook Medicine is seeking a mid-level academic psychiatrist to direct a vibrant and actively growing Comprehensive Psychiatric Emergency Program at Stony Brook Hospital. Stony Brook University is undergoing tremendous growth under a new President, Dean and Chair of Psychiatry. Our emergency psychiatry service is expanding into spacious, newly built quarters. We seek an individual who would welcome the challenge and satisfaction of providing top-notch leadership and delivery of emergency psychiatric care. Join a diverse,motivated group of clinicians, educators and researchers in enhancing current services. Includes direct clinical responsibilities and supervision of residents, NPs and medical students. Opportunities for clinical research in emergency psychiatry.

Stony Brook Medicine is located in beautiful Suffolk County on the North Shore of Long Island,approximately 40 miles east of NYC. Stony Brook is a wonderful place to live and raise children, with abundant opportunities for recreation as well as ready access to Manhattan.

Required: MD. Board Eligible/Board Certified in Adult Psychiatry. Eligible for a New York State License. Clinical experience in a Comprehensive Psychiatric Emergency Program or other emergency psychiatric setting. Provide cross-coverage of evening, night and weekend shifts. Preferred: Five years' post-residency experience in Emergency Psychiatry, including psychiatric administrative experience. Track record of research/teaching experience in Emergency Psychiatry.

To qualify for a senior faculty appointment, the candidate must meet the criteria established by the School of Medicine (School of Medicine's Criteria for Appointment, Promotion and Tenure).

To apply submit a State employment application, cover letter and CV to: Ramin Parsey, MD, PhD, Chair, Department of Psychiatry and Behavioral Science, Health Sciences Tower, T-10, Room 020, Stony Brook University, Stony Brook, NY 11794-8101; or fax #: (631) 444-7534.

For a full position description, application procedures or to apply online, visit
www.stonybrook.edu/jobs
(Ref. #: F-7690-12-12).
Stony Brook University/SUNY is an affirmative action, equal opportunity educator and employer.

MOUNT VERNON HOSPITAL, MOUNT VERNON, NY, IS SEEKING THE FOLLOWING BE/BC PSYCHIATRISTS: ONE PART-TIME FOR ITS ACT TEAM AND ONE FULL TIME FOR ITS CONSULTATION PROGRAM.

COMPETITIVE SALARY, EXCELLENT BENEFITS.

THE HOSPITAL IS ALSO SEEKING PER DIEM PSYCHIATRISTS FOR ITS NIGHT AND WEEKEND CALL SCHEDULE.

EMAIL CONTACT INFORMATION TO CLAUS VON SCHORN, MD cvonschorn@sshsw.org OR mtarantino1@sshsw.org.

NEW YORK STATE

Mid-Hudson Valley

Ulster County Dept. of Mental Health seeks a full-time Psychiatrist to work in its outpatient mental health clinics. We are looking for a recovery oriented board certified or board eligible community psychiatrist to treat adult patients. Kingston is located in the beautiful Hudson Valley, two hours north of NYC. Based on qualifications, salary ranges btw $152,600 - $184,325. Good benefits, NYS retirement system, onsite psychopharmacology supervision and collegial atmosphere. No on-call or weekends. All Civil Service Laws, Rules and Regulations Apply. Ulster County is an Equal Opportunity Employer. Send CV to JuLita Adamczak, MD, Medical Director, FAX#845-340-4094 or email: jada@co.ulster.ny.us. Telephone #845-340-4173. Ulster County Dept. of Mental Health, 239 Golden Hill Lane, Kingston, NY 12401.

Western New York-Chautauqua Region: Jamestown Psychiatric PC is seeking a Psychiatrist to join our rapidly growing Adult and Child Psychiatric team. Competitive salary and flexible growth opportunities are offered. We will offer a starting bonus to eligible candidates. Loan repayment, J1 or H1 assistance available. Please contact Mrs. Linda Jones, office manager @ lj@psychwebmd.com or Phone 716-483-2603. Fax CV and qualifications to 716-483-2828.

NORTH CAROLINA

Great Opportunity in Private Practice

Carolina Partners in Mental HealthCare, PLLC is seeking psychiatrists and physician extenders for our practices in Cary, NC and Chapel Hill, NC. **Carolina Partners** is a private multi-disciplinary mental health group practice with fourteen treatment sites in North Carolina. You get full partnership from day one with no buy-in. Good income, great flexibility. Full time preferred but will consider part time as well. Visit us on the web at carolinapartners.com. Send CV and letter of interest to Stan Monroe at: carolinapartners@bellsouth.net ; fax 919-908-8167; mail to 1502 W. Hwy 54, Suite 103, Durham, NC 27707, Attn: Executive Director.

Four beautiful seasons in North Carolina!

Candidate sought for partnership or employment in a busy private practice. Adult, 80% outpatient psychiatry practice with 1:3 call. H1b Visa physicians will be considered.Location: I-95 corridor, northeastern NC. 2.5 hours to coast, centrally located 1.5 hours from Raleigh-Durham, NC, Richmond, VA, and Norfolk, Va. Fabulous water activities. Area population: 85K.

Send letter and CV to Pam Ballew
pballew@halifaxrmc.org
www.halifaxregional.org
www.visithalifax.com

NORTH DAKOTA

Sanford Clinic North – Fargo, ND has full-time positions available for Adult Psychiatrists in its Behavioral Health Sciences Service. The department is staffed by more than 30 psychiatrists, clinical nurse specialists, doctorate-level psychologists and master's-level psychologists offering a continuum of care, from inpatient hospitalization and partial hospitalization programs, to outpatient individual and group therapy including eating disorders at Sanford's highly regarded Eating Disorders Institute. Responsibilities include teaching psychiatry resident and medical students through the University of North Dakota School of Medicine. Live and work in the progressive communities of Fargo-Moorhead-West Fargo, home to nearly 200,000. This metropolitan community offers excellent schools, a wonderful blend of cultural and sports events, big name entertainment, year-round outdoor recreation and much more. To learn more contact: Jill Gilleshammer, Physician Recruiter, Phone: (701) 417-4852; Email: Jill.Gilleshammer@sanfordhealth.org; Website: careers.sanfordhealth.org

OHIO

Southern OH - Hospital Named 10th in the Top 100 Best Places to Work - Outpatient Position with some on-call duties for the geropsych unit. Enjoy small town living; laid-back, wonderful quality of life. Great place to raise a family. An easy drive to Huntington, WV and Cincinnati, OH. Salaried position with attractive bonus plans; medical school loan repayment plan up to $200k. Join our top notch team at this truly impressive hospital and enjoy where you live & work every day. Please **call Terry B. Good, Horizon Health, at 1-804-684-5661,** Fax #: 804-684-5663; Email: terry.good@horizonhealth.com.

Healthy Minds. Healthy Lives – a blog by the American Psychiatric Association – provides online resources and information on mental health issues.

To view this blog, visit: http://apahealthyminds.blogspot.com/

CLASSIFIEDS

DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER DAYTON, OH

The Dayton Veterans Affairs Medical Center (VAMC), in collaboration with Wright State University Boonshoft School of Medicine (qualifying appointment required) in Dayton, OH, seeks four full-time Psychiatrists, to provide direct patient care, teaching, supervision, and research in inpatient, outpatient, and residential settings, including outlying clinics. The incumbents must be well versed in the major treatment modalities for diagnosing and treating a wide variety of psychiatric disorders in Veterans. The incumbent will also conduct Compensation and Pension Evaluations and rotate in the psychiatry on-call schedule. The Medical Center is a 539-bed multi-specialty Dean's Committee Hospital.

Applicants should be board-certified or board eligible. Graduating residents and fellows may apply; have a license from one of the 50 states; and be a citizen or permanent resident or USA.

Dayton, the birthplace of flight, is located in the beautiful rolling hills of Southwestern Ohio and offers the convenience of a city, without the hassles. The metropolitan area has five universities, excellent school systems, museums, theaters, and other recreational opportunities, and is the home of Wright-Patterson Air Force Base.

- Dayton VAMC employees enjoy excellent federal benefits and competitive salaries.
- Recruitment incentive and moving/relocation expenses may be authorized.
- Medical Malpractice Claims coverage is provided under the Federal Tort Claims Act.
- The Dayton VA Medical Center has active affiliations with the Wright State University Boonshoft School of Medicine and the School of Professional Psychology.
- Faculty positions and resident teaching opportunities are available at the Wright State University Boonshoft School of Medicine.

TO APPLY FOR THIS POSITION:Visit us Online by selecting the "Apply for this Job" button located at the top or bottom of the page and reference, vacancy announcement number: #822159
www.usajobs.gov or contact: Pamela Britt
Human Resources Specialist (05)
Dayton VA Medical Center
4100 West Third Street,
Dayton, OH 45428
Phone: (937) 268-6511 ext. 1860
E-mail: Pamela.Britt@va.gov
The VA is an Equal Opportunity Employer

OKLAHOMA

Horizon Health seeks a **Medical Director** for our 10-bed Geriatric, and 20-bed Adult, inpatient Behavioral Health programs our client hospital **Eastar Health Systems, in Muskogee, OK.** Experience with geriatric population preferred. Excellent income and practice opportunity. For more information contact: Mark Blakeney, Voice: 972-420-7473, Fax: 972-420-8233; email: mark.blakeney@horizonhealth.com. EOE

OREGON

BC/BE Psychiatrists
Oregon State Hospital (OSH)
Salem, Oregon

Oregon State Hospital is looking for BC/BE psychiatrists. We have it all! A brand new hospital that incorporates modern architecture, treatment spaces, and technologies. Salary is very competitive and includes psychiatric differential, board certification pay, and opportunities for additional on-call work. OSH offers opportunities in our general adult, geriatric, and forensic programs. A generous and comprehensive benefit and PERS retirement package is included as well as opportunities to have an academic appointment with the Oregon Health Sciences University. Phone: (503) 945-2887; email: lila.m.lokey@state.or.us; fax: (503) 945-9910; www.oregon.gov/DHS/mentalhealth/osh.

The State of Oregon is an Equal Opportunity Employer.

Horizon Health seeks a Medical Director for a NEW 10 bed IP general Older Adult / Geriatric Psych program. At the center of healthcare in the **Yamhill Valley** and surrounding areas located in **McMinnville, OR.** The award-winning, modern facility houses state-of-the-art services. Client hospital provides all the latest technology to provide the best healthcare available. Responsibilities include attending Medical Director duties for inpatient program and routine MD administrative duties. Offering an attractive income package and located in the heart of Willamette Valley's wine country, midway between the coast and Portland and 30 miles from the capital city of Salem. McMinnville is a wonderful place to live! Contact: Mark Blakeney, email: mark.blakeney@horizonhealth.com or fax: 972-420-8233 EOE.

PENNSYLVANIA

MEDICAL DIRECTOR & ASSOCIATE POSITIONS – Employment or Contractor Positions in Lancaster, PA – VERY attractive compensation packages available; PT work is also available. Involves inpatient work on adult & geropsych units. Plans to expand services and open outpatient outpatient in the works. A beautiful area in eastern PA; strong medical community; an easy drive to several metro areas. Please call Terry B. Good at 1-804-684-5661, Fax #: 804-684-5663; Email: terry.good@horizonhealth.com

---

The Penn State Department of Psychiatry is recruiting in-patient and consultation-liaison psychiatrists for its growing faculty. With our clinical partner, Pennsylvania Psychiatric Institute, the Department staffs three clinics, with outpatient and partial hospital programs for children and adults, 58 adult and 16 child/adolescent beds, ECT and other neuromodulation services, specialty sleep and eating-disorders programs, and expanding psychiatric consultation for Penn State Hershey Medical Center. Our current psychiatry faculty numbers 52, with planned increases, plus 24 residents and fellows, also likely to expand. We are about to start a new Psychology Internship. We have a growing research portfolio and new research groups about to join us, with basic and clinical science and close collaboration with allied neuroscience disciplines at several Penn State campuses.

Successful candidates should have strong clinical and teaching skills and, optimally, potential for scientific and scholarly achievement. We offer a very attractive compensation package commensurate with qualifications.

Central Pennsylvania fosters a delightful quality of life, with ready access to major metropolitan areas like D.C., Baltimore, Philadelphia, and NYC, while placing you in a picturesque and historic environment, with superb schools and varied recreation.

Candidates with interest and skills in these areas should send a curriculum vitae and cover letter to:

Alan J. Gelenberg, M.D.
Shivley/Tan Professor and Chair
Penn State Hershey Medical Center
Department of Psychiatry, H073
500 University Drive, P.O. Box 850
Hershey, PA 17033
Phone: 717.531.8516
Fax: 717.531.6491
agelenberg@hmc.psu.edu

Penn State Hershey Medical Center is committed to affirmative action, equal opportunity and the diversity of its workforce.

We have exciting full and part-time positions in our five-hospital system close to Philadelphia and Wilmington. There are immediate openings in our outpatient psychotherapy practice which includes the **Women's Behavioral Health Program, Child/Adolescent, and General Adult.** Psychiatrists provide both psychotherapy and medication management. We also seek psychiatric leadership of our Pain Management Program.

Excellent salaries and benefit package. Send CV to Kevin Caputo, MD, Chairman Department of Psychiatry, Crozer-Keystone Health System, One Medical Center Blvd., Upland, PA 19013 or call 610-874-5257.

Join our team of 10 psychiatrists and five extenders in a community based mental health program in the scenic Laurel Highlands of Southwestern Pennsylvania (one hour south of Pittsburgh). Immediate openings providing Outpatient, Partial Hospitalization and Residential psychiatric services. Also Tele-psychiatry Opportunities! Full / Part time positions, with NO On-Call. Easy commute and flexible schedules. Current PA license required. Competitive salary and excellent benefits. J-1/H-1 positions available. NHSC approved. Forward CV to Ronald Lobo, MD, Medical Director, 100 New Salem Rd. Uniontown, PA 15401. hr@crcsi.org. To learn more about Chestnut Ridge Counseling Services, please visit our website at www.crcsi.org.

VIEW THE CLASSIFIEDS ONLINE AT WWW.PN.PSYCHIATRYONLINE.ORG

SOUTH CAROLINA

Medical Director Position - Make A Difference in This Community/Hospital - Head up an 8-bed inpatient Geropsychiatric Unit; salaried with benefits or practice opportunity for those who prefer independent contract. Weekend call is 1 in 3 or 4. Rounding on weekends is not necessary unless there is an admission on Friday or Saturday. Great group of people to work with; huge amount of support. Located in northeast SC, easy drive to Florence, SC. Please **call Terry B. Good at 1-804-684-5661,** Fax #: 804-684-5663; Email: terry.good@horizonhealth.com.

Horizon Health seeks a **Psychiatrist** for part-time, weekend coverage for a 15-bed Geriatric Inpatient Psychiatric Program in **Spartanburg, SC.** 2 or 3 weekends per month. For more information contact: Mark Blakeney, Voice: 972-420-7473, Fax: 972-420-8233; email: mark.blakeney@horizonhealth.com. EOE.

TENNESSEE

EAST TENNESSEE STATE UNIVERSITY
JAMES H. QUILLEN COLLEGE OF MEDICINE
DEPARTMENT OF PSYCHIATRY & BEHAVIORAL SCIENCES
ADULT PSYCHIATRIST
CHILD PSYCHIATRIST
GERIATRIC PSYCHIATRIST

Three full-time positions available for Adult Psychiatrist, Child Psychiatrist and Geriatric Psychiatrist. The department seeks Adult Psychiatrist who is BE/BC (at time of hire), Child Psychiatrist who is BE/BC (at the time of hire) in the subspecialty of Child and Adolescent Psychiatry, and Geriatric Psychiatrist who is BE/BC (at the time of hire) in the subspecialty of geriatric psychiatry and will become involved in the development of a Geriatric Psychiatry Fellowship. Positions may include inpatient and/or outpatient. Program activities include clinical care of patients combined with teaching and supervision of residents and medical students. Adult or Child position may be considered for Director of Outpatient Clinic Programs. Research is encouraged but not essential. Salary and academic rank are commensurate with experience and qualifications. Salary is competitive with funding available through the Medical School, faculty private practice and extramural contracts.

ETSU is located in Johnson City which is the perfect blend of four mild and beautiful seasons, gentle mountains and a symphony orchestra. Come explore this ideal family location of college/urban sophistication surrounded by national forests and serene pastures. No state income tax, low cost-of-living, low crime rate, lots of parks, golf courses, and lakes. Apply to this position at https://jobs.etsu.edu. Telephone inquiries should be made at (423) 439-2235 or e-mail at lovedayc@etsu.edu. AA/EOE.

CLASSIFIEDS

Horizon Health, in partnership with **Livingston Regional Hospital** in **Livingston, TN**, near beautiful **Dale Hollow Lake,** has an exciting opportunity for a **Medical Director** at our 10-bed Geriatric Inpatient Psychiatric Program. Excellent income with great quality of life! 2 hours from Nashville and Knoxville and one of the lowest costs of living in the U.S. For more information contact: Mark Blakeney, Voice: 972-420-7473, Fax: 972-420-8233; email: mark.blakeney@horizonhealth.com. EOE

TEXAS

The Department of Psychiatry and Behavioral Sciences of the University of Texas Medical School at Houston has an extraordinary opportunity for psychiatrists seeking to develop and implement new outpatient clinical and research initiatives in community based outpatient clinics within the Houston area with our partner Harris Health. We are also adding faculty to our 250 bed inpatient hospital, the Harris County Psychiatric Center. Our inpatient and outpatient services include unique and robust clinical and research initiatives. The Department is looking to expand clinical and research areas and is seeking general psychiatrists, child and adolescent psychiatrists and geriatric psychiatrists to join a growing academic department dedicated to excellence in training and education, and primacy in research and investigation. The Medical School is part of the University of Texas Health Science Center Houston, located in the Texas Medical Center – the largest medical center in the world. Individuals applying for these positions must be Board Certified in general psychiatry, child & adolescent psychiatry and geriatric psychiatry or have completed an accredited training in these specialty and subspecialty areas in the United States. Additionally, they must be licensed or be eligible for licensing in the State of Texas. Depending upon the applicant's qualification and credentials, faculty appointments at the level of Assistant Professor, Associate Professor or Professor will be offered. Salary levels are very competitive and also carry excellent fringe benefit packages. To find out more information about these unique academically driven positions or to apply for them, please write to Jair C. Soares, M.D., Professor and Chair, and include a copy of your curriculum vitae and a letter of interest to 1941 East Road, Houston, Texas 77054, e-mail: Jair.C.Soares@uth.tmc.edu; phone 713-486-2507; fax 713-486-2553. The University of Texas Health Science Center at Houston is an EO/AA employer. M/F/D/V

UTAH

FORENSIC PSYCHIATRIST

Ski Park City and Snowbird, attend Sundance film festival, and work in nearby Provo. Utah State Hospital seeks a psychiatrist for a 26-bed forensic inpatient unit on a 300-acre campus at the base of the Wasatch mountains. JCAHO/MEDICAID/CMS accredited; electronic chart and pharmacy; on-call optional; collegial environment with academic affiliation; option of four-day work-week. Completed forensic fellowship preferred. Apply on line at https://statejobs.utah.gov, requisition number 29322.

VIRGINIA

PSYCHIATRY OPPORTUNITY WILLIAMSBURG, VIRGINIA

Premier provider of Psychiatry services seeks a BC/BE Psychiatrist for its 57-bed Psychiatric Pavilion. In this position, you will serve Adult and Geriatric patients as well as impaired professionals with acute psychiatric illnesses, including those with dual diagnosis. The Pavilion will meet a community need for inpatient psychiatric care, while also addressing a national need for psychiatric services for physicians, dentists, nurses and other professionals in need of care.

Williamsburg is located on the Virginia Peninsula in the Hampton Roads metropolitan area of Virginia. It is well-known for Colonial Williamsburg.

To learn more, contact Beth Briggs at 800-678-7858 x64454 or ebriggs@cejkasearch.com. ID#151022PY

Psychiatrist Adult and Child & Adolescent

Virginia Tech Carilion School of Medicine and Carilion Clinic, a physician-led multispeciality academic healthcare organization with over 600 physicians, has created new positions for board-certified Adult Psychiatrists and a Child and Adolescent Psychiatrist.

Roanoke, VA – These fulltime faculty positions are associated with the new allopathic medical school and Carilion Roanoke Memorial Hospital, a 700-bed academic tertiary referral center with 32 acute adult psychiatric beds and 12 acute child and adolescent psychiatric beds. Responsibilities include direct clinical services, teaching medical students, and supervising psychiatry residents and fellows. Adult call coverage shared with 12 psychiatrists; Child and Adolescent call coverage shared with 5 psychiatrists.

Christiansburg, VA – Located 35 miles south of Roanoke and near the main Virginia Tech campus, Saint Albans Psychiatric Hospital, as part of Carilion New River Valley Medical Center, boasts a modern 36-bed inpatient adult facility offering partial hospitalization and a full array of outpatient services. Call coverage is shared with 7 other psychiatrists and midlevel providers on site.

Submit CV and cover letter to Amy Silcox Physician Recruiter, amsilcox@carilionclinic.org or call 540-224-5187.

WEST VIRGINIA

Excellent private practice opportunity for a adult/ or child-trained psychiatrist in Southern West Virginia to join a well-established practice. In-patient, out-patient, and consultation services. Exceptional salary and benefits. Good place to raise children. Easy drive to several big cities, heaven for outdoor lovers. Can help with visa conversion and sponsorship. Fax cv to (304) 252-1703 or email nafa2 @aol.com.

C/A Psychiatrist - 50 Minutes from Pittsburgh - Forbes' Top Ten "Best Places to Live Cheaply" because of the low cost of living, highly rated schools, low unemployment and low crime rate. Impressive general hospital with new Child/Adol. Pavilion; this is an inpatient and outpatient position; salaried with benefits and attractive bonus plan. Top-notch staff; great quality of life - truly a "must see" position when considering a new job in a new place. Contact **Terry B. Good at 1-804-684-5661,** Fax #: 804-684-5663; terry.good@horizonhealth.com. EOE

Practice for Sale

Successful Psychiatric Practice For Sale

Harrisburg Pennsylvania based practice with licensed clinicians and strong support staff is available for acquisition due to owners retirement/relocation. Revenue in excess of $420,000. Strong patient referral volume. Price and terms negotiable.

Contact: BMI Mergers & Acquisitions, Tom Kerchner 610-777-7029 or tkerchner@bmimergers.com.

Did you know

APA members can access a collection of various **disaster psychiatry resources** prepared by the APA for use by mental health professionals and those involved with disaster preparedness? From a tool that links members to over 75 District Branch Disaster Liaisons and the Assembly Area Representative Disaster Network...to APA and other organizations' comprehensive disaster psychiatry resources, you can find more information at www.psychiatry.org/practice/professional-interests/disaster-psychiatry

Bundling your advertising products saves you money!

10% off discounts apply when bundling *Psychiatric News* and/or *Psychiatric Services* and APA JobCentral.
Contact Eamon Wood at **ewood@pminy.com.**

APA JobCentral

The Career Hub for Psychiatry

Connects Talent with Opportunity

Filling an open position? Searching for that ideal job? Get started at jobs.psychiatry.org

Manage Your Career

- Search APA JobCentral for psychiatry jobs by position, title, specialty, work setting, location, and key words to access relevant jobs.
- Create an account to save jobs, store multiple resumes and cover letters, keep notes, communicate with employers through our internal messaging system, and more through an engaging interface.
- Set up multiple Job Alerts specifying your skills, interests and location to receive an e-mail when an employer posts a job that matches your criteria.

Recruit for Open Positions

- Post your job in front of highly qualified psychiatrists.
- Cross promote your job listing in APA print publications, e-newsletters and social networking platforms such as Facebook and Twitter.
- Search the anonymous resume database to find your ideal candidate.

Go to **jobs.psychiatry.org** to get started!

APA JobCentral
The Career Hub for Psychiatry

AH1258