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PSYCHIATRIC NEWS

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APA's 166TH ANNUAL MEETING

SAN FRANCISCO

MAY 18-22, 2013

APA ONCE AGAIN returns to San Francisco for its annual meeting, and the city's glories, which have helped attract record attendance in the past, have not dimmed. The views of the bay and ocean from its steep hills are as spectacular as ever, particularly when seen from a cable car. Attendees will be able to stimulate all of their senses with the city's bounty of cultural events, historic sites, dining establishments, and just plain fun. Of course, the real attraction is a scientific program rich in cutting-edge science and clinical advances, and APA is particularly proud to announce that this year's special guest is President Bill Clinton, who is the meeting's keynote speaker.

This issue of *Psychiatric News* contains the preliminary scientific program and information on San Francisco's many attractions. Learn about the latest research findings and clinical advances in psychiatry as you enjoy the inimitable City by the Bay.

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PERIODICALS: TIME SENSITIVE MATERIALS

INSIDE

Now Available!

Keep It Simple

New Forfivo™ XL provides a once-daily, bupropion 450 mg dose in a single tablet:

- Indicated for the treatment of major depressive disorder
- Forfivo XL is bioequivalent to three 150 mg tablets of Wellbutrin XL®[1]
- Rx Savings Program will automatically limit 30-day Rx cost to $28 for most commercial drug plan patients[2]

Do not initiate bupropion therapy with Forfivo XL because the 450 mg tablet is the only available dosage strength. Use a lower-dose bupropion product for therapy initiation and dose titration.

NEW! ONCE-DAILY **450 MG**

Forfivo™ XL

(bupropion hydrochloride extended-release tablets)

Visit ForfivoXL.com to download Rx savings cards.

IMPORTANT SAFETY INFORMATION FOR FORFIVO XL

WARNING: SUICIDALITY and ANTIDEPRESSANT DRUGS; PSYCHIATRIC EVENTS and SMOKING CESSATION
SUICIDALITY and ANTIDEPRESSANT DRUGS: Antidepressants increased the risk compared to placebo of suicidal thinking and behavior (suicidality) in children, adolescents, and young adults in short-term studies of major depressive disorder (MDD) and other psychiatric disorders. Patients of all ages who are started on antidepressant therapy should be monitored appropriately and observed closely for clinical worsening, suicidality, or unusual changes in behavior. Families and caregivers should be advised of the need for close observation and communication with the prescriber. FORFIVO XL is not approved for use in pediatric patients.
PSYCHIATRIC EVENTS and SMOKING CESSATION: FORFIVO XL is not approved for smoking cessation treatment, but bupropion under the name ZYBAN® is approved for this use. Serious neuropsychiatric events, including but not limited to depression, suicidal ideation, suicide attempt, and completed suicide have been reported in patients taking bupropion for smoking cessation. Advise patients and caregivers that the patient using bupropion for smoking cessation should stop taking bupropion and contact a healthcare provider immediately if agitation, hostility, depressed mood, or changes in thinking or behavior that are not typical for the patient are observed, or if the patient develops suicidal ideation or suicidal behavior.

CONTRAINDICATIONS

FORFIVO XL is contraindicated in:

- **Seizure disorder, because these patients may have a lower seizure threshold**
- **Patients treated currently with other bupropion products, because seizure incidence is dose-dependent**
- **A current or prior diagnosis of bulimia or anorexia nervosa**
- **Patients undergoing abrupt discontinuation of alcohol or sedatives**
- **Concurrent administration of monoamine oxidase (MAO) inhibitors.** At least 14 days should elapse between discontinuation of an MAO inhibitor and initiation of treatment with FORFIVO XL.
- **Known hypersensitivity to bupropion or the other ingredients of FORFIVO XL**

WARNINGS AND PRECAUTIONS

Activation of Mania/Hypomania A major depressive episode may be the initial presentation of bipolar disorder. Prior to initiating treatment with an antidepressant, patients with depressive symptoms should be adequately screened to determine if they are at risk for bipolar disorder; such screening should include a detailed psychiatric history, including a family history of suicide, bipolar disorder, and depression. It should be noted that FORFIVO XL is not approved for use in treating bipolar depression. **Seizures** Bupropion is associated with a dose-related risk of seizures. The risk of seizures is also related to patient factors, clinical situations, and concomitant medications, which must be considered in selection of patients for therapy with FORFIVO XL. FORFIVO XL should be discontinued and not restarted in patients who experience a seizure while on treatment. Retrospective analysis of clinical experience gained during the development of bupropion suggests that the risk of seizure may be minimized if the total daily dose of bupropion does not exceed 450 mg and the rate of incrementation of the bupropion dose is gradual. **Psychosis and Other Neuropsychiatric Events** Depressed patients treated with bupropion have been reported to show a variety of neuropsychiatric signs and symptoms, including delusions, hallucinations, psychosis, concentration disturbance, paranoia, and confusion. In some cases, these symptoms abated upon dose reduction and/or withdrawal of treatment. It is recommended stopping bupropion when the symptoms occur. **Severe Hypertension** In clinical practice, hypertension, in some cases severe, requiring acute treatment, has been reported in patients receiving bupropion alone and in combination with nicotine replacement therapy. These reactions have been observed in both patients with and without evidence of preexisting hypertension. Monitoring of blood pressure is recommended in patients who receive the combination of bupropion and nicotine replacement. **Agitation and Insomnia** Increased restlessness, agitation, anxiety, and insomnia, especially shortly after initiation of treatment, have been associated with treatment with bupropion. In clinical studies of MDD, these symptoms (see **Table 2** of the full prescribing information) were sometimes of sufficient magnitude to require treatment with sedative/hypnotic drugs. Symptoms in these studies were sufficiently severe to require discontinuation of treatment in 1% and 2.6% of patients treated with 300 and 400 mg/day, respectively, of bupropion hydrochloride sustained-release tablets and 0.8% of patients treated with placebo. **Altered Appetite and Weight** In placebo-controlled short-term studies of MDD using the sustained-release formulation of bupropion hydrochloride, patients experienced weight gain or weight loss (see **Table 3** of the full prescribing information). In studies conducted with the immediate-release formulation of bupropion hydrochloride, 35% of patients receiving tricyclic antidepressants gained weight, compared to 9% of patients treated with the immediate-release formulation of bupropion hydrochloride. If weight loss is a major presenting sign of a patient's depressive illness, the anorectic and/or weight-reducing potential of FORFIVO XL tablets should be considered. **Hypersensitivity Reactions** Anaphylactoid/anaphylactic reactions characterized by symptoms such as pruritus, urticaria, angioedema, and dyspnea requiring medical treatment have been reported in clinical trials with bupropion. In addition, there have been rare spontaneous postmarketing reports of erythema multiforme, Stevens-Johnson syndrome, and anaphylactic shock associated with bupropion. A patient should stop taking FORFIVO XL and consult a doctor if experiencing allergic or anaphylactoid/anaphylactic reactions (e.g., skin rash, pruritus, hives, chest pain, edema, and shortness of breath) during treatment. Arthralgia, myalgia, and fever with rash and other symptoms suggestive of delayed hypersensitivity have been reported in association with bupropion. These symptoms may resemble serum sickness [see ***Contraindications*** in the full prescribing information].

ADVERSE REACTIONS

Clinical Trials Experience: Commonly Observed Adverse Reactions in Controlled Clinical Trials The most common adverse reactions were (incidence ≥ 5%; ≥ 2 times placebo rate): Dry mouth, nausea, insomnia, dizziness, pharyngitis, abdominal pain, agitation, anxiety, tremor, palpitation, sweating, tinnitus, myalgia, anorexia, urinary frequency, and rash.

Please see brief summary of Prescribing Information, including complete Boxed Warnings, on the following pages.

[1]Wellbutrin XL is a registered trademark of GlaxoSmithKline.

[2]Maximum savings benefit per Rx is $50. Certain patient groups are not eligible for this Rx Savings Program (e.g., federal healthcare programs, including Medicare or Medicaid, Medicare Part D prescription drug plans, or by any similar federal or state program, including a state pharmaceutical assistance program, etc.). Cash-paying patients and Massachusetts patients are eligible but will require a physical Rx savings card.

EDGEMONT® PHARMACEUTICALS

FF0070_JA

FORFIVO XL (bupropion hydrochloride extended-release tablets), for oral use
Brief Summary: Consult package insert for full prescribing information

WARNING: SUICIDALITY and ANTIDEPRESSANT DRUGS; PSYCHIATRIC EVENTS and SMOKING CESSATION

SUICIDALITY and ANTIDEPRESSANT DRUGS: Antidepressants increased the risk compared to placebo of suicidal thinking and behavior (suicidality) in children, adolescents, and young adults in short-term studies of major depressive disorder (MDD) and other psychiatric disorders. Anyone considering the use of FORFIVO XL or any other antidepressant in a child, adolescent, or young adult must balance this risk with the clinical need. Short-term studies did not show an increase in the risk of suicidality with antidepressants compared to placebo in adults beyond age 24; there was a reduction in risk with antidepressants compared to placebo in adults aged 65 and older. Depression and certain other psychiatric disorders are themselves associated with increases in the risk of suicide. Patients of all ages who are started on antidepressant therapy should be monitored appropriately and observed closely for clinical worsening, suicidality, or unusual changes in behavior. Families and caregivers should be advised of the need for close observation and communication with the prescriber. FORFIVO XL is not approved for use in pediatric patients *[see Warnings and Precautions]*.

PSYCHIATRIC EVENTS and SMOKING CESSATION: FORFIVO XL is not approved for smoking cessation treatment, but bupropion under the name ZYBAN® is approved for this use. Serious neuropsychiatric events, including but not limited to depression, suicidal ideation, suicide attempt, and completed suicide have been reported in patients taking bupropion for smoking cessation. Some cases may have been complicated by the symptoms of nicotine withdrawal in patients who stopped smoking. Depressed mood may be a symptom of nicotine withdrawal. Depression, rarely including suicidal ideation, has been reported in smokers undergoing a smoking cessation attempt without medication. However, some of these symptoms have occurred in patients taking bupropion who continued to smoke. All patients being treated with bupropion for smoking cessation treatment should be observed for neuropsychiatric symptoms including changes in behavior, hostility, agitation, depressed mood, and suicide-related events, including ideation, behavior, and attempted suicide. These symptoms, as well as worsening of pre-existing psychiatric illness and completed suicide have been reported in some patients attempting to quit smoking while taking ZYBAN in the postmarketing experience. When symptoms were reported, most were during treatment with ZYBAN, but some were following discontinuation of treatment with ZYBAN. These events have occurred in patients with and without pre-existing psychiatric disease; some have experienced worsening of their psychiatric illnesses. Patients with serious psychiatric illness such as schizophrenia, bipolar disorder, and major depressive disorder did not participate in the premarketing studies of ZYBAN. Advise patients and caregivers that the patient using bupropion for smoking cessation should stop taking bupropion and contact a healthcare provider immediately if agitation, hostility, depressed mood, or changes in thinking or behavior that are not typical for the patient are observed, or if the patient develops suicidal ideation or suicidal behavior. In many postmarketing cases, resolution of symptoms after discontinuation of ZYBAN was reported, although in some cases the symptoms persisted; therefore, ongoing monitoring and supportive care should be provided until symptoms resolve. The risks of using bupropion for smoking cessation should be weighed against the benefits of its use. ZYBAN has been demonstrated to increase the likelihood of abstinence from smoking for as long as 6 months compared to treatment with placebo. The health benefits of quitting smoking are immediate and substantial *[see Warnings and Precautions and Patient Counseling Information]*.

INDICATIONS AND USAGE: FORFIVO XL (bupropion hydrochloride extended-release tablets) is indicated for the treatment of major depressive disorder (MDD). The efficacy in the treatment of MDD was established in two 4-week and one 6-week and one maintenance trial in adult patients whose diagnoses corresponded most closely to the Major Depression category of the APA Diagnostic and Statistical Manual (DSM) *[see Clinical Studies]*. A major depressive episode (DSM-IV) implies the presence of 1) depressed mood or 2) loss of interest or pleasure; in addition, at least 5 of the following symptoms have been present during the same 2-week period and represent a change from previous functioning: depressed mood, markedly diminished interest or pleasure in usual activities, significant change in weight and/or appetite, insomnia or hypersomnia, psychomotor agitation or retardation, increased fatigue, feelings of guilt or worthlessness, slowed thinking or impaired concentration, a suicide attempt, or suicidal ideation. The efficacy of bupropion in pediatric population has not been established. The physician who elects to use FORFIVO XL for extended periods should periodically reevaluate the long-term usefulness of the drug for the individual patient. **CONTRAINDICATIONS:** FORFIVO XL is contraindicated in patients with the following: seizure disorder because these patients may have a lower seizure threshold; patients treated currently with other bupropion products because the incidence of seizure is dose dependent; a current or prior diagnosis of bulimia or anorexia nervosa because of a higher incidence of seizures noted in patients treated for bulimia with the immediate-release formulation of bupropion in a pre-marketing clinical trial; patients undergoing abrupt discontinuation of alcohol or sedatives because of a lower seizure threshold in these conditions; concurrent administration of monoamine oxidase (MAO) inhibitors because MAOIs potentially can enhance the CNS toxicity, at least 14 days should elapse between discontinuation of an MAO inhibitor and initiation of treatment with FORFIVO XL; and known hypersensitivity to bupropion or the other ingredients of FORFIVO XL tablets. Anaphylactoid/anaphylactic reactions and Stevens-Johnson syndrome have been reported *[see Warnings and Precautions]*.

WARNINGS AND PRECAUTIONS: Clinical Worsening and Suicide Risk in Treating Psychiatric Disorder Patients with MDD, both adult and pediatric, may experience worsening of their depression and/or the emergence of suicidal ideation and behavior (suicidality) or unusual changes in behavior, whether or not they are taking antidepressant medications, and this risk may persist until significant remission occurs. Suicide is a known risk of depression and certain other psychiatric disorders, and these disorders themselves are the strongest predictors of suicide. There has been a long-standing concern that antidepressants may have a role in inducing worsening of depression and the emergence of suicidality in certain patients during the early phases of treatment. Pooled analyses of short-term placebo-controlled trials of antidepressant drugs (SSRIs and others) show that these drugs increase the risk of suicidal thinking and behavior (suicidality) in children, adolescents, and young adults (ages 18-24) with MDD and other psychiatric disorders. Short-term studies did not show an increase in the risk of suicidality with antidepressants compared to placebo in adults beyond age 24; there was a reduction with antidepressants compared to placebo in adults aged 65 and older. The pooled analyses of placebo-controlled trials in children and adolescents with MDD, obsessive compulsive disorder (OCD), or other psychiatric disorders included a total of 24 short-term trials of 9 antidepressant drugs in over 4,400 patients. The pooled analyses of placebo-controlled trials in adults with MDD or other psychiatric disorders included a total of 295 short-term trials (median duration of 2 months) of 11 antidepressant drugs in over 77,000 patients. There was considerable variation in risk of suicidality among drugs, but a tendency toward an increase in the younger patients for almost all drugs studied. There were differences in absolute risk of suicidality across the different indications, with the highest incidence in MDD. The risk differences (drug vs. placebo), however, were relatively stable within age strata and across indications. These risk differences (drug-placebo difference in the number of cases of suicidality per 1,000 patients treated) are provided in Table 1.

Table 1. Drug-Placebo Difference in Number of Cases of Suicidality per 1000 Patients Treated

Age Range	
Increases Compared to Placebo	
<18	14 additional cases
18–24	5 additional cases
Decreases Compared to Placebo	
25–64	1 fewer case
≥65	6 fewer cases

No suicides occurred in any of the pediatric trials. There were suicides in the adult trials, but the number was not sufficient to reach any conclusion about drug effect on suicide. It is unknown whether the suicidality risk extends to longer-term use, i.e., beyond several months. However, there is substantial evidence from placebo-controlled maintenance trials in adults with depression that the use of antidepressants can delay the recurrence of depression. All patients being treated with antidepressants for any indication should be monitored appropriately and observed closely for clinical worsening, suicidality, and unusual changes in behavior, especially during the initial few months of a course of drug therapy, or at times of dose changes, either increases or decreases *[see Boxed Warning and Use in Specific Populations]*. The following symptoms, anxiety, agitation, panic attacks, insomnia, irritability, hostility, aggressiveness, impulsivity, akathisia (psychomotor restlessness), hypomania, and mania, have been reported in adult and pediatric patients being treated with antidepressants for MDD as well as for other indications, both psychiatric and nonpsychiatric. Although a causal link between the emergence of such symptoms and either the worsening of depression and/or the emergence of suicidal impulses has not been established, there is concern that such symptoms may represent precursors to emerging suicidality. Consideration should be given to changing the therapeutic regimen, including possibly discontinuing the medication, in patients whose depression is persistently worse, or who are experiencing emergent suicidality or symptoms that might be precursors to worsening depression or suicidality, especially if these symptoms are severe, abrupt in onset, or were not part of the patient's presenting symptoms. Families and caregivers of patients being treated with antidepressants for MDD or other indications, both psychiatric and nonpsychiatric, should be alerted about the need to monitor patients for the emergence of agitation, irritability, unusual changes in behavior, and the other symptoms described above, as well as the emergence of suicidality, and to report such symptoms immediately to health care providers. Such monitoring should include daily observation by families and caregivers *[see Patient Counseling Information]*. Prescriptions for FORFIVO XL should be written for the smallest quantity of tablets consistent with good patient management, in order to reduce the risk of overdose. **Neuropsychiatric Symptoms and Suicide Risk in Smoking Cessation Treatment** FORFIVO XL is not approved for smoking cessation treatment, but bupropion under the name ZYBAN is approved for this use. Serious neuropsychiatric symptoms have been reported in patients taking bupropion for smoking cessation *[see Boxed Warning and Adverse Reactions]*. These have included changes in mood (including depression and mania), psychosis, hallucinations, paranoia, delusions, homicidal ideation, hostility, agitation, aggression, anxiety, and panic, as well as suicidal ideation, suicide attempt, and completed suicide *[see Patient Counseling Information]*. **Activation of Mania/Hypomania** A major depressive episode may be the initial presentation of bipolar disorder. It is generally believed (though not established in controlled trials) that treating such an episode with an antidepressant alone may increase the likelihood of precipitation of a mixed/manic episode in patients at risk for bipolar disorder. Prior to initiating treatment with an antidepressant, patients with depressive symptoms should be adequately screened to determine if they are at risk for bipolar disorder; such screening should include a detailed psychiatric history, including a family history of suicide, bipolar disorder, and depression. It should be noted that FORFIVO XL is not approved for use in treating bipolar depression. **Seizures** Bupropion is associated with a dose-related risk of seizures. The risk of seizures is also related to patient factors, clinical situations, and concomitant medications, which must be considered in selection of patients for therapy with FORFIVO XL. FORFIVO XL should be discontinued and not restarted in patients who experience a seizure while on treatment. Dose: At doses up to 300 mg/day of the sustained-release formulation of bupropion hydrochloride (WELLBUTRIN SR®), the incidence of seizure is approximately 0.1% (1/1,000). Data for the immediate-release formulation of bupropion hydrochloride revealed a seizure incidence of approximately 0.4% (i.e., 13 of 3,200 patients followed prospectively) in patients treated at doses in a range of 300 to 450 mg/day. This seizure incidence (0.4%) may exceed that of some other marketed antidepressants. Additional data accumulated for the immediate-release formulation of bupropion hydrochloride suggested that the estimated seizure incidence increases almost tenfold between 450 and 600 mg/day. The 600 mg dose is twice the usual adult dose and one and one-third the maximum recommended daily dose (450 mg) of FORFIVO XL. This disproportionate increase in seizure incidence with dose incrementation calls for caution in dosing. Patient Factors: Predisposing factors that may increase the risk of seizure with bupropion use include history of head trauma or prior seizure, central nervous system (CNS) tumor, the presence of severe hepatic cirrhosis, and concomitant medications that lower seizure threshold. Clinical Situations: Circumstances associated with an increased seizure risk include, among others, excessive use of alcohol or sedatives; addiction to opiates, cocaine, or stimulants; use of over-the-counter stimulants and anorectics; and diabetes treated with oral hypoglycemics or insulin. Concomitant Medications: Many medications (e.g., antipsychotics, antidepressants, theophylline, and systemic steroids) are known to lower seizure threshold. Recommendations for Reducing the Risk of Seizure: Retrospective analysis of clinical experience gained during the development of bupropion suggests that the risk of seizure may be minimized if the total daily dose of bupropion does not exceed 450 mg, the rate of incrementation of the bupropion dose is gradual. **Psychosis and Other Neuropsychiatric Events** Depressed patients treated with bupropion have been reported to show a variety of neuropsychiatric signs and symptoms, including delusions, hallucinations, psychosis, concentration disturbance, paranoia, and confusion. In some cases, these symptoms abated upon dose reduction and/or withdrawal of treatment. It is recommended stopping bupropion when the symptoms occurred. **Severe Hypertension** In clinical practice, hypertension, in some cases severe, requiring acute treatment, has been reported in patients receiving bupropion alone and in combination with nicotine replacement therapy. These reactions have been observed in both patients with and without evidence of preexisting hypertension. Data from a comparative study of the sustained-release formulation of bupropion hydrochloride (ZYBAN® Sustained-Release Tablets), nicotine transdermal system (NTS), the combination of sustained-release bupropion hydrochloride plus NTS, and placebo as an aid to smoking cessation suggest a higher incidence of treatment-emergent hypertension in patients treated with the combination of sustained-release bupropion hydrochloride and NTS. Monitoring of blood pressure is recommended in patients who receive the combination of bupropion and nicotine replacement. There is no clinical experience establishing the safety of FORFIVO XL tablets in patients with a recent history of myocardial infarction or unstable heart disease. Therefore, care should be exercised if it is used in these groups. Bupropion was well tolerated in depressed patients who had previously developed orthostatic hypotension while receiving tricyclic antidepressants, and was also generally well tolerated in a group of 36 depressed inpatients with stable congestive heart failure (CHF). However, bupropion was associated with a rise in supine blood pressure in the study of patients with CHF, resulting in discontinuation of treatment in 2 patients for exacerbation of baseline hypertension. **Agitation and Insomnia** Increased restlessness, agitation, anxiety, and insomnia, especially shortly after initiation of treatment, have been associated with treatment with bupropion. Patients in placebo-controlled trials of MDD with sustained-release formulation of bupropion hydrochloride, experienced agitation, anxiety, and insomnia as shown in Table 2.

Table 2. Incidence of Agitation, Anxiety, and Insomnia in Placebo-Controlled Trials of Bupropion HCl Sustained-release Tablets for Major Depressive Disorder

Adverse Reactions Term	Bupropion HCl 300 mg/day (n = 376)	Bupropion HCl 400 mg/day (n = 114)	Placebo (n = 385)
Agitation	3%	9%	2%
Anxiety	5%	6%	3%
Insomnia	11%	16%	6%

In clinical studies of MDD, these symptoms were sometimes of sufficient magnitude to require treatment with sedative/hypnotic drugs. Symptoms in these studies were sufficiently severe to require discontinuation of treatment in 1% and 2.6% of patients treated with 300 and 400 mg/day, respectively, of bupropion hydrochloride sustained-release tablets and 0.8% of patients treated with placebo. **Altered Appetite and Weight** In placebo-controlled short-term studies of MDD using the sustained-release formulation of bupropion hydrochloride, patients experienced weight gain or weight loss as shown in Table 3.

Table 3. Incidence of Weight Gain and Weight Loss in Placebo-Controlled Trials of Bupropion Hydrochloride Sustained-release tablets for Major Depressive Disorder

Weight Change	Bupropion HCl 300 mg/day (n = 339)	Bupropion HCl 400 mg/day (n = 112)	Placebo (n = 347)
Gained >5 lbs	3%	2%	4%
Lost >5 lbs	14%	19%	6%

In studies conducted with the immediate-release formulation of bupropion hydrochloride, 35% of patients receiving tricyclic antidepressants gained weight, compared to 9% of patients treated with the immediate-release formulation of bupropion hydrochloride. If weight loss is a major presenting sign of a patient's depressive illness, the anorectic and/or weight-reducing potential of FORFIVO XL tablets should be considered. **Hypersensitivity Reactions** Anaphylactoid/anaphylactic reactions characterized by symptoms such as pruritus, urticaria, angioedema, and dyspnea requiring medical treatment have been reported in clinical trials with bupropion. In addition, there have been rare spontaneous postmarketing reports of erythema multiforme, Stevens-Johnson syndrome, and anaphylactic shock associated with bupropion. A patient should stop taking FORFIVO XL and consult a doctor if experiencing allergic or anaphylactoid/anaphylactic reactions (e.g., skin rash, pruritus, hives, chest pain, edema, and shortness of breath) during treatment. Arthralgia, myalgia, and fever with rash and other symptoms suggestive of delayed hypersensitivity have been reported in association with bupropion. These symptoms may resemble serum sickness *[see Contraindications]*.

ADVERSE REACTIONS: The following risks are discussed in greater detail in other sections of the full prescribing information *[see Warnings and Precautions]*: clinical worsening and suicide risk, neuropsychiatric symptoms and suicide risk in smoking cessation treatment, activation of mania or hypomania, seizures, psychosis, and other neuropsychiatric events, severe hypertension, agitation and insomnia, altered appetite and weight, hypersensitivity reactions. **Clinical Trials Experience** Commonly Observed Adverse Reactions in Controlled Clinical Trials. Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in clinical practice. Adverse reactions from Table 5 occurring in at least 5% of patients treated with the sustained-release formulation of bupropion hydrochloride and at a rate at least twice the placebo rate are listed below for the 300- and 400-mg/day dose groups. 300 mg/day of bupropion sustained release: anorexia, dry mouth, rash, sweating, tinnitus, and tremor. 400 mg/day of bupropion sustained release: abdominal pain, agitation, anxiety, dizziness, dry mouth, insomnia, myalgia, nausea, palpitation, pharyngitis, sweating, tinnitus, and urinary frequency. FORFIVO XL is bioequivalent to three 150 mg tablets of WELLBUTRIN XL®, which has been demonstrated to have similar bioavailability both to the immediate-release formulation of bupropion and to the sustained-release formulation of bupropion. The information included under this subsection and under subsections 6.2 and 6.3 of the full prescribing information is based primarily on data from controlled clinical trials with the sustained-release formulation of bupropion hydrochloride. Adverse Reactions Leading to Discontinuation of Treatment with Bupropion Immediate Release or Bupropion Sustained Release. In placebo-controlled clinical trials, 9% and 11% of patients treated with 300 and 400 mg/day, respectively, of the sustained-release formulation of bupropion hydrochloride and 4% of patients treated with placebo discontinued treatment due to adverse reactions. The specific adverse reactions in these trials that led to discontinuation in at least 1% of patients treated with either 300 mg/day or 400 mg/day of the sustained-release formulation of bupropion hydrochloride, and at a rate at least twice the placebo rate are listed in Table 4.

Table 4. Treatment Discontinuations Due to Adverse Reactions in Placebo-Controlled Trials for Major Depressive Disorder using Bupropion Hydrochloride Sustained Release Formulation

Adverse Reaction	Bupropion HCl 300 mg/day (n = 376)	Bupropion HCl 400 mg/day (n = 114)	Placebo (n = 385)
Rash	2.4%	0.9%	0.0%
Nausea	0.8%	1.8%	0.3%
Agitation	0.3%	1.8%	0.3%
Migraine	0.0%	1.8%	0.3%

In clinical trials with the immediate-release formulation of bupropion, 10% of patients and volunteers discontinued due to an adverse reaction. Reactions resulting in discontinuation, in addition to those listed above for the sustained-release formulation of bupropion hydrochloride, include vomiting, seizures, and sleep disturbances. Adverse Reactions Occurring at an Incidence of 1% or More Among Patients Treated With Bupropion Immediate Release or Bupropion Sustained Release. Table 5 enumerates adverse reactions that occurred among patients treated with 300 and 400 mg/day of the sustained-release formulation of bupropion hydrochloride and with placebo in controlled trials. Reactions that occurred in either the 300- or 400-mg/day group at an incidence of 1% or more and were more frequent than in the placebo group are included. Reported adverse reactions were classified using a COSTART-based Dictionary. Accurate estimates of the incidence of adverse reactions associated with the use of any drug are difficult to obtain. Estimates are influenced by drug dose, detection technique, setting, physician judgments, etc. The figures cited cannot be used to predict precisely the incidence of untoward reactions in the course of usual medical practice where patient characteristics and other factors differ from those that prevailed in the clinical trials. These incidence figures also cannot be compared with those obtained from other clinical studies involving related drug products as each group of drug trials is conducted under a different set of conditions. Finally, it is important to emphasize that the tabulation does not reflect the relative severity and/or clinical importance of the reactions. A better perspective on the serious adverse reactions associated with the use of bupropion is provided in the **Warnings and Precautions**.

Table 5. Adverse Reactions in Placebo-Controlled Trials* for Major Depressive Disorder

Body System/Adverse Reaction	Bupropion HCl 300 mg/day (n = 376)	Bupropion HCl 400 mg/day (n = 114)	Placebo (n = 385)
Body (General)			
Headache	26%	25%	23%
Infection	8%	9%	6%
Abdominal pain	3%	9%	2%
Asthenia	2%	4%	2%

Chest pain	3%	4%	1%
Pain	2%	3%	2%
Fever	1%	2%	–
Cardiovascular			
Palpitation	2%	6%	2%
Flushing	1%	4%	–
Migraine	1%	4%	1%
Hot flashes	1%	3%	1%
Digestive			
Dry mouth	17%	24%	7%
Nausea	13%	18%	8%
Constipation	10%	5%	7%
Diarrhea	5%	7%	6%
Anorexia	5%	3%	2%
Vomiting	4%	2%	2%
Dysphagia	0%	2%	0%
Musculoskeletal			
Myalgia	2%	6%	3%
Arthralgia	1%	4%	1%
Arthritis	0%	2%	0%
Twitch	1%	2%	–
Nervous System			
Insomnia	11%	16%	6%
Dizziness	7%	11%	5%
Agitation	3%	9%	2%
Anxiety	5%	6%	3%
Tremor	6%	3%	1%
Nervousness	5%	3%	3%
Somnolence	2%	3%	2%
Irritability	3%	2%	2%
Memory decreased	–	3%	1%
Paresthesia	1%	2%	1%
Central nervous system stimulation	2%	1%	1%
Respiratory			
Pharyngitis	3%	11%	2%
Sinusitis	3%	1%	2%
Increased cough	1%	2%	1%
Skin			
Sweating	6%	5%	2%
Rash	5%	4%	1%
Pruritus	2%	4%	2%
Urticaria	2%	1%	0%
Special Senses			
Tinnitus	6%	6%	2%
Taste perversion	2%	4%	–
Blurred vision or diplopia	3%	2%	2%
Urogenital			
Urinary frequency	2%	5%	2%
Urinary urgency	–	2%	0%
Vaginal hemorrhage†	0%	2%	–
Urinary tract infection	1%	0%	–

* Adverse reactions that occurred in at least 1% of patients treated with either 300 or 400 mg/day of the sustained-release formulation of bupropion hydrochloride, but equally or more frequently in the placebo group, were: abnormal dreams, accidental injury, acne, appetite increased, back pain, bronchitis, dysmenorrhea, dyspepsia, flatulence, flu syndrome, hypertension, neck pain, respiratory disorder, rhinitis, and tooth disorder.

† Incidence based on the number of female patients.

— Hyphen denotes adverse reactions occurring in greater than 0 but less than 0.5% of patients.

Additional reactions to those listed in Table 5 that occurred at an incidence of at least 1% in controlled clinical trials of the immediate-release formulation of bupropion hydrochloride (300 to 600 mg/day) and that were numerically more frequent than placebo were: cardiac arrhythmias (5% vs. 4%), hypertension (4% vs. 2%), hypotension (3% vs. 2%), tachycardia (11% vs. 9%), appetite increase (4% vs. 2%), dyspepsia (3% vs. 2%), menstrual complaints (5% vs. 1%), akathisia (2% vs. 1%), impaired sleep quality (4% vs. 2%), sensory disturbance (4% vs. 3%), confusion (8% vs. 5%), decreased libido (3% vs. 2%), hostility (6% vs. 4%), auditory disturbance (5% vs. 3%), and gustatory disturbance (3% vs. 1%). Other adverse reactions occurring < 1% in clinical trials: Chills, facial edema, postural hypotension, stroke, syncope, bruxism, gastric reflux, gingivitis, glossitis, increased salivation, mouth ulcers, stomatitis, edema of tongue, ecchymosis, edema, abnormal coordination, decreased libido, depersonalization, emotional lability, hyperkinesia, hypertonia, hypesthesia, ataxia, and derealization, bronchospasm, accommodation abnormality, dry eye, impotence, and prostate disorder. **Postmarketing Experience** The following adverse reactions have been identified during post-approval use of bupropion hydrochloride. Because these reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure. Only those adverse reactions not previously listed for bupropion are included. The extent to which these reactions may be associated with FORFIVO XL is unknown. **Cardiovascular**—complete atrioventricular block, extrasystoles, myocardial infarction, phlebitis, and pulmonary embolism. **Gastrointestinal**—colitis, esophagitis, gastrointestinal hemorrhage, gum hemorrhage, intestinal perforation, pancreatitis, and stomach ulcer. **Endocrine**—hyperglycemia, hypoglycemia, and syndrome of inappropriate antidiuretic hormone. **Hemic and Lymphatic**—anemia, leukocytosis, leukopenia, lymphadenopathy, pancytopenia, and thrombocytopenia. **Metabolic and Nutritional**—glycosuria. **Musculoskeletal**—muscle rigidity/fever/rhabdomyolysis and muscle weakness. **Nervous System**—abnormal electroencephalogram (EEG), aggression, akinesia, aphasia, coma, delirium, dysarthria, dyskinesia, dystonia, extrapyramidal syndrome, hypokinesia, increased libido, neuralgia, neuropathy, and unmasking tardive dyskinesia. **Skin**—alopecia, exfoliative dermatitis, and hirsutism. **Eye**—mydriasis. **Urogenital**—abnormal ejaculation, cystitis, dyspareunia, dysuria, gynecomastia, painful erection, salpingitis, urinary incontinence, and urinary retention.

DRUG INTERACTIONS: Few systemic data have been collected on the metabolism of bupropion following concomitant administration with other drugs or, alternatively, the effect of concomitant administration of bupropion on the metabolism of other drugs. **Potential for Other Drugs to Affect FORFIVO XL** Because bupropion is extensively metabolized, the coadministration of other drugs may affect its clinical activity. Substrates or Inhibitors/Inducers of Cytochrome P450IIB6 (CYP2B6): In vitro studies indicate that bupropion is primarily metabolized to hydroxybupropion by the CYP2B6 isoenzyme. Therefore, the potential exists for a drug interaction between FORFIVO XL and drugs that are substrates or inhibitors/inducers of the CYP2B6 isoenzyme (e.g., orphenadrine, thiotepa, cyclophosphamide, ticlopidine and clopidogrel). In addition, in vitro studies suggest that paroxetine, sertraline, norfluoxetine, and fluvoxamine as well as nelfinavir, inhibit the hydroxylation of bupropion. *Ticlopidine, Clopidogrel:* In a study in healthy male volunteers, 75 mg clopidogrel once daily or 250 mg ticlopidine twice daily increased exposures (C_{max} and AUC) of bupropion by 40% and 60% for clopidogrel, by 38% and 85% for ticlopidine, respectively. The exposures of hydroxybupropion were decreased. This effect is thought to be due to the inhibition of the CYP2B6-catalyzed bupropion hydroxylation. Coadministration of FORFIVO XL with ticlopidine or clopidogrel is not recommended. *Prasugrel:* Prasugrel is a weak inhibitor of CYP2B6. In healthy subjects, prasugrel increased C_{max} and AUC values of bupropion by 14% and 18%, respectively, and decreased C_{max} and AUC values of hydroxybupropion, an active metabolite of bupropion, by 32% and 24%, respectively. The inhibition of prasugrel on bupropion metabolism is not considered clinically significant. *Ritonavir, Lopinavir, Efavirenz:* In a series of studies in healthy volunteers, ritonavir (100 mg twice daily or 600 mg twice daily) or ritonavir 100 mg plus lopinavir (KALETRA) 400 mg twice daily reduced the exposure of bupropion and its major metabolites in a dose dependent manner by approximately 20% to 80%. Similarly, efavirenz 600 mg once daily for 2 weeks reduced the exposure of bupropion by approximately 55%. This effect is thought to be due to the induction of bupropion metabolism. Patients receiving any of these drugs with bupropion may need increased doses of bupropion, but the maximum recommended dose of bupropion should not be exceeded *[see Clinical Pharmacology]*. *Cimetidine:* The threohydrobupropion metabolite of bupropion does not appear to be produced by the cytochrome P450 isoenzymes. The effects of concomitant administration of cimetidine on the pharmacokinetics of bupropion and its active metabolites were studied in 24 healthy young male volunteers. Following oral administration of two 150-mg tablets of the sustained-release formulation of bupropion hydrochloride with and without 800 mg of cimetidine, the pharmacokinetics of bupropion and hydroxybupropion were unaffected. However, there were 16% and 32% increases in the AUC and C_{max}, respectively, of the combined moieties of threohydrobupropion and erythrohydrobupropion. *Carbamazepine, Phenobarbital, Phenytoin:* While not systematically studied, these drugs may induce the metabolism of bupropion. **Potential for FORFIVO XL to Affect Other Drugs** Animal data indicated that bupropion may be an inducer of drug-metabolizing enzymes in humans. In one study, following chronic administration of bupropion hydrochloride, 100 mg 3 times daily to 8 healthy male volunteers for 14 days, there was no evidence of induction of its own metabolism. Nevertheless, there may be the potential for clinically important alterations of blood levels of coadministered drugs. Lamotrigine: Multiple oral doses of bupropion had no statistically significant effects on the single dose pharmacokinetics of lamotrigine in 12 healthy volunteers. Drugs Metabolized by Cytochrome P450IID6 (CYP2D6). Many drugs, including most antidepressants (SSRIs, many tricyclics), beta-blockers, antiarrhythmics, and antipsychotics are metabolized by the CYP2D6 isoenzyme. Although bupropion is not metabolized by this isoenzyme, bupropion and hydroxybupropion are inhibitors of the CYP2D6 isoenzyme in vitro. In a study of 15 male subjects (ages 19 to 35 years) who were extensive metabolizers of the CYP2D6 isoenzyme, daily doses of bupropion hydrochloride given as 150 mg twice daily followed by a single dose of 50 mg desipramine increased the C_{max}, AUC, and $t_{1/2}$ of desipramine by an average of approximately 2-, 5-, and 2-fold, respectively. The effect was present for at least 7 days after the last dose of bupropion. Concomitant use of bupropion with other drugs metabolized by CYP2D6 has not been formally studied. Therefore, coadministration of bupropion with drugs that are metabolized by the CYP2D6 isoenzyme including certain antidepressants (e.g., venlafaxine, nortriptyline, imipramine, desipramine, paroxetine, fluoxetine, and sertraline), antipsychotics (e.g., haloperidol, risperidone, and thioridazine), beta-blockers (e.g., metoprolol), and Type 1C antiarrhythmics (e.g., propafenone and flecainide), should be approached with caution and should be initiated at the lower end of the dose range of the concomitant medication. If bupropion is added to the treatment regimen of a patient already receiving a drug metabolized by CYP2D6, the need to decrease the dose of the original medication should be considered, particularly for those concomitant medications with a narrow therapeutic index. CYP2D6 in order to be effective (e.g., tamoxifen) theoretically could have reduced efficacy when administered concomitantly with inhibitors of CYP2D6 such as bupropion. Although citalopram is not primarily metabolized by CYP2D6, in one study bupropion increased the C_{max} and AUC of citalopram by 30% and 40%, respectively. Citalopram did not affect the pharmacokinetics of bupropion and its three metabolites. **Nicotine Transdermal System** Data from a smoking cessation study suggest that a higher incidence of hypertension in patients who received the combination of sustained-release bupropion hydrochloride and NTS. Monitoring of blood pressure is recommended in patients who receive the combination of bupropion and nicotine replacement *[see Warnings and Precautions]*. **Drug Laboratory Test Interactions** False-positive urine immunoassay screening tests for amphetamines have been reported in patients taking bupropion. This is due to lack of specificity of some screening tests. False-positive test results may result even following discontinuation of bupropion therapy. Confirmatory test such as gas chromatography/mass spectrometry, will distinguish bupropion from amphetamines. **MAO Inhibitors** Studies in animals demonstrate that the acute toxicity of bupropion is enhanced by the MAO inhibitor phenelzine *[see Contraindications]*. **Drugs that Lower Seizure Threshold** Since there is no lower strength for FORFIVO XL, concurrent administration of FORFIVO XL tablets and agents (e.g., antipsychotics, other antidepressants, theophylline, systemic steroids, etc.) that lower seizure threshold should be undertaken only with caution *[see Warnings and Precautions]*. **Alcohol** In postmarketing experience, there have been rare reports of adverse neuropsychiatric events or reduced alcohol tolerance in patients who were drinking alcohol during treatment with bupropion. Alcohol increased the release rate of FORFIVO XL in vitro. The consumption of alcohol during treatment with FORFIVO XL should be avoided. **Levodopa and Amantadine** Limited clinical data suggest a higher incidence of adverse experiences in patients receiving bupropion concurrently with either levodopa or amantadine. Since there is no lower strength for FORFIVO XL, administration of FORFIVO XL tablets to patients receiving either levodopa or amantadine concurrently should be undertaken with caution.

USE IN SPECIFIC POPULATIONS: Pregnancy Teratogenic Effects: **Pregnancy Category C**. In studies conducted in rats and rabbits, bupropion hydrochloride was administered orally at doses up to 450 and 150 mg/kg/day, respectively (approximately 11 and 7 times the maximum recommended human dose [MRHD], respectively, on a mg/m^2 basis), during the period of organogenesis. No clear evidence of teratogenic activity was found in either species; however, in rabbits, slightly increased incidences of fetal malformations and skeletal variations were observed at the lowest dose tested (25 mg/kg/day, approximately equal to the MRHD on a mg/m^2 basis) and greater. Decreased fetal weights were seen at 50 mg/kg and greater. When rats were administered bupropion hydrochloride at oral doses of up to 300 mg/kg/day (approximately 7 times the MRHD on a mg/m^2 basis) prior to mating and throughout pregnancy and lactation, there were no apparent adverse effects on offspring development. One study has been conducted in pregnant women. This retrospective, managed-care database study assessed the risk of congenital malformations overall, and cardiovascular malformations specifically, following exposure to bupropion in the first trimester compared to the risk of these malformations following exposure to other antidepressants in the first trimester and bupropion outside of the first trimester. This study included 7,005 infants with antidepressant exposure during pregnancy, 1,213 of whom were exposed to bupropion in the first trimester. The study showed no greater risk for congenital malformations overall, or cardiovascular malformations specifically, following first trimester bupropion exposure compared to exposure to all other antidepressants in the first trimester, or bupropion outside of the first trimester. The results of this study have not been corroborated. FORFIVO XL should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. **Nursing Mothers** Like many other drugs, bupropion and its metabolites are secreted in human milk. Because of the potential for serious adverse reactions in nursing infants from FORFIVO XL tablets, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother. **Pediatric Use** Safety and effectiveness in pediatric patients have not been established. Anyone considering the use of FORFIVO XL in a child or adolescent must balance the potential risks with the clinical need. **Geriatric Use** Of the approximately 6,000 patients who participated in clinical trials with bupropion hydrochloride sustained-release tablets (depression and smoking cessation studies), 275 were 65 years old and over and 47 were 75 years old and over. In addition, several hundred patients 65 and over participated in clinical trials using the immediate-release formulation of bupropion hydrochloride (depression studies). No overall differences in safety or effectiveness were observed between these subjects and younger subjects. Reported clinical experience has not identified differences in responses between the elderly and younger patients, but greater sensitivity of some older individuals cannot be ruled out. A single-dose pharmacokinetic study demonstrated that the disposition of bupropion and its metabolites in elderly subjects was similar to that of younger subjects; however, another pharmacokinetic study, single and multiple dose, has suggested that the elderly are at increased risk for accumulation of bupropion and its metabolites *[see Clinical Pharmacology]*. Bupropion is extensively metabolized in the liver to active metabolites, which are further metabolized and excreted by the kidneys. The risk of toxic reaction to this drug may be greater in patients with impaired renal function. Because elderly patients are more likely to have decreased renal function, care should be taken in dose selection, and it may be useful to monitor renal function *[see Dosage and Administration and Use in Specific Populations]*. **Renal Impairment** Since there is no lower dose strength for FORFIVO XL, FORFIVO XL is not recommended in patients with renal impairment *[see Clinical Pharmacology]*. **Hepatic Impairment** Since there is no lower dose strength for FORFIVO XL, FORFIVO XL is not recommended in patients with hepatic impairment *[see Clinical Pharmacology]*.

DRUG ABUSE AND DEPENDENCE: Controlled Substance Bupropion is not a controlled substance. **Abuse** Humans: Controlled clinical studies of bupropion hydrochloride (immediate-release formulation) conducted in normal volunteers, in subjects with a history of multiple drug abuse, and in depressed patients showed some increase in motor activity and agitation/excitement. In a population of individuals experienced with drugs of abuse, a single dose of 400 mg of bupropion hydrochloride produced mild amphetamine-like activity as compared to placebo on the Morphine-Benzedrine Subscale of the Addiction Research Center Inventories (ARCI), and a score intermediate between placebo and amphetamine on the Liking Scale of the ARCI. These scales measure general feelings of euphoria and drug desirability. Findings in clinical trials, however, are not known to reliably predict the abuse potential of drugs. Nonetheless, evidence from single-dose studies does suggest that the recommended daily dosage of bupropion when administered in divided doses is not likely to be especially reinforcing to amphetamine or stimulant abusers. However, higher doses that could not be tested because of the risk of seizure might be modestly attractive to those who abuse stimulant drugs. Animals: Studies in rodents and primates have shown that bupropion exhibits some pharmacologic actions common to psychostimulants. In rodents, it has been shown to increase locomotor activity, elicit a mild stereotyped behavioral response, and increase rates of responding in several schedule-controlled behavior paradigms. In primate models to assess the positive reinforcing effects of psychoactive drugs, bupropion was self-administered intravenously. In rats, bupropion produced amphetamine-like and cocaine-like discriminative stimulus effects in drug discrimination paradigms used to characterize the subjective effects of psychoactive drugs.

OVERDOSAGE: Human Overdose Experience Overdoses of up to 30 g or more of bupropion have been reported. Seizure was reported in approximately one third of all cases. Other serious reactions reported with overdoses of bupropion alone included hallucinations, loss of consciousness, sinus tachycardia, and ECG changes such as conduction disturbances or arrhythmias. Fever, muscle rigidity, rhabdomyolysis, hypotension, stupor, coma, and respiratory failure have been reported mainly when bupropion was part of multiple drug overdoses. Although most patients recovered without sequelae, deaths associated with overdoses of bupropion alone have been reported in patients ingesting large doses of the drug. Multiple uncontrolled seizures, bradycardia, cardiac failure, and cardiac arrest prior to death were reported in these patients. **Overdosage Management** Ensure an adequate airway, oxygenation, and ventilation. Monitor cardiac rhythm and vital signs. EEG monitoring is also recommended for the first 48 hours post-ingestion. General supportive and symptomatic measures are also recommended. Induction of emesis is not recommended. Gastric lavage with a large-bore orogastric tube with appropriate airway protection, if needed, may be indicated if performed soon after ingestion or in symptomatic patients. Activated charcoal should be administered. There is no experience with the use of forced diuresis, dialysis, hemoperfusion, or exchange transfusion in the management of bupropion overdoses. No specific antidotes for bupropion are known. Due to the dose-related risk of seizures with FORFIVO XL, hospitalization following suspected overdose should be considered. Based on studies in animals, it is recommended that seizures be treated with intravenous benzodiazepine administration and other supportive measures, as appropriate. In managing overdosage, consider the possibility of multiple drug involvement. The physician should consider contacting a poison control center for additional information on the treatment of any overdose. Telephone numbers for certified poison control centers are listed in the Physicians' Desk Reference (PDR).

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Be the First to Get *DSM-5*

Attendees at APA's 2013 annual meeting are invited to participate in a special event at the American Psychiatric Publishing (APP) Bookstore on Saturday, May 18, from 4 p.m. to 5 p.m. Attendees will have an exclusive opportunity to purchase *DSM-5* before it goes on sale to the public, receive a free gift with purchase, and meet the chairs of the *DSM-5* Task Force. And APA members are eligible to make their purchases at a discount. See box on page 20.

Preliminary Program

FROM THE PRESIDENT

Incredible Meeting, Incredible City!

BY DILIP JESTE, M.D.

I am truly excited to invite you to what will possibly be the largest psychiatric conference of 2013—the annual meeting of the American Psychiatric Association, to be held in San Francisco from May 18 to 22. San Francisco is easily one of the most alluring cities and top tourist destinations in the world. You have heard this before, but it is worth repeating now—our meeting is not only the biggest but also the most educationally comprehensive psychiatric conference, and arguably the best value for the money! And it is set against a rich backdrop that you can thoroughly enjoy when you are not soaking up the latest research and clinical information.

For those who love history, the city of San Francisco was established in 1776, although the earliest archaeological evidence of human habitation of the territory of San Francisco dates to 3000 B.C.! In terms of the history of APA meetings, these were held in 1844, 1846, and 1848, and then annually thereafter except for the years 1861 and 1945. The APA conferences have taken place in over 40 cities in North America. Francis Braceland, M.D., presented the first

William C. Menninger Memorial Convocation Lecture at the 1956 meeting. The tradition of having an annual meeting theme was started in 1984 by APA President George Tarjan, M.D.

The "official" planning for the 2013 annual meeting actually began in fall 2011. Capitalizing on the energy and feedback from previous meeting attendees and presenters, the Scientific Program Committee, under the incredible leadership of Josepha Cheong, M.D., laid the groundwork for outstanding scientific presentations, thought-provoking discussions, and interactive forums revolving around the theme I have selected for the meeting—"Pursuing Wellness Across the Lifespan." Over 2,700 abstracts were submitted and reviewed, and narrowed to the final program of about 500 sessions. The meeting has another important dimension as well—international relevance. I have worked closely with the Scientific Program Committee and the APA staff to develop a program that represents the best of the field, not only in the United States, but also internationally. And don't forget—*DSM-5* will be launched at this meeting. You are invited to a special event to mark the occasion and purchase your copy before it goes on sale to the public (see box on page 5).

Among the perennial highlights of the program are the Invited Award and Special Lecturers, and this year's list is a particular standout. I am very proud to announce that we have a history-making keynote speaker this year—see page 7 for details. Also, we will be hearing from three Nobel Laureates: Elizabeth Blackburn, Ph.D., Stanley Prusiner, M.D., and Andrew Schally, M.D. Our Special Lecturers will explore topics ranging from genetics to cognition and from suicide to new drug discoveries. Acclaimed researcher-clinicians include Irvin Yalom, M.D., Nora Volkow, M.D., Maria Oquendo, M.D., Stephen Stahl, M.D., and Eric Nestler, M.D., Ph.D.—each presenting on the state of the art in his or her area of expertise. Noted neuroscientist Baroness Susan Greenfield of Oxford University will present a timely exploration of the impact of digital technology on the young mind. At the other end of the age spectrum, Gary Small, M.D., will discuss brain health and prevention of Alzheimer's disease.

An additional feature of particular interest will be a dialogue during the Opening Session with Elyn Saks, J.D., Ph.D., the Orrin B. Evans Professor of Law, Psychology, and Psychiatry and the Behavioral Sciences at the USC Gould School of Law, a renowned author with an autobiography on the best-seller list, and a well-known ethicist. Dr. Saks, who suffers from schizophrenia, is an inspirational personification of resilience in the face of a serious mental illness.

There also will be a series of Presidential Symposia sponsored by allied psychiatric organizations, including the American Academy of Psychiatry and the Law, Academy of Psychosomatic Medicine, American Academy of Psychoanalysis and Dynamic Psychiatry, American Academy of Addiction Psychiatry, and American Association for Geriatric Psychiatry.

To make navigating the meeting easier for registrants, a majority of sessions have been organized into seven tracks: Addiction, *DSM-5* (see page 21), Child and Adolescent Psychiatry, Forensic Psychiatry, Geriatric Psychiatry, Psychosomatic Medicine, and the National Institute on Drug Abuse (more about this last track will appear in a future issue). In addition, military-related sessions will be highlighted in a brochure separate from the program guide.

Last but certainly not least, the ever-popular media workshops will combine media presentations (such as films or photographs) with thoughtful discussions. Of note, critically acclaimed director and documentary filmmaker Delaney Hunt, M.D., will be present at a session for her award-winning documentary "Unlisted"—a poignant look at the effects of mental illness on the person and the family. In addition, Dr. Hunt will be premiering her recently completed and highly anticipated documentary on global mental health, "Hidden Pictures."

These are just a few of the exceptional sessions scheduled for the San Francisco meeting. Both the invited and submitted sessions cover an extensive array of topics and issues pertinent to the range of people who attend—from medical students, residents, and early career psychiatrists to mid- and advanced-career psychiatrists.

The 2013 annual meeting is expected to be one of the most worthwhile and memorable experiences of the year. It is a unique opportunity—the largest psychiatric event in the country—to learn about the latest developments in the field, sharpen your clinical skills, and meet with friends and colleagues. Please register now to take advantage of the lower advance registration fees. Also, be sure to book hotel accommodations as the official hotels tend to fill quickly. Remember, San Francisco weather tends to be cool even during the summer. Mark Twain has been famously quoted as saying "The coldest winter I ever spent was a summer in San Francisco."

On behalf of APA and the Scientific Program Committee, I invite you to come and help us make this the most successful meeting yet. Looking forward to seeing you in beautiful San Francisco! PN

REGISTER NOW FOR MEETING AND SAVE ON FEES!

See center insert for registration information. Advance registration fees are now in effect, and you can save even more by registering online.

President Clinton to Be Meeting's Keynote Speaker

The annual meeting in San Francisco in May will feature a major speech on Monday, May 20, by President Bill Clinton.

President Bill Clinton, founder of the William J. Clinton Foundation and 42nd president of the United States, will deliver the keynote lecture at the APA annual meeting in San Francisco on Monday, May 20. The lecture will be held in Hall D at the Moscone Convention Center from 5:30 p.m. to 6:30 p.m.

President Clinton led the U.S. to the longest economic expansion in American history, including the creation of more than 22 million jobs.

After leaving the White House, he established the William J. Clinton Foundation with the mission to improve global health, strengthen economies, promote healthier childhoods, and protect the environment by fostering partnerships among governments, businesses, nongovernmental organizations, and private citizens to turn good intentions into measurable results.

President Clinton has long been dedicated to economic advancement, and the Foundation works to bring economic opportunity to communities in the United States, Africa, and Latin America by connecting people with the tools they need to build a livelihood.

Today the Foundation has staff and volunteers around the world working to improve lives through several initiatives, including the Clinton Health Access Initiative, which is helping 4.5 million people living with HIV/AIDS access lifesaving drugs. The Clinton Climate Initiative, the Clinton Development Initiative, and the Clinton Giustra Sustainable Growth Initiative are applying a business-oriented approach to fight climate change worldwide and to promote sustainable economic growth in Africa and Latin America.

Major cities around the world are working with the Clinton Climate Initiative in partnership with C40 Cities to combat climate change in a way that strengthens local economies. By providing a concrete framework for reducing cities' carbon footprints, the Foundation is helping to cut or abate more than 2 million tons of greenhouse gas emissions.

Ralph Alswang

President Bill Clinton

In the U.S., the Alliance for a Healthier Generation, a partnership between the Foundation and the American Heart Association, is putting a stop to the rise in childhood obesity. More than 14,000 schools in all 50 states are providing students with healthier learning environments, and 30 million students will have access to healthier school meals.

Established in 2005, the Clinton Global Initiative brings together global leaders to devise and implement innovative solutions to some of the world's most pressing issues. So far, more than 2,100 Clinton Global Initiative commitments have improved the lives of 400 million people in 180 nations.

In addition to his Foundation work, President Clinton has joined with former President George H.W. Bush three times—after the tsunami in South Asia in 2004, Hurricane Katrina in 2005, and Hurricane Ike in 2008, and with President George W. Bush in Haiti in the aftermath of the 2010 earthquake. The Clinton Foundation also supports economic growth, job creation, and sustainability in Haiti.

In 2009, President Clinton was named United Nations Special Envoy for Haiti. He has continued to support its people as they work to "build back better" after the 2010 earthquake and implement their economic vision for the future. PN

Information about the William J. Clinton Foundation is posted at http://www.clintonfoundation.org/.

Let Your Feet Take You To the Heart of San Francisco

Sure, the hills can be steep, but San Francisco is still a city you want to see on foot.

BY MARK MORAN

Its fabled hills notwithstanding, San Francisco is a great city for walking.

Stunning vistas of the bay or the ocean when you turn a corner, unique architecture in a range of styles, a wealth of history, distinctive neighborhoods, and—in May when APA members will be visiting for this year's annual meeting—a generally pleasant climate make San Francisco a city you want to experience on foot.

City Guides, founded in 1978, is a nonprofit organization with more than 200 trained volunteers who lead free history and architectural walking tours in San Francisco. Sponsored by the San Francisco Public Library, City Guides offers tours that reveal interesting tidbits of the fabled city's history, legends, and lore.

According to the City Guides Web site, walks last from 90 minutes to two hours. Tours are offered 52 weeks a year, rain or shine, and approximately 30 different walks are offered each month; an expanded schedule, offered in May and October, promises additional walks, some of which are given only in these two months.

Radoslaw Lecyk/Shutterstock

In the Russian Hill neighborhood, steep climbs reward visitors with spectacular views.

Tours are offered in San Francisco's most famous (or, in some cases, infamous) districts, as well as in some of its more hidden neighborhoods. Walkers meet at a place and time designated in the current tour schedule (see Web site below).

No reservations are required. Guests are encouraged to wear comfortable shoes and look for their City Guides tour leader at the meeting place.

Here's a very brief listing of some of the City Guides walking tours:

- **Russian Hill Stairways.** The magical neighborhood of Russian Hill has secret gardens and extraordinary views. Be prepared to climb hills and staircases to visit the former haunts of writers, artists, and a variety of nonconformists who once made the neighborhood their home. And visit one of only two remaining octagon houses. The tour meets at Hyde and Filbert streets.
- **Nob Hill**. San Francisco's most elegant neighborhood, Nob Hill was home to the palaces of old railroad and silver kings. Today, it is still an exclusive neighborhood with the famed Grace Episcopal Cathedral, four prestigious hotels, and a very "tony" men's club. The tour meets at the front entrance to the Stanford Court Hotel on California Street between Powell and Mason.
- **Golden Gate Bridge.** "This tour has everything," according to City Guides. "Soaring design, sleazy politics, stunning engineering, terrifying geology, ripping currents and tides, famous fog, sailboats under your feet, fearless ironworkers, and cowardly bankers . . . and then there's the view from center span." The tour meets at the Strauss statue in the visitors plaza on the San Francisco side of the bridge. (Weather can be unpredictable, so bring a jacket.)
- **Chinatown**. Explore local alleys and walk among sites of temples and tongs and shops of joss, dim sum, and herbs. Learn some colorful history and stories from the oldest Chinatown in the United States. The tour meets in Portsmouth Square Park in front of the parking garage elevators adjacent to the corner of Walter P. Lum Place and Washington Street. PN

More information about City Guides walking tours, a complete listing of walking tours, and the schedule for May is posted at http://www.sfcityguides.org/index.html or available by e-mail at tours@sfcityguides.org or phone at (415) 557-4266.

Jeste, Saks to Discuss Recovery at Opening Session

APA President Dilip Jeste, M.D., and author Elyn Saks, J.D., Ph.D., will discuss recovery and resilience in serious mental illness in a special conversation at the Opening Session.

BY MARK MORAN

This year's Opening Session at APA's annual meeting in San Francisco promises to be a stimulating one, featuring a conversation between APA President Dilip Jeste, M.D., and Elyn Saks, J.D., Ph.D.

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. Jeste will interview Saks about issues related to recovery, stigma, resilience, the relative value of psychosocial and pharmacological interventions, and bioethics relevant to people with serious mental illness.

Saks will be familiar to APA members from her keynote speech at last year's Institute on Psychiatric Services. Echoing the theme of the institute—"Pursuing Wellness Through Recovery and Integration"—Saks recounted a remarkable story of academic and professional success in the face of schizophrenia (*Psychiatric News*, November 2, 2012).

In her address, Saks recalled her 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.

"For 20 years I had struggled with this acceptance, managing to hold on to the idea that there was nothing unusual about my thoughts, that everyone's mind contained the chaos mine did, and that others were simply better at managing it," Saks told the audience at the institute. "I wasn't mentally ill [I thought], I was socially maladroit. Of course, that wasn't true. There is no way to overstate what a thunderclap this revelation was to me. . . . But ironically, the more I accepted that I had a mental illness, the less it defined me."

Ellen Dallager

Elyn Saks, J.D., Ph.D., poses with APA President Dilip Jeste, M.D., at APA's 2012 Institute on Psychiatric Services. Saks, the author of *The Center Cannot Hold: My Journey Through Madness*, shared her story of recovery with attendees.

In introducing Saks at the APA institute, Jeste emphasized that the future of psychiatry lies in embracing not just the treatment of acute symptoms but also a new focus on "positive" psychological traits of resilience, optimism, social integration, and wisdom embodied in Saks' story.

"A Dialogue Between Drs. Dilip Jeste and Elyn Saks" will begin at 5:45 p.m. on Sunday, May 19. The discussion will conclude the Opening Session, which begins at 4:30 p.m. and will follow Jeste's Presidential Address and other ceremonial events. The latter include the presentation of a check to the San Francisco Mental Health Center, a report from the Scientific Program Committee, and introduction of presidents and representatives of U.S. and international allied organizations. PN

Foundation to Hold Benefit In Fairy-Tale Setting

Enjoy an evening of elegance and fine dining while supporting the work of the American Psychiatric Foundation.

BY LINDSEY MCCLENATHAN

While in San Francisco, spend an evening with your colleagues in one of the city's most exclusive locations, known for its world-famous art and architecture—the City Club of San Francisco.

This is the site of this year's American Psychiatric Foundation annual benefit, which will be held on Saturday May 18, from 7 p.m. to 10 p.m. Guests will enjoy live music, delicious food, and the opportunity to meet and mingle.

The City Club is housed in the Stock Exchange Tower, which opened in 1930 as offices of the brokers who worked "on the floor" of the adjacent San Francisco Stock Exchange. In 1931, Mexican artist Diego Rivera painted a fresco in the grand Staircase—it's a popular stop for tourists (see photo).

The venue is decorated in the Art Deco style. Evening views of the San Francisco skyline from the heart of the Financial District await guests, as does an evening of mingling with friends and colleagues and dining treats.

Additionally, guests will be able to view the presentation of the Awards for Advancing Minority Mental Health. Since 2003, the foundation has been presenting psychiatrists, mental health programs and organizations, and other health professionals with awards to recognize innovative and supportive efforts that have increased awareness of mental illness in underserved minority communities, the need for early recognition of mental illness, the availability of treatment and how to access it, and the cultural barriers to treatment.

The American Psychiatric Foundation is the philanthropic and educational arm of APA and supports a variety of programs that educate the public about mental illness and its treatment and contribute to the scientific base of psychiatric practice and policy.

Tickets may be purchased at the American Psychiatric Foundation's Web site at http://www.psychfoundation.org. The price is $125 until May 1, $150 thereafter. PN

REGISTER NOW FOR MEETING AND SAVE ON FEES!

See center insert for registration information. Advance registration fees are now in effect, and you can save even more by registering online.

Mexican artist Diego Rivera created his first U.S. fresco on the wall and ceiling of the grand stairwell. The large figure represents California, for whom the state is named.

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Famed Model Makes San Francisco Her Temporary Home

You may have seen the movie, but in May you will have the opportunity to view the actual painting of the "Girl With a Pearl Earring," which is making a rare visit to the United States and will be at San Francisco's de Young Museum.

BY KEN HAUSMAN

One of the world's most beloved paintings is making one of its three U.S. stops in San Francisco and will be on display during the APA annual meeting in May. Johannes Vermeer's "Girl With a Pearl Earring" is the star of an extensive exhibition of Dutch paintings from the Royal Picture Gallery Mauritshuis in the Hague that will be at the de Young Museum until June 2.

The portrait of the jewel-adorned young woman is one of the exhibition's paintings chosen to illustrate the heights to which Dutch culture, prosperity, and technological innovation reached in the 17th century. Four works by Rembrandt are also included in the exhibition.

"Girl With a Pearl Earring" is one of only 36 paintings by Vermeer known to exist and is widely considered to be his masterpiece. Though the details of Vermeer's life remain a mystery, "the quiet grace and virtuoso technique evident in his paintings, and in particular his rendering of light, have placed him among the most important artists of the 17th century," notes the museum's Web site. The portrait is illustrative of art during Holland's Golden Age, in which secular subjects replaced religious ones, and the focus was on the lives of ordinary Dutch citizens.

And an excellent complement to this exhibition is one titled "Rembrandt's Century," the centerpiece of which is a group of etchings by the Dutch master. His experiments in etching techniques influenced artists for centuries.

The de Young has been among the country's most prominent art museums since its opening in 1894 and merits a visit even without the superstar painting of that young woman. In 2005, a new copper-clad de Young building opened that blends it better into the natural surroundings of its home in Golden Gate Park.

Two Special Exhibitions Vie for Attention

Two other special exhibitions that will be at the de Young during the May annual meeting also open up vistas on the art and culture of diverse regions of the globe. "Eye Level in Iraq: Photographs by Kael Alford and Thorne Anderson" present the works of the two American photojournalists who spent time in Iraq just before and after the American-led war effort in 2003. "Civilians, so often caught in the crossfire of conflict, are the primary subject in the extraordinary photographs of Alford and Anderson," the museum notes. "They are approached not from a fixed military perspective, but from a more intimate point of view, one close to eye level." Alford has said he hopes the photographs compel viewers to think more about "the relationships between public-policy objectives and their real-world execution…."

Also meriting a visit for those interested in the intersection of art and culture is "Objects of Belief From the Vatican: Art of Africa, Oceania, and the Americas." The objects, which are on loan from the Vatican Ethnological Museum, "have been selected for their artistic and cultural significance and span more than four centuries and three continents."

Modern-Art Museum Draws Rave Reviews

Just a few blocks from the Moscone Center, the San Francisco Museum of Modern Art, known to locals and art lovers everywhere as SFMOMA, opened in a new home in 1995 to great acclaim for its architecturally stunning new build-

see **Model** *on page 39*

Johannes Vermeer (Delft 1632–1675 Delft) Girl with a Pearl Earring, ca. 1665. Oil on canvas, 17 1/2 x 15 3/8 in. (44.5 x 39 cm) Royal Picture Gallery Mauritshuis, The Hague, Bequest of Arnoldus des Tombe, 1903 (inv. no. 670)

This world-famous painting can be seen at the de Young Museum during APA's 2013 annual meeting. It is part of an exhibit that is traveling while its home gallery undergoes an extensive renovation.

Jo Ann Snover/Shutterstock

The "painted ladies" at Alamo Square, with the modern San Francisco skyline as backdrop.

San Francisco's Painted Ladies Boast a Century of Admirers

Regardless of whether this will be your first visit to San Francisco or your 20th, the "painted ladies" continue to delight the senses with their timeless vitality.

BY JOAN AREHART-TREICHEL

One of the symbols of San Francisco is the six rainbow-colored Victorian houses known as the "painted ladies." They crown Steiner Street between Hayes and Grove streets.

When viewed from Alamo Square—the park across the street—they provide a stunning portrait, with the modern skyline of downtown San Francisco serving as a dramatic backdrop. This picture is perhaps the most beloved of all San Francisco panoramas and has made the painted ladies world famous.

When you come to San Francisco for the annual meeting, you might want to consider paying a call on the painted ladies. They are captivating for a number of reasons.

First, they are all in the Queen Anne style, which was popular during the 1880s and 1890s. It was the most elaborate and eccentric of the Victorian architectural styles. Houses were asymmetrical and had steeply pitched, irregular roofs; cylindrical corner towers wearing "witch's hat" turrets; fish-scale shingles; delicate porch posts; stained-glass windows, and other embellishments. Even though this style was popular during Queen Victoria's reign in England, it was named after Queen Anne, an earlier English monarch who was associated with grandeur and elegance.

In addition, the houses have served as settings for commercials, the movie "Invasion of the Body Snatchers," and the television show "Full House," among others.

The ladies even hold appeal for residents who live near them. As one resident noted in her blog, "Despite having lived

see **Painted Ladies** *on page 39*

Search for Treasure Is Woven Into Tapestry of City's History

Seismic events other than earthquakes have shaped San Francisco's modern history. One might say that these events have been propelled by people's hunger for treasure—either of a financial nature or a psychological or spiritual one.

BY JOAN AREHART-TREICHEL

Defining modern San Francisco is a challenge by anyone's standards. Perhaps the best description is that of a city of hills, fog, earthquakes, and the search for treasure—either of a financial nature or a psychological-spiritual one.

Let's start with the Gold Rush. In 1848, gold nuggets were discovered in the foothills northeast of San Francisco where a Swiss immigrant, John Sutter, was building a saw mill. The discovery prompted thousands of speculators to inundate San Francisco. Most gold seekers, however, found only enough gold to pay for their daily expenses—if they were among the fortunate few, that is. Even Sutter, who had wanted to create a utopian agricultural settlement, was quoted in 1857 as saying, "What a great misfortune was this sudden gold discovery for me! . . . . From my mill buildings I reaped no benefit whatever, the mill stones even have been stolen and sold."

By the start of the 20th century, San Francisco had struck it rich again. Its U.S. mint contained a third of the country's gold supplies. It was the largest city on the West Coast, the financial center of the Western United States, and famous for its ostentatious mansions, stately hotels, and the flamboyant lifestyle of its citizens. Then misfortune struck in 1906 when a powerful earthquake devastated the city. As buildings collapsed, ruptured gas lines ignited fires that rapidly spread throughout the city. Several thousand people died. More than half the city's population were left homeless.

But San Francisco rose once again, reinventing itself to become a financial powerhouse. In the wake of the 1929 stock market crash, not a single San Francisco bank failed. Construction of the Golden Gate Bridge was started in 1933 and was funded by city bonds purchased by Amadeo Giannini, the founder of the San Francisco-based Bank of America. Giannini purchased the bonds to help the local economy. The bridge opened in 1937.

Jim Feliciano/Shutterstock

This is the famous Auburn Miner statue—a longtime city landmark in Auburn, Calif., an old Gold Rush city near San Francisco.

In the summer of 1967, San Francisco acquired a new image and wealth of a less tangible nature than gold or currency. Thousands of young people—so-called hippies or flower children—flocked into the city's Haight-Ashbury neighborhood. The migration was called the Summer of Love. "It was sex, drugs, and rock and roll, and those were all fun," author and social satirist Paul Krassner commented in a 2007 *San Francisco Chronicle* article. "But at the core of this counterculture was a spiritual revolution, in a sense of leaving the Western religions of control and exploring the Eastern disciplines of liberation." And as civil-rights lawyer Angela Alioto was quoted as saying in the same issue of the *Chronicle*, "The Summer of Love really stressed the principles of St. Francis of Assisi, the guy who loved the environment, loved animals, loved the sick and poor, and was against war. . . . The Summer of Love was flat-out beautiful!"

More searching for liberation and

see **Treasure** *on page 42*

Key Sights Reflect City's Dependence on the Sea

The Embarcadero, separating the city from the bay, contains two popular tourist sites—Fisherman's Wharf and the Ferry Building. The former is tumultuous and entertaining, the latter is more laid back.

BY JOAN AREHART-TREICHEL

The Embarcadero is an embankment that flanks the east and northern rims of San Francisco and separates it from its namesake bay.

In 1989, among the very few silver linings left behind after a devastating earthquake was severe damage to an unsightly double-decker freeway that ran along the Embarcadero and separated it from the rest of the city. After the quake, the freeway was torn down, and the Embarcadero emerged in unfettered splendor to entice tourists and natives alike to two of its major attractions—Fisherman's Wharf and the Ferry Building. The former is located on the Embarcadero west of Pier 39; the latter is located on the Embarcadero at the foot of Market Street.

Fisherman's Wharf is tumultuous and entertaining. You'll find a salty breeze nipping at your face, smell the enticing aroma of sourdough bread, and hear barking seals competing with street musicians. You might have the dubious honor of being scared by a street performer who likes to hide behind eucalyptus branches and startle people as they walk by. There are also restaurants run by the same families for three generations, a store that sells items for lefties—say, coffee mugs and oven mitts and T shirts that say "I am a lefty, but I am always right."

The Ferry Building, in contrast to Fisherman's Wharf, is placid. It contains offices, a popular farmer's market, and colorful food shops with names such as the Cowgirl Creamery's Artisan Cheese Shop and the Hog Island Oyster Company. The former sells its own cheese and well-known cheeses from the United States and Europe. The latter supports small-scale organic food producers; it also sells oysters and clams raised on its own farm. Outside the Ferry Building, one can take ferries to destinations such as Angel Island (good for biking, hiking, and picnics) or Marin County (home to the picuresque artists' mecca of Sausalito). The ferry rides offer spectacular panoramic views of San Francisco.

Eiji Ueda/Shutterstock

San Francisco's Ferry Building hosts a food market whose offerings will make any gourmand's mouth water.

Even during the time of the California Gold Rush in the mid-19th century, the Embarcadero had a wooden ferry house on it. In 1898, the wooden house was replaced with a large steel-framed ferry building with a tall clock tower. It was designed by New York architect A. Page Brown in the Beaux Arts style. It was so well built that it survived the famous San Francisco earthquake of 1906. It was renovated in 2002 and reopened in 2003. It is a designated San Francisco landmark and listed on the National Register of Historic Places.

Fisherman's Wharf also got its start in the mid-19th century, thanks to a man

see **Embarcadero** *on page 42*

2013 APA ANNUAL MEETING

KEYNOTE SPEECH BY PRESIDENT BILL CLINTON

MONDAY, MAY 20, 5:30 PM TO 6:30 PM
SAN FRANCISCO, CA
MOSCONE CENTER, HALL D

After leaving the White House, President Bill Clinton established the William J. Clinton Foundation with the mission to improve global health, strengthen economies, promote healthier childhoods, and protect the environment by fostering partnerships among governments, businesses, nongovernmental organizations (NGOs), and private citizens to turn good intentions into measurable results. Today the Foundation has staff and volunteers around the world working to improve lives through several initiatives, including the Clinton Health Access Initiative, which is helping 4.5 million people living with HIV/AIDS access lifesaving drugs. The Clinton Climate Initiative, the Clinton Development Initiative, and the Clinton Giustra Sustainable Growth Initiative – are applying a business-oriented approach to fight climate change worldwide and to promote sustainable economic growth in Africa and Latin America. In the U.S., the Foundation is working to combat the alarming rise in childhood obesity through the Alliance for a Healthier Generation, and is helping individuals and families succeed and to increase small business growth in underserved communities through the Clinton Economic Opportunity Initiative. Established in 2005, the Clinton Global Initiative brings together global leaders to devise and implement innovative solutions to some of the world's most pressing issues. So far, more than 2,100 Clinton Global Initiative commitments have improved the lives of 400 million people in 180 nations.

Human Rights Award

Purpose: The Human Rights Award recognizes extraordinary efforts to promote human rights of populations with mental health needs. Eligible recipients include individuals, organizations, and programs, or some combination of these. Although recipients need not be APA members, the primary nomination letter must be submitted by an APA member.

Nomination Procedures: APA members are asked to submit nominations by **May 1, 2013** to:

Human Rights/Isaac Ray Committee
American Psychiatric Association
c/o Lori Klinedinst, Staff Liaison
1000 Wilson Blvd., Suite 1825
Arlington, VA 22209
E-mail: advocacy@psych.org

The primary nomination letter should succinctly describe the contributions that are the basis for the nomination and be accompanied by a curriculum vitae of the nominee.

An additional letter of support must be included. The Human Rights/Isaac Ray Committee will serve as the award review panel in recommending the recipients of this award. The recipients will receive a plaque which will be awarded during the Convocation at the APA's 2014 Annual Meeting in May.

Isaac Ray Award

The American Psychiatric Association and the American Academy of Psychiatry and the Law invite nominations for the Isaac Ray Award for 2014. This award honors Dr. Isaac Ray, one of the original founders and the fourth President of the American Psychiatric Association, and is presented to a person who has made outstanding contributions to forensic psychiatry or to the psychiatric aspects of jurisprudence. The award, which will be presented at the Convocation of Fellows at the Annual Meeting of the American Psychiatric Association in New York, NY, in May 2014, includes an honorarium of $l,500. The recipient obligates himself or herself to deliver a lecture at the American Academy of Psychiatry and Law's annual meeting.

Nominations are requested as follows: (1) a primary nominating letter (sent with the consent of the candidate), which includes a curriculum vitae and specific details regarding the candidate's qualifications for the Award, and (2) a supplemental letter from a second nominator in support of the candidate. Additional letters related to any particular candidate will not be accepted or reviewed by the Award Committee. Nominators should not submit letters on behalf of more than one candidate.

The deadline for receipt of nominations is **May 1, 2013**. Nominations will be kept in the pool of applicants for two years.

Nominations, as outlined above, should be submitted to:

Steven Hoge, M.D., Chairperson
c/o Lori Klinedinst, Staff Liaison
Isaac Ray Award Committee
American Psychiatric Association
1000 Wilson Boulevard, Suite 1825
Arlington, VA 22209
E-mail: advocacy@psych.org

SATURDAY, MAY 18

8 A.M.-NOON
COURSES 1-4

SEMINARS

SM01. Cognitive Behavior Therapy for Severe Mental Illness *Director: Jesse H. Wright, M.D., Ph.D.*

SM02. The International Medical Graduate Institute *Directors: Jacob Sperber, M.D., Nyapati R. Rao, M.D., M.S.*

SM03. Mindfulness: Practical Approaches for Psychiatrists and Their Patients *Director: Susan Abbey, M.D.*

9 A.M.-10:30 A.M.
POSTER SESSION 1

Medical Student/Resident Competition

SCIENTIFIC AND CLINICAL REPORTS

SCR1. Substance Abuse: Treatment and Recovery

1. Physicians in Recovery Who Are Members of Alcoholics Anonymous: Correlates of Sustained Remission From Substance Dependence *Marc Galanter, M.D.*

2. Disseminating Evidence-Based Models for Substance Use and Depression in Community Health Centers *Mark Valenti*

3. Residential Versus Outpatient Substance Abuse Treatment for Older Adults With Co-Occurring Psychiatric Conditions and Chemical Dependency *Bentson McFarland, M.D., Ph.D.*

SMALL INTERACTIVE SESSION

SI01. The Future of Psychiatry *Chair: Dilip V. Jeste, M.D.*

WORKSHOPS

W1. Women at War: Perspectives From Military Psychiatry *Chairs: Elspeth C. Ritchie, M.D., M.P.H., Evelyn Vento, M.D.*

W2. Making Parity Practical: Nonquantitative Treatment Limits (NQTLs) and the Mental Health Parity and Addictions Equity Act (MHPAEA) of 2008 *APA Council on Psychiatry and Law; Chair: Patricia R. Recupero, M.D., J.D.*

W3. Medical Conditions Mimicking Psychiatric Disorders Versus Psychiatric Disorders Mimicking Medical Conditions: Diagnostic and Treatment Challenges *APA Council on Psychosomatic Medicine; Chairs: Catherine C. Crone, M.D., Lorenzo Norris, M.D.*

W4. *DSM-5* for the Member-in-Training (For Residents Only) *Chairs: Erik Vanderlip, M.D., Alik Widge, M.D., Ph.D.*

W5. New Developments in APA Practice Guidelines on Eating Disorders, Obsessive-Compulsive Disorder, and Alzheimer's Disease *APA Steering Committee on Practice Guidelines; Chairs: Joel Yager, M.D., Laura Fochtmann, M.D.*

W6. Substance Use Disorders in *DSM-5* *APA Task Force on DSM-5; Chairs: Charles P. O'Brien, M.D., Ph.D., Deborah Hasin, Ph.D.*

9 A.M.-NOON
MEDIA WORKSHOP

MW1. Departures: Personal Transformation Through an Encounter With Death *Chair: Francis Lu, M.D.*

PRESIDENTIAL SYMPOSIUM

PS1. Envisioning a New Psychiatry: Radical Perspectives *Chairs: Carl I. Cohen, M.D., Kenneth Thompson, M.D., Sami Timimi, M.B.Ch.B.*

1. Globalization and Mental Health: The Weight of the World, the Size of the Sky *Jean Furtos, M.D.*

2. Re-Engaging Research Around the Social and Economic Production of Mental Health: Toward a Comprehensive Model of Mental Illness *Sandro Galea, M.D.*

3. Beyond the Technological Paradigm: A Positive Path for Psychiatry *Pat Bracken, M.D., Ph.D.*

4. Eco-Psychiatry: Why We Need to Keep the Environment in Mind *Steven Moffic, M.D.*

5. Alternative, Complimentary, or Traditional: A Radical Psychiatry Approach From the C/S/X Perspective *Keris J. Myrick, M.B.A., M.S.*

SYMPOSIA

S1. Blogs, Tweets, Texts, and "Friends": Professionalism and the Internet *American Association of Directors of Psychiatric Residency Training*

1. Liability and Conflict of Interest *Joan Anzia, M.D.*

2. Academic Honesty *Robert Boland, M.D.*

3. Privacy and Confidentiality *Nadyah John, M.D.*

4. Redefining the Psychotherapy "Frame" in an Internet-Connected World *James W. Lomax, M.D.*

5. Mandated Reporting and Safety Concerns *Anthony Rostain, M.A., M.D.*

S2. Advances in the Neuroimaging of Adult ADHD

1. Effect of Psychostimulants on Brain Structure and Function in ADHD: A Qualitative Literature Review of MRI-Based Neuroimaging Studies *Joseph Biederman, M.D.*

2. Resting-State Functional Connectivity in a Longitudinal Study of ADHD From Childhood Into Adulthood Reflects Diagnostic Status *John Gabrieli, Ph.D.*

3. Functional Genomics of ADHD Risk Alleles on Dopamine Transporter Binding in ADHD and Healthy Controls *Thomas Spencer, M.D.*

4. Cerebro-Cerebellar Abnormalities Associated With Cognitive and Motor Processes in Adult ADHD *Eve Valera, Ph.D.*

S3. Update on Psychopharmacology in the Medically Ill

1. Severe Drug Reactions in Psychopharmacology *Stanley N. Caroff, M.D.*

2. Psychopharmacology in Patients With Cardiac Disease *Peter A. Shapiro, M.D.*

3. Clinical Questions *Stephen J. Ferrando, M.D.*

4. Clinical Questions *James Levenson, M.D.*

S4. Smoking Cessation in Patients With Severe Mental Illness: New Research Findings and Clinical Implications *U.S. National Institute on Drug Abuse*

1. Varenicline and Smoking Cessation in Schizophrenia *S. Hossein Fatemi, M.D., Ph.D.*

2. Varenicline Versus Placebo for Smoking Cessation in Persons With Bipolar Disorder *K. N. Roy Chengappa, M.D.*

3. Contingency Management for Treating Cigarette Smoking in Substance Abusers: Effects, Limitations, and Opportunities With Technological Advances *Sheila M. Alessi, Ph.D.*

4. Novel Pharmacological Treatments for Cocaine and Nicotine Dependence *Mehmet Sofuoglu, M.D., Ph.D.*

5. The Impact of Concurrent Outpatient Smoking-Cessation and Methamphetamine/Cocaine-Dependence Treatment on Stimulant-Dependence Outcomes *Theresa Winhusen, Ph.D.*

S5. *DSM-5* Psychosis Chapter *APA Task Force on DSM-5*

1. Conceptual and Criteria Changes From *DSM-IV Rajiv Tandon, M.D.*

2. Relationships Between the

Annual Meeting Highlights

Here are just some of the annual meetings highlights and general information that you'll want to include in your schedule. *Please note that the Convocation of Distinguished Fellows has been moved to Saturday, May 18.*

- **Opening Session:** Sunday, May 19, 4:30 p.m.-6:30 p.m. Opening ceremonies will be followed by a conversation between APA President Dilip Jeste, M.D., and Elyn Saks, J.D., Ph.D., 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 (see page 8). Hall D, Moscone Convention Center.
- **Convocation of Distinguished Fellows:** Saturday, May 18, 5:30 p.m.-6:30 p.m. The session includes induction of new fellows, presentation of awards, and the presentation of the William C. Menninger Memorial Convocation Lecture. Hall D, Moscone Convention Center.
- **Keynote Lecture:** President Bill Clinton will present the keynote lecture on Monday, May 20, 5:30 p.m.-6:30 p.m. Only paid registrants will be permitted to attend. Badges will be checked at the door without exception. Hall D, Moscone Convention Center.
- **Registration/Course Enrollment:** Friday, May 17, 11 a.m.-6 p.m. (exclusive members-only registration from 11 a.m.-noon); Saturday-Tuesday, May 18-21, 7:30 a.m.-5 p.m.; Wednesday, May 22, 7:30 a.m.-10 a.m. Moscone Convention Center.
- **Courses/Master Courses:** Saturday, May 18, 8 a.m.-noon, 9 a.m.-4 p.m., 1 p.m.-5 p.m.; buprenorphine course: Sunday, May 19, 7:30 a.m.-4:30 p.m.; all other courses: 8 a.m.-noon, 9 a.m.-4 p.m.; no afternoon courses; Monday-Wednesday, May 20 -May 22 , 8 a.m.-noon, 9 a.m.-4 p.m. and 1 p.m.-5 p.m. Moscone Convention Center.
- **New Research Posters:** Resident Competition Poster Sessions: Saturday, May 18, 9 a.m.-10:30 a.m. and 11:30 a.m.-1 p.m. New Research/Young Investigator Poster Sessions: Sunday, May 19, 10 a.m.-noon., and Monday, May 20, 9 a.m.-10:30 a.m. International Poster Session: Saturday, May 18, 2 p.m.-4 p.m. For other poster sessions, check your program guide. Exhibit Hall, Moscone Convention Center.
- **Media Workshops (one each evening):** Saturday-Tuesday, May 18-21, 7 p.m.-10 p.m., San Francisco Marriott Marquis Hotel.
- **APA Member Center and APP Bookstore:** Saturday, May 18, 9 a.m.-5 p.m.; Sunday – Tuesday, May 19-21, 10 a.m.-4 p.m. Exhibit Hall, Moscone Convention Center.
- ***DSM-5* Exclusive Event:** Saturday, May 18, 4 p.m.-5 p.m. Attendees can meet the task force chairs, purchase *DSM-5,* and get a free gift with purchase. APP Bookstore, Exhibit Hall, Moscone Convention Center.
- **Publishers' Bookfair, International Pavilion, and Career Fair:** Saturday, May 18, 9 a.m.-4 p.m.; Sunday –Tuesday, May 19-21, 10 a.m.-4 p.m. Exhibit Hall, Moscone Convention Center.
- **Exhibits:** Sunday-Tuesday, May 19-May 21, 10 a.m.-4 p.m. Exhibit Hall, Moscone Convention Center.
- **American Psychiatric Foundation Benefit:** Saturday, May 18, 7 p.m.-10 p.m. City Club of San Francisco (see page 8).
- **MindGames:** Tuesday, May 21, 6 p.m.-7 p.m., hosted by Glen Gabbard, M.D. Room 135, Moscone Convention Center.
- **Shuttle Busing:** Saturday-Wednesday, May 18-22: Starts each day at 7 a.m. with pick up at hotels. Last departure from Moscone Convention Center: Saturday-Monday, May 18-20, 7:30 p.m.; Tuesday-Wednesday, May 21-22, 5:30 p.m.

SATURDAY, MAY 18

Dimensions and Behavioral Constructs in the *DSM-5* Psychosis Chapter With the Considerations of the NIMH RDoC Initiative *Dolores Malaspina, M.D., M.P.H.*

3. Neurocognition in Psychosis *Raquel E. Gur, M.D., Ph.D.*

4. Attenuated Psychosis Syndrome *Ming Tsuang, M.D., Ph.D.*

5. Psychotic Disorders in *DSM-5*: Anticipated Differences With *ICD-11* *Wolfgang Gaebel, M.D., Ph.D.*

S6. Curricula for Teaching Residents to Work in Integrated Care

1. Integrated Psychiatry: Primary Medical Care Training at Portland VAMC *Kristen Dunaway, M.D.*

2. Integrated Care and Training in a Colocated Clinic *Marshall Forstein, M.D.*

3. Child Psychiatry and Pediatric Residents: Training and Working at the Interface *Emily Frosch, M.D.*

4. Curricula for Teaching Residents to Work in Integrated Care *Jaesu Han, M.D.*

5. Combined Medicine/Psychiatric Residency Training: An Overview *Robert M. McCarron, D.O.*

6. The Mental Health Integration Program Rotation: Using Brief Teaching Modules and Immersion to Teach Collaborative Care Consultation Psychiatry *Anna Ratzliff, M.D., Ph.D.*

S7. Cutting-Edge Treatment of Schizophrenia Over the Life Cycle: New Data and New Strategies

1. Assessment and Treatment of the Attenuated Psychosis Syndrome and Pediatric-Onset Schizophrenia *Stephen R. Marder, M.D.*

2. Managing Acute Episodes of Schizophrenia *Christoph U. Correll, M.D.*

3. Mid-Term and Long-Term Treatment of Schizophrenia for Patients and Their Significant Others *Ira D. Glick, M.D.*

4. Treatment of Late-Life Schizophrenia *Alana Iglewicz, M.D.*

5. Cutting-Edge Treatment of Schizophrenia Over the Life Cycle: New Data and New Strategies *David L. Braff, M.D.*

S8. Trends, Uncertainties, and Controversies in the Treatment of the Transgendered

1. Trends, Uncertainties, and Controversies in the Treatment of the Transgendered *Joel Andrade, Ph.D.*

2. Policy Trends in Transgender Services *Heino F. L. Meyer-Bahlburg, Ph.D.*

3. Developmental Trajectories of Children With Gender Dysphoria *Kenneth J. Zucker, Ph.D.*

4. Mental Health Care for Gender Dysphoric Adolescents *Peggy Cohen-Kettenis, Ph.D.*

5. What the New Follow-Up Data on All Swedish Sex Reassignment Surgery (SRS) Patients Might Mean *Stephen B. Levine, M.D.*

6. Treating Transgendered Offenders *Robert Diener, M.D.*

S9. Posttraumatic Stress Disorder Care in the U.S. Department of Veterans Affairs *U.S. Department of Veterans Affairs*

1. U.S. Department of Veterans Affairs/Department of Defense Clinical Practice Guidelines for PTSD *Matthew J. Friedman, M.D., Ph.D.*

2. Evidence-Based Psychopharmacology for PTSD in the U.S. Department of Veterans Affairs *Murray A. Raskind, M.D.*

3. Evidence-Based Psychotherapy for PTSD: Mobile Apps as Implementation Supports *Josef I. Ruzek, Ph.D.*

4. Addressing PTSD in Primary Care in the Veterans Health Administration: A Work in Progress *Andrew S. Pomerantz, M.D.*

5. Clinical Demonstration Projects Using Meditation for PTSD *Janet E. Kemp, Ph.D., R.N.*

S10. Update on the Status of Psychiatry in the Arab World *Arab American Psychiatric Association*

1. Mental Health Publications in the Arab World *Walid Sarhan, M.D.*

2. Human Rights of Mental Patients in Morocco *Driss Moussaoui, M.D.*

3. Mental Health Legislation in the Arab World *Nasser Loza, M.B.Ch.B.*

4. Clinical Psychiatric Services in the Arab World *Suhaila Ghuloum, M.D.*

5. Psychiatric Education and Training in the Arab World *Ossama T. Osman, M.D.*

S11. The Evaluation and Management of Bipolar Disorder in Older Adults: New Findings From Clinical Research *APA Council on Geriatric Psychiatry*

1. Geriatric Bipolar Disorder: What Do We Know About Best Practices for Clinical Management? *Susan Lehman, M.D.*

2. Cognition in the Context of Aging in Bipolar Disorder: A Double Burden *Sara Weisenbach, Ph.D.*

3. Toward Rational Pharmacotherapy in Bipolar Elders: Findings From GERI-BD *Robert C. Young, M.D.*

4. Neuroimaging Evidence of Mitochondrial Impairment in Geriatric Bipolar Disorder *Brent Forester, M.D., M.Sc.*

S12. Symptoms and Disability Measures in *DSM-5* *APA Task Force on DSM-5*

1. *DSM-5* Adult Patient-Rated, Cross-Cutting Dimensional Measures: Reliability, Sensitivity to Change, and Association With Disability in the *DSM-5* Adult Female *Diana E. Clarke, Ph.D.*

2. *DSM-5* Child and Parent/Guardian-Rated, Cross-Cutting Measures: Reliability, Sensitivity to Change, and Association With Levels of Disability in *DSM-5 S. Janet Kuramoto, Ph.D., M.H.S.*

3. The World Health Organization Disability Assessment Schedule in the *DSM-5* Field Trials: Reliability and Associations With Psychiatric Diagnosis *William Narrow, M.D., M.P.H.*

4. *DSM-5* Patient-Rated Dimensional Measures in Routine Clinical Practice: Feasibility, Clinical Usefulness, and Association With Levels of Disability *Eve Moscicki, Sc.D., M.P.H.*

S13. The Long-Term Course of Borderline Personality Disorder: 16-Year Findings From the McLean Study of Adult Development

1. Stability of Marriage and Child-Rearing Among Recovered and Non-Recovered Patients With Borderline Personality Disorder *Mary Zanarini, Ed.D.*

2. Predictors of Suicide Threats in Patients With Borderline Personality Disorder Over 16 Years of Prospective Follow-Up *Michelle Wedig, Ph.D.*

3. Interpersonal Relationships Reported by Patients With Borderline Personality Disorder and Axis II Comparison Subjects Over 16 Years of Follow-Up *Alex S. Keuroghlian, M.D., M.Sc.*

4. Emptiness in Borderline Personality Disorder: Prevalence, Severity, Emotional Associations, and Predictors of Change Over 16 Years of Follow-Up *Robert S. Biskin, M.D.*

5. Longitudinal Description and Prediction of Physical Inactivity Among Patients With Borderline Personality Disorder and Axis II Comparison Subjects *Frances Frankenburg, M.D.*

9 A.M.-4 P.M.
COURSE 5
MASTER COURSES 1-2, 7

11 A.M.-12:30 P.M.
LECTURES

L1. Molecules of Temperament, Mood and Emotion: Animal Models and Human Studies *Frontiers of Science Lecture; Huda Akil, Ph.D.*

L2. The Teaching Novel: The Spinoza Problem *APA Distinguished Psychiatrist Lecture Series; Irvin D. Yalom, M.D.*

SCIENTIFIC AND CLINICAL REPORTS

SCR2. Attention-Deficit/Hyperactivity Disorder

1. Comparison of Current ADHD Symptom Severity With Retrospective Childhood ADHD Symptom Severity in Euthymic Bipolar Patients *Biswadip Chatterjee, M.D.*

2. Elevated Background Noise in Patients With ADHD: A Neuronal Correlate for Inattention *Emanuel Bubl, M.D.*

3. Risk Factors Associated With Attention-Deficit/Hyperactivity Disorder Among Adults With Serious Mental Illness *Sebastien C. Fromont, M.D.*

SMALL INTERACTIVE SESSION

SI02. The Suicidal Patient: Assessment and Management (Meet the Authors) *Chairs: Robert I. Simon, M.D., Jan Fawcett, M.D., Patricia R. Recupero, M.D., J.D.*

WORKSHOPS

W7. Disruptive Behavior in the Workplace: Dealing With the Distressed and Disruptive Physician *Chairs: Martha E. Brown, M.D., William Swiggart, M.S., L.P.C./M.H.S.P.*

W8. Psychotherapeutic Strategies to Enhance Medication Adherence *Chairs: Salman Majeed, M.D., Muhammad H. Majeed, M.D.*

W9. Care of Complex Traumatic Brain Injury Patients in the United States Military *Chairs: Scott Moran, M.D., Brett Schneider, M.D.*

W10. Resilience and Risk: How Women Psychiatrists Balance Life-Work Issues Across the Lifespan *Association of Women Psychiatrists; Chair: Toi B. Harris, M.D.*

W11. Substance Abuse and Schizophrenia *Chair: Saurabh Jauhari, M.D.*

W12. Improving Quality: The Key to High-Performing Mental Health Care Systems *Chair: Nick Kates, M.B.*

11 A.M.-1:30 P.M.
FORUM

F1. The Path to Lifetime Achievement: The Role of APA in Career Success Stories *Chair: Lama Bazzi, M.D.*

11:30 A.M.-1 P.M.
POSTER SESSION 2

Medical Student/Resident Competition

Free Self-Assessment Tool Will Help You Plan Meeting Schedule, Earn Credit

APA has developed an educational activity—the 2013 APA Annual Meeting Self-Assessment in Psychiatry—to help meeting registrants create an individualized schedule of sessions to attend at APA's annual meeting in San Francisco. The self-assessment is a 100-question examination that tests areas of psychiatric practice covered in the ABPN content outline for the recertification exam and includes material related to APA practice guidelines and the core competencies of medical knowledge, patient care, interpersonal communication skills, systems-based practice, and professionalism. Participants can earn up to 8 hours of AMA/PRA Category 1 credit and fulfill a self-assessment component of the maintenance of certification process. Meeting registrants will be auto-enrolled and told how to access the self-assessment by e-mail.

SATURDAY, MAY 18

1 P.M.-2:30 P.M.
LECTURE

L3. Simon Bolivar Award Lecture *Glorisa Canino, Ph.D.*

1 P.M.-5 P.M.
COURSES 6-8

SEMINAR

SM4. Trauma-Informed Care: Principles and Implementation *Director: Sylvia Atdjian, M.D.*

1:30 P.M.-3 P.M.
ADVANCES IN MEDICINE

AM1. Protective Versus Harmful Effects of Stress: Basic Mechanisms and Clinical Implications *Chair: Firdaus Dhabhar, Ph.D.*

LECTURE

L4. CNS Drug Discovery and Development 2013: Problems, Promises, and Partnering *APA Distinguished Psychiatrist Lecture Series; Robert H. Lenox, M.D.*

SCIENTIFIC AND CLINICAL REPORTS

SCR3. Integration: Collaborative Mental Health and Medical Care

1. CADET: Clinical and Cost-Effectiveness of Collaborative Care for Depression in United Kingdom Primary Care, a Cluster Randomized Controlled Trial *David A. Richards, M.D.*

2. Primary Care and Mental Health Integration: Overcoming the Clash of Custom and Culture *Robert C. Joseph, M.D., M.S.*

3. Mental Health in Primary Care: New Perspectives on the Center Support for Family Health Southeast of Sao Paulo, Brazil *Ligia Florio, M.D.*

4. Integrating Collaborative Care: General Hospital Cost Perspectives From a Transitional Collaborative Care Program, the Med Psych Center Approach *Carsten Leue, M.D.*

SCR4. Panic Disorder

1. Determination of Long-Term Outcome and Duration Before Relapse for Patients With Panic Disorders *Olga A. Abduakhadov, M.D.*

2. Panic Disorder: Effects of Comorbid Psychiatric Disorders on Treatment Response *Ramakrishna R. Veluri, M.D.*

3. Cardiovascular Risks After Escitalopram Teatment in Patients With Panic Disorder *Jung-Yoon Heo, M.D.*

SMALL INTERACTIVE SESSION

SI03. The Art of Being a Geriatric Psychiatrist: Integrating Clinical Research Findings Into Patient Care (For Residents Only) *Chair: Carl I. Cohen, M.D.*

WORKSHOPS

W13. Complementary and Alternative Therapy in U.S. Military Settings *Chairs: Elspeth C. Ritchie, M.D., M.P.H., Gary H. Wynn, M.D.*

W14. The Next Generation: Trends, Factors, and Success Stories in Recruiting Medical Students Into Psychiatry *Chairs: Deborah J. Hales, M.D., John Spollen, M.D.*

W15. Autism and Learning Interventions: From Early Days to the Next Frontier *Chair: Mikel Matto, M.D.*

W16. The Risks and Responsible Roles for Psychiatrists Who Interact With the Media *Chair: Brian Cooke, M.D.*

W17. Psychiatrists Who Have Survived the Suicide Death of a Loved One: Their Insights *Chair: Michael F. Myers, M.D.*

W18. Sexuality in Long-Term Care: The Patient, Policy, and Paternalism *Chair: Sanjay Vaswani, M.D.*

W19. Fit for Duty? Evaluations in High-Stakes Professions: Lawyers, Police, and Physicians *Chair: Patricia R. Recupero, M.D., J.D.*

W20. Strategies to Reduce Utilization of Antipsychotics in Long-Term Care *Chair: Abhilash Desai, M.D.*

SATURDAY, MAY 18

2 P.M.-4 P.M.
POSTER SESSION 3

International Posters

2 P.M.-5 P.M.
ADVANCES IN SERIES

AS1. Advances in Brief Therapy *Chair: Mantosh Dewan, M.D.*

1. Cognitive Therapy *Judith Beck, Ph.D.*
2. Exposure Therapy for a Rape Survivor With PTSD *Seth J. Gillihan, Ph.D.*
3. Time-Limited Dynamic Psychotherapy: An Attachment-Based, Experiential, Interpersonal Approach *Hanna Levenson, Ph.D.*

MEDIA WORKSHOP

MW2. The Holding Environment: Photographs of Psychotherapy Rooms *Chair: Jose Ribas, M.D.*

PRESIDENTIAL SYMPOSIUM

PS2. Psychotherapy: Expanse, Education, and Efficacy *Chair: Salman Akhtar, M.D.*

1. The Unfortunate Marginalization of Psychotherapy in the Practice and Training of Psychiatry *Salman Akhtar, M.D.*
2. Objectives, Formulation, and Videotape: Psychotherapy Training Today *Deborah L. Cabaniss, M.D.*
3. Studies on the Cost-Effectiveness of Psychotherapy *Susan G. Lazar, M.D.*
4. Cognitive Behavior Therapy in Psychiatric Practice *Jesse H. Wright, M.D., Ph.D.*

SYMPOSIA

S14. Advances in Geriatric Depression: The Pathophysiology and Treatment

1. Heartache and Heartbreak: Depression and Cardiovascular Disease *Charles Nemeroff, M.D., Ph.D.*
2. Depression and Alzheimer's Disease *K. Ranga Krishnan, M.D.*
3. "Vascular Depression" Hypothesis: 15 Years Later *George S. Alexopoulos, M.D.*
4. Treatment and Prevention of Major Depression in Older Adults *Charles F. Reynolds III, M.D.*

S15. Assessment and Intervention for Domains of Schizophrenia

1. Negative Symptoms as a Therapeutic Target *Stephen R. Marder, M.D.*
2. Cognitive Impairments in Schizophrenia *Robert Buchanan, M.D.*
3. Neuroscience-Informed Cognitive Training for the Neural System Deficits of Schizophrenia *Sophia Vinogradov, M.D.*
4. Unawareness of Illness in Schizophrenia: Etiology, Impact on Course of Illness, and Treatment Approach Indicated for Patients With Poor Insight *Xavier Amador, Ph.D.*

S16. Translating the Translation: Bringing Translational Neuroscience Research on Depression and Anxiety to the Clinician

1. Measuring and Manipulating Emotion Circuits in Psychopathology *Amit Etkin, M.D., Ph.D.*
2. Altered Fear Learning Across Development in Both Mouse and Human *Francis Lee, M.D., Ph.D.*
3. Conquering Fear: Neurobiological Advances in Understanding, Treating, and Preventing Fear-Related Disorders, Including Phobias and PTSD *Kerry Ressler, M.D., Ph.D.*

S17. The Importance of Patient Treatment Preference in Clinical Outcome

1. The Impact of Patient Beliefs and Preferences on Outcomes in Depression *Boadie Dunlop, M.D., M.Sc.*
2. Patient Preference as a Moderator of Outcome for Chronic Depression Treated With Nefazodone, CBASP *James Kocsis, M.D.*
3. Psychotherapy Treatment Preferences of Patients With Chronic PTSD *John C. Markowitz, M.D.*

Ami Parikh/Shutterstock

4. Patient Treatment Preference as a Predictor of Response and Attrition in the REVAMP Trial *Dana Steidtmann, Ph.D.*

S18. Nonpharmacological Treatment Interventions for Perinatal Depression

1. Treatment Decisions for Perinatal Depression: The Need for Nonpharmacological Alternatives *Mytilee Vemuri, M.D.*
2. Psychotherapy for Perinatal Mood Disorders *Katherine E. Williams, M.D.*
3. Sleep and Wake Therapies in Pregnancy and Postpartum Depression *Barbara Parry, M.D.*
4. Acupuncture for Perinatal Depression *Rachel Manber, Ph.D.*
5. Nutraceuticals in the Treatment of Perinatal Depression *Kristina M. Deligiannidis, M.D.*

S19. Geriatric Psychopharmacology: Perils to Pearls *APA Council on Geriatric Psychiatry*

1. Treatment of Depression Associated With Cognitive Symptoms and Medical Comorbidity: Navigating Between Scylla and Charybdis *Iqbal Ahmed, M.D.*
2. Management of Noncognitive Signs and Symptoms of Dementia/Major Neurocognitive Disorder: Thinking Outside the Black Box *Helen H. Kyomen, M.D., M.S.*
3. Antipsychotics and the Metabolic Syndrome: Peculiarities of the Latino Elderly Patient *Bernardo Ng, M.D.*
4. Case Discussions: Pharmacokinetics and Pharmacodynamics in the Aging Body *James M. Ellison, M.D., M.P.H.*

S20. The Other Half: Borderline Personality Disorder in Men *North American Association for the Study of Personality Disorders*

1. Men With Borderline Personality Disorder: Characteristics and Comorbidities *Antonia S. New, M.D.*
2. Developmental Trajectories to Borderline Personality Disorder in Male Offspring *Marianne Goodman, M.D.*
3. The Clinical Picture of Males With Borderline Personality Disorder *Barbara Stanley, Ph.D.*
4. Gender Differences in Axis I Psychopathology Reported by Borderline Patients Over 16 Years of Prospective Follow-Up *Mary Zanarini, Ed.D.*

S21. HIV Update

1. HIV/AIDS Medical Update: Optimizing Medical Management in HIV-Infected Individuals *Marshall Forstein, M.D.*
2. HIV From Cradle to Grave: Key Considerations Along the Life Cycle *Suad Kapetanovic, M.D.*
3. HIV Psychiatric Disorders *Jordi Blanch, M.D., Ph.D.*
4. Substance Use Disorders in Patients With HIV *Philip Bialer, M.D.*

S22. Update on Treatment of Personality Disorder Traits *Association for Research in Personality Disorders*

1. New Directions in the Neuropsychopharmacology of Personality Disorder and Potential Implications for Clinical Treatment *Larry Siever, M.D.*
2. The Role of Diagnosis and Assessment in the Treatment of Personality Disorders *John Livesley, M.D., Ph.D.*
3. How Empirical Studies of Personality Trait Treatment Inform Office-Based Practice *James Reich, M.D.*
4. Integrating Social Psychology Into Psychotherapy for Personality Disorder Traits *David Allen, M.D.*

S23. Anxiety Disorders in *DSM-5* *APA Task Force on DSM-5*

SATURDAY, MAY 18

1. Separation Anxiety Disorder in *DSM-5 Susan Bogels, Ph.D.*
2. Panic Attacks, Panic Disorder, and Specific Phobia in *DSM-5 Michelle Craske, Ph.D.*
3. Social Anxiety Disorder in *DSM-5 Murray B. Stein, M.D., M.P.H.*
4. Agoraphobia and Generalized Anxiety Disorder in *DSM-5*: Proposed Changes and Their Rationale *Hans-Urlich Wittchen, Ph.D.*

S24. Biomarker Studies of Posttraumatic Stress Disorder in Combat Veterans

1. Neurocognitive Impairment in Combat-Related PTSD *Clare Henn-Haase, Psy.D.*
2. Neuroimaging Markers of PTSD *Susanne Mueller, M.D.*
3. Neuroendocrinology Studies of Combat-Related PTSD *Rachel Yehuda, Ph.D.*
4. Metabolic and Cell Aging Markers of PTSD in Combat Veterans *Owen Wolkowitz, M.D.*
5. Genetics of PTSD: A Study of Combat Veterans *Steve Hamilton, M.D., Ph.D.*
6. Informative Molecular Markers of PTSD *Rasha Hammamieh, Ph.D.*

S25. Substance Use Disorders in *DSM-5*: Evidence and Clinical Implications *APA Task Force on DSM-5*

1. Combining Abuse and Dependence Into a Single *DSM-5* Substance Use *Bridget F. Grant, M.S., Ph.D.*
2. *DSM-5* SUD Threshold, Criteria Changes, Substance-Specific Changes Related to Cannabis, Caffeine, and Nicotine, and International Considerations *Deborah Hasin, Ph.D.*
3. Substance-Induced Disorders in *DSM-5 Marc A. Schuckit, M.D.*
4. Non-Substance Addictions in *DSM-5 Nancy Petry, Ph.D.*

3:30 P.M.-5 P.M.
LECTURE

L5. Science to Practice: Role of the Leadership in Narrowing the Gap *Administrative Award Lecture; Sy A. Saeed, M.D., M.S.*

SCIENTIFIC AND CLINICAL REPORTS

SCR5. Trauma and Events in American Society

1. Sandusky's Legacy: Remains of Childhood Trauma in Adult Life *Lenore C. Terr, M.D.*
2. Hurricane Katrina's Psychological and Neuroendocrine Impact on Relocated Adolescents: A Pilot Study *Phebe M. Tucker, M.D.*

SCR6. Genetics Broadly Considered

1. Epigenetics, Memory, Memes, and Culture in Mental Illness *Hoyle Leigh, M.D.*
2. 22Q13 Deletion Syndrome: Results From Comprehensive Clinical and Genetic Evaluations *Benjamin N. Angarita, M.D.*
3. Is There a Gene-Spiritual Connection? *Albert Gaw, M.D.*

WORKSHOPS

W21. United Kingdom Critical Psychiatry Network: Implications for APA and Global Psychiatry *Chairs: Helena Hansen, M.D., Ph.D. Bradley Lewis, M.D., Ph.D.*

W22. Taming the Big Bad Wolf: Direct Supervision in Psychotherapy Training *Chair: Tracy E. Foose, M.D.*

W23. Changes in Psychiatric Education: The Psychiatry Milestones and the Next Accreditation System of the ACGME *APA Council on Medical Education and Lifelong Learning; Chair: Christopher R. Thomas, M.D.*

W24. Integrated Care and the Patient-Centered Medical Home in the Veterans Health Administration: What Has Six Years of National Implementation Taught Us? *U.S. Department of Veterans Affairs; Chair: Andrew S. Pomerantz, M.D.*

W25. Unconscious Projections: The Portrayal of Psychiatry in Recent American Film *Chair: Steven Pflanz, M.D.*

W26. Making the Most of Your Chief Year: Chief Residents' Forum I (For Residents Only) *Chairs: Lee A. Robinson, M.D., Alan J. Hsu, M.D.*

continued on page 19

Though Inspiring Awe in Millions, Famed Bridge Has a Dark Side

The Golden Gate Bridge leads a double life as an iconic architectural marvel, but also as a suicide magnet; however, a remedy for the latter is still not imminent.

BY LESLIE SINCLAIR

More than 10 million people will visit the iconic Golden Gate Bridge this year. If you've never been there—or even if you have—now is a great time to go. In 2012, the bridge, which connects San Francisco to the northern suburbs of Marin County with its stunning span that includes 746-foot towers, sweeping cables, Art Deco style, and iconic color, celebrated its 75th anniversary.

Many of the renovations and programs associated with the celebration continue to enhance the tourist experience for bridge visitors. For example, the celebration included renovation of the Golden Gate Bridge Visitor Plaza, located on the San Francisco side of the bridge. A new Bridge Pavilion there provides orientation and information services, houses exhibits, and offers commemorative and gift merchandise. The pavilion's remodeled cafe offers an all-new menu. The historic Round House has become the location for a "green screen" photography experience where visitors can create photos of themselves scaling the bridge or perching atop the South Tower; it's also the launching point for new guided audio tours of the bridge.

Of course, one can't visit the Golden Gate Bridge without also considering its darker side. It is the site of more deaths by suicide than any other location in the world. Since it opened on May 27, 1937, there have been an estimated 1,600 deaths in which the body was recovered, and many more that were suspected but unconfirmed. In 2011, there were 37 unconfirmed suicides, the fourth-highest total in the bridge's history.

"The Golden Gate Bridge is the only major international landmark without a suicide barrier," wrote John Bateson, author of *The Final Leap: Suicide on the Golden Gate Bridge* (2012, University of California Press) and the former executive director of a San Francisco Bay Area crisis center, in the May 25, 2012, *Los Angeles Times*. "From the Eiffel Tower to the Empire State Building, St. Peter's Basilica to the Sydney Harbour Bridge, every other one-time suicide magnet has had a barrier erected. The Golden Gate Bridge has not. Its short, four-foot-high railing can be surmounted by almost anyone," he wrote.

The last time APA visited San Francisco for its annual meeting, in 2009, the future for efforts to end suicides from the bridge held promise. In October 2008, the Golden Gate Bridge, Highway, and Transportation District took the historic step of approving the first permanent suicide deterrent, a structure of suspended steel nets to be placed about 20 feet below the bridge's sidewalks. The approval followed a five-year public-awareness and lobbying effort by the Psychiatric Foundation of Northern California's Golden Gate Bridge Suicide Barrier Task Force, other mental health advocates, and families of people who completed suicide by leaping from the bridge.

In July 2011, a contract for design of the nets was awarded with a target date of 2013 to complete the design. But advocates say the pace of the effort is too slow, and funding—estimated to be around $50 million—has yet to be identified.

On Tuesday, May 21, APA annual meeting attendees can revisit efforts to address suicide from the Golden Gate Bridge in a session that will be chaired by Mel Blaustein, M.D., president of the Psychiatric Foundation of Northern California. The panel of speakers will include two family members whose adolescent children died by suicide, two psychiatrists who are experts in suicide, the director of San Francisco Suicide Prevention, the former Marin County coroner, and the CEO and former chief engineer of the Golden Gate Bridge. PN

dibrova/Shutterstock

The Golden Gate Bridge is the second-longest suspension bridge in the United States, after the Verrazano-Narrows Bridge in New York City.

Information on visiting the Golden Gate Bridge is posted at www.goldengatebridge.org. The Golden Gate Bridge, Highway, and Transportation District's timeline for construction of a suicide barrier is posted at www.ggbsuicidebarier.org.

Residents Match Wits During MindGames Competition

Residents from three training programs will compete in the final round of APA's fun MindGames contest during the annual meeting in San Francisco.

BY MARK MORAN

MindGames, APA's entertaining and exciting "Jeopardy"-style competition, will again pit teams of residents from three training programs against each other in the competition's final round at APA's annual meeting. It will be held Tuesday, May 21, from 6 p.m. to 7 p.m. in Room 135 of the Moscone Convention Center.

MindGames, now in its seventh year, tests the teams' knowledge of medicine in general, psychiatry in particular, and patient-care issues.

The game is hosted by renowned psychiatrist and educator Glen Gabbard, M.D. Returning as judges are past APA President Michelle Riba, M.D., Charles Nemeroff, M.D., and Richard Balon, M.D.

MindGames is open to all psychiatry residency programs in the United States and Canada. The preliminary online competition begins in February, when teams of three residents together take a 60-minute online test consisting of 100 multiple-choice questions. The questions follow the ABPN Part I content outline, covering both psychiatry and neurology, with a few difficult history-of-psychiatry questions to make it interesting.

The three top-scoring teams with the fastest posted times will get to go to the MindGames final round in San Francisco. The names of the teams will be announced in March at the annual meeting of the American Association of Directors of Psychiatric Residency Training.

At last year's APA annual meeting in Philadelphia, residents from New York Presbyterian Hospital (Cornell Campus), the University of Texas at Houston, and New York Presbyterian Hospital (Columbia Campus)/New York State Psychiatric Institute competed, with UT-Houston coming away with the trophy.

MindGames is a collaboration between APA and the American College of Psychiatrists. PN

David Hathcox

At last year's MindGames, the team from the University of Texas at Houston (right) walked away with top honors. They faced teams from New York Presbyterian Hospital (Cornell Campus) and New York Presbyterian Hospital (Columbia Campus)/New York State Psychiatric Institute. Hosting the competition was Glen Gabbard, M.D.

SUNDAY, MAY 19

7:30 A.M.-4:30 P.M.
COURSE 14

8 A.M.-9:30 A.M.
ADVANCES IN MEDICINE

AM2. Top 10 Medical Stories 2012: A Comprehensive and Practical Review of What We Need to Know *Chair: Monique V. Yohanan, M.D., M.P.H.*

LECTURES

L7. Benjamin Rush Award Lecture *Anne Harrington, Ph.D.*

L8. Beneficial Effects of Novel Antagonists of GHRH in Different Models of Alzheimer's Disease *APA Frontiers of Science Lecture Series; Andrew V. Schally, M.D., Ph.D.*

POSTER SESSION 4

New Research Poster Session

SCIENTIFIC AND CLINICAL REPORTS

SCR7. Imaging in Depression and Psychosis

1. Quetiapine Prevents Hippocampal White Matter Damage in the Brain of a Global Cerebral Ischemia Mouse: A Model of Vascular Depression *Yanbo Zhang, M.D., Ph.D.*
2. A Retrospective Chart-Review Study of Inpatient Adolescents and Young Adults With First-Episode Psychosis and Findings With Structural Brain Imaging *Steven R. Williams, M.D.*
3. Structural Brain Abnormalities in Affected and Unaffected Relatives of Patients With a Psychotic Disorder *Neeraj Tandon*

SCR8. Borderline Personality and Diagnostic Comorbidity

1. Interactions of Borderline Personality Disorder and Anxiety Disorders, Eating Disorders, and Substance Use Disorders Over 10 Years *Alex S. Keuroghlian, M.D., M.Sc.*
2. Ecological Momentary Assessment of Affective Lability in Borderline Personality and Bipolar II Disorders *D. Bradford Reich, M.D.*
3. Determining the Impact of Borderline Personality Disorder in the Treatment Outcome of Depression *Ruby Mangsatabam, M.D.*

SMALL INTERACTIVE SESSION

SI04. Essentials of Psychopharmacology (Meet the Authors) *Chair: Alan F. Schatzberg, M.D.*

WORKSHOPS

W31. Legal and Risk Management Issues in Psychosomatic Medicine: A Practical Approach *Chairs: Rebecca Brendel, J.D., M.D., James Levenson, M.D.*

W32. PTSD Clinical Pathway Development Within the Department of Defense *Chair: Paul Hammer, M.D.*

W33. Making the Most of Your Chief Year: Chief Residents' Forum II (For Residents Only) *Chairs: Alan J. Hsu, M.D., Lee A. Robinson, M.D.*

W34. East Meets West: Lessons in Psychotherapy From *The Bhagavad Gita* *Chairs: Subhash Bhatia, M.D., Vishal Madaan, M.D.*

8 A.M.-11 A.M.
ADVANCES IN SERIES

AS2. Advances in the Management of Traumatic Brain Injury *Chair: David B. Arciniegas, M.D., C.B.I.S.T.*

1. Attention and Memory Impairments After Mild Traumatic Brain Injury: New Perspectives on an Old Problem *David B. Arciniegas, M.D., C.B.I.S.T.*
2. The Effects of Repetitive, Sports-Related Head Impacts on Cognition *Thomas W. McAllister, M.D.*
3. Effort, Exaggeration, and Malingering After Concussion: What Are We Missing? *Jonathan M. Silver, M.D.*

MEDIA WORKSHOP

MW4. "Voices" *Chairs: Gary Tsai, M.D., Rachel Lapidus, M.D., M.P.H.*

PRESIDENTIAL SYMPOSIA

PS3. Meeting the Educational Needs of Residents and Early Career Psychiatrists *American Academy of Psychoanalysis and Dynamic Psychiatry; Chairs: Cesar A. Alfonso, M.D., Silvia W. Olarte, M.D.*

1. Using Clarity to Teach Complexity *Deborah L. Cabaniss, M.D.*
2. Educational Outreach in Psychodynamic Psychotherapy Training *Jeffrey Katzman, M.D.*
3. The Psychiatry Residency Psychotherapy Curriculum: Does Order Matter? *Joanna E. Chambers, M.D.*
4. Teaching Psychodynamics in Child Psychiatry *Debra A. Katz, M.D.*
5. Group Dynamics of Training Residents *Heather Forouhar Graff, M.D.*

PS4. Recognizing and Addressing Distinctive Needs Among Diverse Patients With Addictions: Adolescents, Women, Veterans, and Seniors *American Academy of Addiction Psychiatry; Chairs: Larissa Mooney, M.D., Laurence Westreich, M.D.*

1. Treatment of Women With Addiction Throughout the Lifespan *Shelly Greenfield, M.D., M.P.H.*
2. Evaluation and Management of Adolescents With ADHD and Co-Occurring Substance Use Disorders *John J. Mariani, M.D.*
3. Unique Aspects of Substance Use Disorders in U.S. Veterans Returning From Iraq and Afghanistan *Kevin Sevarino, M.D.*
4. Chronic Pain and Prescription Opioid Abuse in Older Age *Maria A. Sullivan, M.D., Ph.D.*

SYMPOSIA

S26. Frontotemporal Dementia: Where Neurology and Psychiatry Meet

1. Frontotemporal Dementia Neuropathology and Von Economo Neurons *William W. Seeley, M.D.*
2. Connectivity Networks Involved With Frontotemporal Dementia and Behavior *Suzee Lee*
3. Imaging and Implications for Psychiatry *Howard J. Rosen, M.D.*
4. New Approaches to Measuring Social Function at the Bedside *Katherine Rankin, Ph.D.*
5. Measuring Emotions in Frontotemporal Dementia *Virginia E. Sturm, Ph.D.*

S27. The Interface Between Psychiatry and the Criminal Justice System: Recent Perspectives From Europe

1. National Commissioning Guidelines for Prison Mental Health Care in England *Jenny J. Shaw, Ph.D., M.B.Ch.B.*
2. Discharges to Prison From Medium-Secure Psychiatric Services *Michael Doyle, Ph.D.*
3. Evaluation of Criminal Justice Diversion and Liaison Schemes *Jane Senior, Ph.D., R.N.*
4. National Study of Suicide Risk in Violent and Sexual Criminal Offenders *Roger T. Webb, Ph.D.*

S28. Women's Reproductive Issues in Mental Health: Updates and Controversies

1. Promoting Women's Mental Health: Prevention and Treatment Together *Helen Herrman, M.B.B.S., M.D.*
2. Abortion Does Not Cause Mental Illness *Nada Stotland, M.D., M.P.H.*
3. Infertility and Its Consequences: Assisted Reproductive Technology (ART) or No ART *Malkah T. Notman, M.D.*
4. Decision Making Regarding Psychopharmacology During the Peripartum *Gail E. Robinson, M.D.*
5. Therapeutic Management, Psychotropic Medication, and the Postpartum *Gisèle Apter, M.D., Ph.D.*

S29. Smoking and ADHD Comorbidity: Mechanisms and Clinical Implications *U.S. National Institute on Drug Abuse*

1. Genetic, Neurobiological, and Behavioral Mechanisms Underlying Adverse Smoking Outcomes in Individuals With ADHD *Scott H. Kollins, Ph.D.*
2. Nicotinic Cholinergic System Modulation of Executive Function in ADHD: Implications for Treatment and Substance Use *Paul Newhouse, M.D.*
3. Nicotine Use in Teens and Young Adults With ADHD: Results From the Pittsburgh ADHD Longitudinal Study *William E. Pelham Jr., Ph.D.*
4. The Role of Self-Medication, Nicotine Withdrawal, and Craving in Smoking-Cessation Outcomes in Adult Smokers With ADHD *Theresa Winhusen, Ph.D.*

S30. Women's Health Across the Reproductive Lifespan

1. Diagnosis and Management of Mood Disorders in Adolescence *Dawnelle Schatte, M.D.*
2. Managing Psychiatric Disorders in Pregnancy and the Postpartum Period *Kay Roussos-Ross, M.D.*
3. Menopausal Transition: A Vulnerable Period for Mood, Anxiety, and Psychosis? *Teresa A. Pigott, M.D.*
4. Key Psychiatric Issues in the Post-Menopausal Elderly Woman *Josepha A. Cheong, M.D.*

S31. Eating Disorders Through the Lifespan: Exploring Diagnostic and Treatment Challenges Through Various Life Stages *Academy of Psychosomatic Medicine*

1. Eating Disorders in Children and Adolescents *Leslie Sim, Ph.D.*
2. Type 1 Diabetes and Eating Disorders: Examining the Causes, Consequences, and Screening Tools for Comorbidity *Erin L. Sterenson, M.D.*
3. Eating Disorders During Pregnancy and Postpartum *Katherine M. Moore, M.D.*

Saturday

continued from page 17

W27. EEG in Psychiatric Practice *Chairs: Oliver Pogarell, M.D. Nash N. Boutros, M.D.*

W28. Challenging Cases: Management of Patients With Intellectual Disabilities and Sexually Offensive Behaviors *Chairs: Durga Prasad Bestha, M.B.B.S, Sunil K. Routhu, M.B.B.S.*

W29. Sports Psychiatry: Supporting Life Balance and Peak Performance for Athletes Across the Lifespan *Chair: David R. McDuff, M.D.*

W30. Emergency Presentations to an Inner-City Psychiatric Service for Children and Adolescents *Chair: Linda M. Dil, M.D.*

5:30 P.M.-6:30 P.M.
CONVOCATION OF DISTINGUISHED FELLOWS

L6. William C. Menninger Memorial Convocation Lecture

7 P.M.-10 P.M.
MEDIA WORKSHOP

MW3. "Healthy Minds" Public Television Series: Military Mental Wellness *Chair: Jeffrey A. Borenstein, M.D.*

SUNDAY, MAY 19

4. Eating Disorders in the Elderly *Christina Y. Chen, M.D.*

5. Food as Medicine: Nutritional Interventions to Guide Eating Disorder Recovery *Therese Shumaker, M.S., R.D., L.D.*

S32. Traumatic Brain Injury in Civilians, Athletes, and Soldiers

1. Diagnosis *David Baron, D.O., M.Ed.*
2. Comorbidity and Treatment *Michele T. Pato, M.D.*
3. Special Issues in the Diagnosis and Treatment of Soldiers *Aika Gumboc, M.D.*
4. Special Issues in the Diagnosis and Treatment of Soldiers *Marvin Oleshansky, M.D.*
5. Special Issues in the Diagnosis and Treatment of Soldiers *John R. Magera, M.D.*

S33. Lifestyle Behaviors, Intergrative Therapies, and Mental Health Across the Lifespan

1. The Influence of Healthy Behavior on Memory Throughout Life *Gary W. Small, M.D.*
2. S-Adenosyl Methionine (SAMe) Versus Escitalopram and Placebo in Major Depression: Effects of Histamine and Carnitine as Moderators of Response *David Mischoulon, M.D., Ph.D.*
3. Functional Brain Basis of Hypnotizability and Hypnosis *David Spiegel, M.D.*
4. The Neurobiology of Treatment Response to Mind-Body Interventions in Chronic Stress and Mood Disorders in Older Adults *Helen Lavretsky, M.D.*

S34. Bipolar Disorder: An Update on Diagnosis and Treatment

1. *DSM-5* Cannot Solve "Overdiagnosis," but Clinicians Can *James Phelps, M.D.*
2. Anticonvulsants in Bipolar Disorders *Terence A. Ketter, M.D.*
3. Review of Efficacy Data With Neuroleptics in Bipolar Depression and Maintenance *Roger S. McIntyre, M.D.*
4. Antidepressants in Bipolar Disorder: An Update *S. Nassir Ghaemi, M.D., M.P.H.*
5. Efficacy and Effectiveness: How the BALANCE and Litmus Trials Inform Current Prescribing of Lithium for Bipolar Disorder *Michael J. Ostacher, M.D., M.P.H.*

S35. Research Updates and New Directions for Suicide Prevention in the Veterans Administration

1. Surveillance of Suicide and Suicide Attempts Among Veterans *Robert Bossarte, Ph.D.*
2. Affective Startle in Suicidal Veterans *Marianne Goodman, M.D.*
3. SAFE: A Non-Contact Sensor of Stress-Related Arousal to Monitor PTSD Symptoms and Risk *Ann M. Rasmusson, M.D.*
4. Window to Hope: Evaluating a Psychological Treatment for Hopelessness Among Veterans With Traumatic Brain Injury *Lisa Brenner, Ph.D.*
5. Safety Planning and Structured Follow-Up: An Intervention for Suicidal Veterans *Barbara Stanley, Ph.D.*

S36. Advances in Pediatric Bipolar Disorder Research

1. Further Evidence for Robust Familiality of Pediatric Bipolar I Disorder *Joseph Biederman, M.D.*
2. A Four-Year Prospective Longitudinal Follow-Up Study of Pediatric Bipolar I Disorder *Janet Wozniak, M.D.*
3. Can Pediatric Bipolar I Disorder Be Diagnosed in the Context of PTSD? A Controlled Analysis of Individual and Family Aggregation Correlates *Andrea E. Spencer, M.D.*
4. Further Evidence That Severe Scores in the Aggression/Anxiety-Depression/Attention (A-A-A) CBCL Profile Can Screen for Bipolar Disorder Symptomatology *Mai Uchida, M.D.*

S37. Work, Mental Health, and Cultural Diversity: A Dynamic Triad

1. Race Matters in Workplace Mental Health *Price M. Cobbs, M.D.*
2. Eradicating American Racism: A Community Psychiatrist's Perspective *Donald H. Williams, M.D.*
3. Workplace Racial Discrimination and Health Among African Americans: Examining the Role of Threat Appraisal and Coping *Amani M. Nuru-Jeter, M.P.H., Ph.D.*
4. The Impact of "Isms" in the Workplace *Keris J. Myrick, M.B.A., M.S.*

S38. The Revised *DSM-5* Glossary of Cultural Concepts of Distress

1. Limitations of the *DSM-IV-TR* Glossary of Culture-Bound Syndromes *Renato D. Alarçon, M.D., M.P.H.*
2. Theoretical and Empirical Rationale for the Changes *Roberto Lewis-Fernandez, M.D., M.T.S.*
3. Examples of Syndromes, Idioms, and Explanations *Devon Hinton, M.D., Ph.D.*
4. Refining Cultural Concepts of Distress in *DSM-5*: A Research Agenda *Laurence J. Kirmayer, M.D.*

8 A.M.-NOON
COURSES 9-11

SEMINARS

SM5. Mind! Lessons From the Brain *Director: Philip T. Ninan, M.D.*

SM6. Adult Sexual Love: Meanings, Processes, and Impediments *Director: Stephen B. Levine, M.D.*

SM7. Posttraumatic Stress Disorder and Coronary Artery Disease *Directors: Rachel Yehuda, Ph.D., Naser Ahmadi, M.D., Ph.D.*

SM8. Transference-Focused Psychotherapy for Borderline Personality Disorder: Describing, Observing, and Discussing the Therapy *Directors: Frank E. Yeomans, M.D., Ph.D., Otto F. Kernberg, M.D.*

SM9. How to Give a More Effective Lecture *Director: Phillip Resnick, M.D.*

9 A.M.- 4 P.M.
COURSES 12-16

MASTER COURSES 3-4

10 A.M.-11:30 A.M.
FORUM

F2. Emergency Room Evaluation of Persons With Intellectual Disability and Psychiatric Disorder: Across the Lifespan *Chair: Robert Pary, M.D.*

LECTURE

L9. ERB and LXRB in CNS *APA International Psychiatrist Lecture Series; Jan-Ake Gustafsson, M.D., Ph.D.*

SCIENTIFIC AND CLINICAL REPORTS

SCR9. Topics in Child and Adolescent Psychiatry

1. Multi-Exposure and Clustering of Adverse Childhood Experiences: Socioeconomic Differences and Psychotropic Medication in Young Adults *Emma Bjorkenstam, B.Sc.*
2. Risk Factors for Post-Discharge Suicidality Among Child and Adolescent Psychiatric Inpatients *Stephen Woolley, D.Sc.*
3. The Effect of Early Treatment on Adult Outcomes in Autism *Bryna Siegel, Ph.D.*

SMALL INTERACTIVE SESSIONS

SI05. Advanced Geriatric Psy-

continued on page 23

APP Bookstore to Host Special *DSM-5* Event

DSM-5 will be available for purchase at the American Psychiatric Publishing (APP) Bookstore before it goes on sale to the public on May 22. So be sure to visit the bookstore and be among the first to get your copy. And if you come on Saturday, May 18, from 4 p.m. to 5 p.m., you can meet the *DSM-5* Task Force chairs and receive a free gift with purchase. APA members are eligible for a discount.

While *DSM-5* might be the force that drives you to the bookstore, you'll want to stay and browse the impressive collection of books that psychiatry's premier publisher will have on display, including more than 14 new book titles. Also, staff will be on hand to demonstrate PsychiatryOnline.org, APP's preeminent Web-based portal to books and journals.

- *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*
  American Psychiatric Association
- *Desk Reference to the Diagnostic Criteria From DSM-5*
  American Psychiatric Association
- *The Pocket Guide to the DSM-5 Diagnostic Exam*
  Abraham M. Nussbaum, M.D.
- *Essentials of Clinical Psychopharmacology, Third Edition*
  Edited by Alan F. Schatzberg, M.D., and Charles B. Nemeroff, M.D., Ph.D.
- *FOCUS Major Depressive Disorder Maintenance of Certification (MOC) Workbook*
  Edited by Deborah J. Hales, M.D., Mark Hyman Rapaport, M.D., and Kristen Moeller
- *Restoring Mentalizing in Attachment Relationships*
  Treating Trauma With Plain Old Therapy
  Jon G. Allen, Ph.D.
- *Management of Adults With Traumatic Brain Injury*
  Edited by David B. Arciniegas, M.D., Nathan D. Zasler, M.D., Rodney D. Vanderploeg, Ph.D., and Michael S. Jaffee, M.D.
- *The Mental Health Professional in Court: A Survival Guide*
  Thomas G. Gutheil, M.D., and Eric Y. Drogin, J.D., Ph.D.
- *Autism and Other Neurodevelopmental Disorders*
  Edited by Robin L. Hansen, M.D., and Sally J. Rogers, Ph.D.
- *Casebook of Neuropsychiatry*
  Edited by Trevor Hurwitz, M.B., Ch.B., and Warren T. Lee, M.D., Ph.D.
- *Clinical Guide to Depression and Bipolar Disorder*
  Findings From the Collaborative Depression Study
  Edited by Martin B. Keller, M.D., William H. Coryell, M.D., Jean Endicott, Ph.D., and Andrew C. Leon, Ph.D.
- *Manual of Clinical Psychopharmacology for Nurses*
  Edited by Laura G. Leahy, M.S.N., P.M.H.-A.P.R.N., and Christian G. Kohler, M.D.
- *Clinical Manual of Child and Adolescent Psychopharmacology, Second Edition*
  Edited by Molly McVoy, M.D., and Robert L. Findling, M.D., M.B.A.
- *Psycho-Oncology*
  Edited by Thomas N. Wise, M.D., Massimo Biondi, M.D., and Anna Costantini, M.D.

Authors who wish to schedule an appointment to present a new book idea or discuss a book in progress should contact Bessie Jones at bjones@psych.org or (703) 907-7892.

Sessions Will Provide In-Depth Look at New *DSM*

Presenters in the *DSM-5* Track will give meeting attendees comprehensive information about the new manual and explain the implications of the most significant changes from *DSM-IV* to *DSM-5*.

BY EMILY KUHL, PH.D.

The publication of the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*—an international effort more than a decade in the making—will undoubtedly be the defining event at APA's 2013 annual meeting in San Francisco. To help attendees gain in-depth knowledge about and better understand the implications of the most significant alterations to the manual, a newly expanded *DSM-5* Track will offer workshops and symposia on disorder-specific revisions (for example, to diagnostic criteria) as well as nondisorder changes (for example, the structure of disorder classification across the manual).

The *DSM-5* Track at previous annual meetings generally concentrated on specific areas of diagnostic interest, and given that *DSM-5* was still under development, the information was more speculative in nature. This year's track, however, will feature 21 sessions led by prominent members of nearly all 13 *DSM-5* work groups and the leadership of the *DSM-5* revision process (including *DSM-5* Task Force Chair David Kupfer, M.D., and Vice Chair Darrel Regier, M.D., M.P.H.), giving attendees a much broader and more definitive explication of content. Beyond merely summarizing the most notable revisions, speakers will articulate the underlying rationales of the changes and how *DSM-5* can be implemented in clinical practice and in research settings.

Emily Kuhl, Ph.D., is a science writer in APA's Division of Research/APIRE.

These are among the highlights of the *DSM-5* Track:

- Reviews of the final, approved criteria from specific work groups, including, but not limited to, those on neurodevelopmental disorders, depressive disorders, bipolar and related disorders, and substance-related disorders.
- Orientation to the development and testing of *DSM-5's* revised Cultural Formulation Interview.
- Demonstration of the ways in which *DSM-5* criteria and the accompanying text were revised to more actively address cultural and age-related considerations.
- Explanation of the alternative model of personality and personality disorder assessment, as provided in Section III.
- Descriptions of the clinical utility and feasibility of patient-reported cross-cutting symptom measures and assessment of disability.

Also included in the track is an all-day master course to educate clinicians on how to apply *DSM-5* in patient practice. Speakers from all of the *DSM-5* work groups will be present to address their respective diagnostic areas, while further information will describe other areas, such as use of codes for nonmental disorder conditions of clinical importance, *DSM-5's* revised approach to the *DSM-IV* multiaxial system, aspects of *DSM-5* relevant to forensic issues and needs, the revised definition of what constitutes a mental disorder, and the reasoning behind the new chapter structure of the manual. PN

More information on *DSM-5* is posted at http://psychiatry.org/dsm5. The Web site provides links for pre-ordering *DSM-5* and related titles, as well as to the *Psychiatric News* series on changes between *DSM-IV* and *DSM-5*, video interviews with *DSM-5* experts, and fact sheets on specific disorders. For information on the special *DSM-5* event at the annual meeting, see the box on the facing page.

DSM-5 Track Will Get You Off to a Running Start

DSM-5 will make its debut at APA's 2013 annual meeting. This special track of sessions will introduce you to *DSM's* latest edition and help you learn how to use the new criteria. And remember to drop by the American Psychiatric Publishing Bookstore in the Exhibit Hall and be among the first to get your copy of *DSM-5*. (See box on page 20.)

SATURDAY, MAY 18

9 a.m.-10:30 a.m.
Workshop: Substance Use Disorders in *DSM-5*
Room 114, Exhibit Level, Moscone North

9 a.m.-Noon
Symposium: Symptoms and Disability Measures in *DSM-5*
Room 3022, Level 3, Moscone West

Symposium: *DSM-5* Psychosis Chapter
Room 3004, Level 3, Moscone West

9 a.m.-4 p.m.
Master Course: *DSM-5:* What You Need to Know
Room 135, Exhibit Level, Moscone North

2 p.m.-5 p.m.
Symposium: Substance Use Disorders in *DSM-5*
Room 3022, Level 3, Moscone West

Symposium: Anxiety Disorders in *DSM-5*
Room 135, Exhibit Level, Moscone North

SUNDAY, MAY 19

1 p.m.-4 p.m.
Symposium: The *DSM-5* Cultural Formulation Interview: A Standardized Cultural Assessment
Room 3022 , Level 3, Moscone West

Symposium: *DSM-5* and Major Depression
Room 3024, Level 3, Moscone West

MONDAY, MAY 20

9 a.m.-Noon
Symposium: *DSM-5* Intellectual Disability (Intellectual Developmental Disorder): New Criteria, Co-Occurring Psychiatric Conditions, and Forensic Implications
Room 132/133, Exhibit Level, Moscone North

Symposium: Sleep-Wake Disorders in Psychiatric Practice: Guidance From *DSM-5*
Room 3011, Level 3, Moscone West

Symposium: Trauma and Stress-Related and Dissociative Disorders in *DSM-5*
Room 3022, Level 3, Moscone West

11 a.m.-12:30 p.m.
Case Conference: Feeding and Eating Disorders: New Issues for *DSM-5*
Room 3018, Level 3, Moscone West

1:30 p.m.-3 p.m.
Workshop: Understanding and Operationalizing the Somatic Symptom Disorders
Room 121, Exhibit Level, Moscone North

2 p.m.-5 p.m.
Symposium: Obsessive-Compulsive and Related Disorders in *DSM-5*
Room 3022, Level 3, Moscone West

Symposium: *DSM-5* Bipolar Disorders: Update on Revised Criteria and Their Clinical Implications
Room 3024, Level 3, Moscone West

Symposium: Eating Disorders Update
Room 3011, Level 3, Moscone West

Symposium: Looking Toward *DSM 5.1*: The Utility of Assessing Personality Functioning and Traits in Personality Disorder Diagnosis
Room 130-131, Exhibit Level, Moscone North

TUESDAY, MAY 21

9 a.m. to Noon
Symposium: Sexual Disorders and Sexual Health in *ICD-11:* Parallels and Contrasts With *DSM-5*
Room 3022, Level 3, Moscone West

2 p.m.-5 p.m.
Symposium: Autism and Social Communication in *DSM-5*
Room 132/133, Exhibit Level, Moscone North

Symposium: Culture and *DSM-5*: Changes to Disorder Criteria and Text
Room 3022, Level 3, Moscone West

WEDNESDAY, MAY 22

9 a.m.-Noon
Report from the *DSM-5* Work Group on Sexual and Gender Identity Disorders
Room 132/133, Exhibit Level, Moscone North

DSM-5 Updates Depressive, Anxiety, and OCD Criteria

A new chapter on obsessive-compulsive and related disorders and new diagnoses in the depressive disorders chapter will appear in *DSM-5*. This is the third in a series of articles that will appear through May.

BY MARK MORAN

The addition of two new diagnoses—disruptive mood dysregulation disorder (DMDD) and premenstrual dysphoric disorder (PMDD)—mark the major changes for the chapter on depressive disorders in DSM-5, which will be published in May.

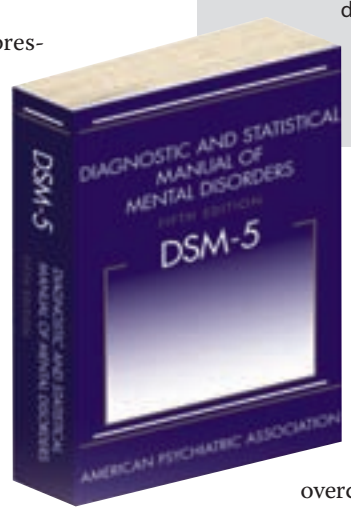
Additionally, clinicians will find severity ratings for anxiety associated with depressive disorders, a new diagnosis to capture the concept of "chronicity," and a "mixed features" specifier across the depressive disorders to identify depressed patients who have symptoms of mania. And the elimination of the so-called "grief exclusion" for major depression—which has garnered considerable media attention—means that patients experiencing severe and persistent depression related to bereavement can be diagnosed and treated.

(Removal of the exclusion eliminates the erroneous implication that grief ends after only two months, and a footnote in the text will provide explicit guidance on how to differentiate normal grief from a depressive disorder.)

Meanwhile, the chapter on anxiety disorders now includes separate diagnostic categories for agoraphobia and panic attack, acknowledging that many patients with agoraphobia do not experience panic. And separation anxiety disorder and selective mutism—previously classified as disorders of infancy, childhood, or adolescence—are now included in the anxiety disorders chapter (see box).

A separate chapter for obsessive-compulsive and related disorders will appear, with four new disorders—hoarding disorder, excoriation (skin picking) disorder, substance- /medication-induced obsessive-compulsive and related disorder, and obsessive-compulsive and related disorder due to another medical condition.

The chapters on depressive, anxiety, and obsessive-compulsive disorders are the fourth, fifth, and sixth chapters of the new manual. The multiaxial system of previous editions has been eliminated, and chapters are now arranged according to a "lifespan" or developmental approach—disorders affecting children appearing first and those more common in older individuals appearing later.



Reconceptualizing Chronicity

In an interview with *Psychiatric News*, Jan Fawcett, M.D., chair of the Mood Disorders Work Group, said that the inclusion of disruptive mood dysregulation disorder is an effort to create criteria to identify children who experience extreme irritability without changes in mood that are characteristic of bipolar disorder and to address what some believe is an overdiagnosis of children with bipolar disorder.

"This came from the child and developmental group of researchers we worked with, and we accepted their recommendation to include these criteria in the hope that it will be an alternative to diagnosing bipolar disorder in a group of children who have persistent irritability and frequent episodes of extreme behavioral dyscontrol but who do not experience mania," Fawcett said.

He added that brain-imaging work has revealed differences between children who have bipolar disorder and those who meet criteria for DMDD, for instance in amygdala reactivity to images of negative faces.

Fawcett said an enormous body of research supports moving PMDD from the "appendix" where it had appeared in *DSM-IV,* to a new diagnostic category in Section II of the new manual.

Also significant in the depressive disorders chapter is a reconceptualization of "chronicity." What had been termed "dysthymia" in *DSM-IV* is now subsumed under "persistent depressive disorder," which includes both chronic major depressive disorder and the previous dysthymic disorder. "We hope that this will focus research on a significant clinical reality—that chronicity is a significant factor in treatment outcome," Fawcett said.

The elimination of the "grief exclusion" for major depression has attracted considerable attention from critics who say it medicalizes bereavement, a universal experience. But Fawcett reiterated that evidence has shown no difference in treatment response between grief- and non-grief-related depression. He added that depression frequently occurs in response to some kind of environmental stress or trigger.

Conceptually as important as any new diagnostic category is the addition of "mixed features" specifiers for patients with depression who have at least three

see ***DSM-5 Updates*** *on page 43*

Key Points

- Disruptive mood dysregulation disorder, a new diagnosis, is an effort to identify children who experience extreme irritability without changes in mood that are characteristic of bipolar disorder and to address what some believe is an overdiagnosis of children with bipolar disorder.
- Premenstrual dysphoric disorder has been moved from the appendix in *DSM-IV* and is a new diagnostic entity in *DSM-5*.
- Dysthymia is now subsumed under the diagnosis of persistent depressive disorder.
- The "grief exclusion" for major depression has been eliminated and a note added to differentiate normal grief from a depressive disorder.
- The new manual will include "mixed state" specifiers for patients who experience symptoms of mania along with depression and will introduce severity ratings for anxiety.
- Agoraphobia and panic attack will be separate diagnoses in *DSM 5,* to recognize that many patients with agoraphobia don't experience panic (see box below).
- Separation anxiety disorder and selective mutism—previously classified as disorders of infancy, childhood, or adolescence—are now included in the anxiety disorders chapter.
- A separate chapter on obsessive-compulsive and related disorders has been created bringing together OCD, body dysmorphic disorder, and trichotillomania. Four new disorders will also appear in this chapter: hoarding disorder, excoriation (skin picking) disorder, substance- /medication-induced obsessive-compulsive and related disorders, and obsessive-compulsive and related disorders due to another medical condition.

Changes Impacting Anxiety Disorders

Agoraphobia and panic attacks have been "uncoupled" in *DSM-5*—a patient need not experience panic to be diagnosed with agoraphobia—but panic attacks will now be included as a specifier across diagnostic categories.

Michelle Craske, Ph.D., chair of the Anxiety Disorders Work Group, told *Psychiatric News* that epidemiologic studies indicate that a large number of people with agoraphobia do not experience panic attacks. But she noted that while the finding is true of community samples, it is less so in clinical samples, suggesting that experience of panic attacks drives many people to seek help. Also, Craske said, panic attacks are a predictor of chronicity for many diagnoses, and so will now be included as a specifier throughout *DSM-5*.

Craske said that uncoupling agoraphobia and panic attacks represents a simplification of criteria since the *DSM-IV* had included multiple diagnoses for varying combinations of the disorders. (When agoraphobia and panic attacks appear together, clinicians should use both codes.)

Obsessive-compulsive disorder (OCD) and posttraumatic stress disorder (PTSD) are no longer grouped with the anxiety disorders (OCD is now in a chapter on obsessive-compulsive and related disorders; PTSD is now in a chapter with trauma, stressor, and dissociative disorders.)

Separation anxiety disorder and selective mutism are no longer listed as "disorders of childhood and adolescence" (the latter category has been eliminated) and are instead listed among the anxiety disorders. Craske said there is now a recognition that separation anxiety disorder can have an adult onset, and that anxiety is a significant component of selective mutism.

Finally, specific phobia and social anxiety disorder will now include a duration requirement, so that symptoms must persist for at least six months. "We wanted to avoid pathologizing mild, transient fears," Craske told *Psychiatric News*.

Criteria for both disorders will no longer include the requirement that the patient must recognize that fears are unreasonable; rather, the new criteria defer to the clinician's judgment as to whether the fears are out of proportion to the danger posed by situations.

SUNDAY, MAY 19

chopharmacology: Focus on the Psychiatry Consultation/Liaison Service (Meet the Authors) *Chair: Sandra A. Jacobson, M.D.*

SI06. New Treatments in Schizophrenia *Chair: Donald C. Goff, M.D.*

WORKSHOPS

W35. Personal Experiences in the Combat Zone *Chair: Elspeth C. Ritchie, M.D., M.P.H.*

W36. Overview of Conscientious Objection With Special Attention to Quaker Conscientious Objectors in World War II: Unlikely Heroes of Psychiatric Reform *APA and the Scattergood Foundation; Chair: David Roby, M.D.*

W37. Transition to Practice and Transitions in Practice: A Workshop for MITs and ECPs *Chair: Paul O'Leary, M.D.*

W38. The Cultural Formulation Interview: Applying the *DSM-IV-TR* Outline for Cultural Formulation for *DSM-5* *Chairs: Russell Lim, M.D., Francis Lu, M.D.*

10:30 A.M.-NOON
POSTER SESSION 5

Young Investigator Poster Session

12:30 P.M.-1:30 P.M.
APA ANNUAL BUSINESS MEETING

12:30 P.M.-2 P.M.
CASE CONFERENCE

CC1. Coping With the Suicide Death of a Patient (For APA Members Only) *Chair: Michael F. Myers, M.D.*

LECTURES

L10. What We Can Learn From Alcoholics Anonymous About Addiction Treatment, Spiritually Oriented Recovery, and Social Neuroscience *Oskar Pfister Award Lecture; Marc Galanter, M.D.*

L11. Prion Biology: New Interface Between Psychiatry and Neurology *APA Frontiers of Science Lecture Series; Stanley B. Prusiner, M.D.*

SCIENTIFIC AND CLINICAL REPORTS

SCR10. Depression: Course, Remission, Resistance

1. A New Type of Scale for Determining Remission From Depression: The Remission From Depression Questionnaire *Mark Zimmerman, M.D.*
2. Course of Illness Over 12 Months in Patients With Severe Major Depressive Disorder *Bonnie Szarek, R.N.*
3. The Management of Treatment-Resistant Depression *Gabor Keitner, M.D.*
4. Changes in Psychotropic Prescription During Hospitalization of Depressed Patients Correlated With Innate CYP2D6 Function *Ricihard Seip, M.D.*

SMALL INTERACTIVE SESSIONS

SI07. Body Dysmorphic Disorder *Chair: Katharine A. Phillips, M.D.*

SI08. Effort, Exaggeration, and Malingering After Concussion: What Are We Missing? *Chair: Jonathan M. Silver, M.D.*

WORKSHOPS

W39. Establishing Telepsychiatry and Tele-Psychotherapy Services for Nursing Home Residents: A Beacon Program *Chair: Kathryn Lombardo, M.D.*

W40. Violence and the American Soldier *Chairs: Elspeth C. Ritchie, M.D., M.P.H., Marvin Oleshansky, M.D.*

W41. Brain Imaging and Psychiatric Diagnosis: Scientific and Societal Issues *APA and the Scattergood Foundation; Chair: Martha Farah, Ph.D.*

W42. Children of Psychiatrists *Chairs: Leah J. Dickstein, M.D., M.A., Michelle Riba, M.D., M.S.*

W43. Rejuvenating Empathy Through Reflective Writing: A Workshop for Clinicians *Chair: Shaili Jain, M.D.*

W44. Acculturative Family Distancing: Developmental and Clinical Phenomena for Children of Immigrants *American Association for Social Psychiatry; Chairs: Dawn Sung, M.D., Andres J. Pumariega, M.D.*

W45. What Are People Saying About You Online? Your E-Reputation and What You Can Do About It *American Association for Technology in Psychiatry; Chair: Robert C. Hsiung, M.D.*

W46. Choosing Medications for Patients With Opioid Dependence, Who Gets What and Why: A Case-Based Workshop *Chairs: Margaret Haglund, M.D., Meredith Kelly, M.D.*

W47. The Use of Exposure and Ritual Prevention With OCD: Key Concepts and New Directions *Chair: Bradley Riemann, Ph.D.*

1 P.M.-3 P.M.
POSTER SESSION 6

New Research Poster Session

1 P.M.-4 P.M.
ADVANCES IN SERIES

AS3. Advances in Geriatric Psychopharmacology *Chair: Sandra A. Jacobson, M.D.*

1. The Use of Antipsychotic Medications in Patients With Dementia: Facts and Controversy *George T. Grossberg, M.D.*
2. Addiction in Late Life: Pharmacological Interventions *David Oslin, M.D.*
3. Molecular Brain Aging: Implications for Functional Decline, Depression, and Psychopharmacologic Treatment *Etienne Sibille, Ph.D.*
4. The Neuroprotective Effects of Lithium *Ariel Gildengers, M.D.*
5. Advances in Antidepressant Treatment *Abhilash Desai, M.D.*

MEDIA WORKSHOP

MW5. The Impact of Illness on the Family: A Viewing and Discussion of "A Sister's Call" *Chair: Gregory W. Dalack, M.D.*

PRESIDENTIAL SYMPOSIA

PS5. IMGs' Contributions to Psychiatric Workforce *Chairs: Henry A. Nasrallah, M.D., Nyapati R. Rao, M.D., M.S.*

1. Psychiatry, Like the Rest of Medicine, Is Experiencing a Major Shortage of Its Physician Workforce Due to Decreasing Supply *Nyapati R. Rao, M.D., M.S.*

Learn More About Integrated Care Through Special Track

It's an exciting time to be a psychiatrist. With the final implementation of health care reform slated for 2014, this meeting is the pivotal one for the profession to complete preparations for a new era in health care. New opportunities exist for psychiatrists to collaborate with their medical colleagues to improve outcomes, improve the experience of care, and contribute to "bending the cost curve," thus aiding health systems in reaching the heralded Triple Aim. The Integrated Care Track will provide ample opportunities to hone your skills, learn new strategies for collaborating with your primary care colleagues, demonstrate the value added to health care teams when psychiatric services are included, and more. Here is a sampling of the exciting lineup of presentations and speakers for this meeting.

FRIDAY, MAY 17 (PRE-CONFERENCE)
9 a.m.-4 p.m.
Course: Clinical Updates in Primary Care Psychiatry: For Primary Care and Mental Health Providers
Robert McCarron, M.D., Lori Raney, M.D., and Jürgen Unützer, M.D.

SATURDAY, MAY 18
9 a.m.-Noon
Symposium: Curricula for Teaching Residents to Work in Integrated Care
Chair: Debra Cowley, M.D.; Jürgen Unützer, M.D., Lori Raney, M.D., Kristen Dunaway, M.D., Marshall Forstein, M.D., Emily Frosch, M.D., Jaesu Han, M.D., Robert McCarron, D.O., Anna Ratzliff, M.D., Ph.D.

3:30 p.m.-5 p.m.
Workshop: Integrated Care and the Patient-Centered Medical Home in the Veterans Health Administration: What Has Six Years of National Implementation Taught Us?
U.S. Department of Veterans Affairs; Chair: Andrew S. Pomerantz, M.D.

SUNDAY, MAY 19
9 a.m.-4 p.m.
Course: The Integration of Primary Care and Behavioral Health-AIMS
Jürgen Unützer, M.D., Lori Raney, M.D., Anna Ratzliff, M.D., John Kern, M.D.

MONDAY, MAY 20
9 a.m.-Noon
Presidential Symposium: The Psychiatrist's Role in Treating the Patient With Cancer
Academy of Psychosomatic Medicine; Chair: Donald Rosenstein, M.D., Jane Walker, M.Sc., Michael Sharpe, M.A., M.D., Donald L. Rosenstein, M.D., Wayne Katon, M.D.

2 p.m.-5 p.m.
Symposium: Advances in Medical Care for Patients With Schizophrenia
Lydia Chwastiak, M.D., M.P.H., Gail Daumit, M.D., M.H.S., Benjamin Druss, M.D., Oliver Freudenreich, M.D., Linda Ganzini, M.D., M.P.H.

3:30 p.m.-5 p.m.
Workshop: Noncommunicable Diseases and Collaborative and Integrated Care: Essentials for the Practicing Physician and the Health Team
APA Council on Healthcare Systems and Financing; Chairs: Mary Badaracco, M.D., Eliot Sorel, M.D., Jürgen Unützer, M.D., Lori Raney, M.D.

TUESDAY, MAY 21
9 a.m.-10:30 a.m.
Workshop: Supervisory, Consultative, Collaborative Relationships: Liability Issues With Split Treatment
Chair: Kristen Lambert, J.D., M.S.W.

11 a.m.-1 p.m.
Presidential Forum: The Integration of Behavioral Health and Primary Care: The Evolving Role of Psychiatry in the Era of Health Care Reform
Chair: Lori Raney, M.D.; Wayne Katon, M.D., Jürgen Unützer, M.D., Benjamin Druss, M.D., Roger Kathol, M.D.

WEDNESDAY, MAY 22
1 p.m.-5 p.m.
Seminar: Primary Care Skills for Psychiatrists
Directors: Lori Raney, M.D., Erik Vanderlip, M.D.

More information and a final copy of the Integrated Care Track are available from Lori Raney, M.D., chair of the APA Work Group on Integrated Care, at lraney@pcbhconsulting.net.

2. The Educational Contributions of IMG Psychiatrists *Pedro Ruiz, M.D.*

3. The Research and Scholarship Excellence of IMG Psychiatrists in the United States *Henry A. Nasrallah, M.D.*

4. Academic and Professional Leadership by IMG Psychiatrists in the United States *Peter F. Buckley, M.D.*

PS6. Forensic Psychiatry for the General Psychiatrist: A Practical Guide for Legally Sound Assessments and Treatment *American Academy of Psychiatry and the Law; Chair: Charles L. Scott, M.D.*

1. Paranoia and Violence *Phillip Resnick, M.D.*

2. Child Murder by Parents *Phillip Resnick, M.D.*

3. *Tarasoff:* The Origin and Evolution of the Duty to Protect *Debra Pinals, M.D.*

4. Capacity to Make Treatment Decisions *Debra Pinals, M.D.*

5. Recovered Memories and Malpractice *Charles Scott, M.D.*

6. Evaluating Malingered PTSD *Charles Scott, M.D.*

SYMPOSIA

S39. Achievement, Innovation, and Leadership in the Affective Spectrum

1. Ambition and Achievement *Sheri L. Johnson, Ph.D.*

2. Creativity *Terence A. Ketter, M.D.*

3. Innovation and Entrepreneurship *Michael A. Freeman, M.D.*

4. Political and Military Leadership *S. Nassir Ghaemi, M.D., M.P.H.*

S40. The Sixth Vital Sign: Assessing Cognitive Impairment in HIV-Infected Patients

1. Clinical Case Discussion: Cognitive Decline *Marshall Forstein, M.D.*

2. Cognitive Disorders *Karl Goodkin, M.D., Ph.D.*

3. Assessment and Diagnosis *Lawrence M. McGlynn, M.D.*

4. Clinical Roundtables *Suad Kapetanovic, M.D.*

S41. Using Biomarkers to Select Treatments: An Illustration From the International Study to Predict Optimized Treatment for Depression

1. ISPOT-D: A Practical Trial to Identify Clinically Applicable Predictors of Antidepressant Outcomes *Radu V. Saveanu, M.D.*

2. Early-Life Events Moderate Current Clinical Profile and Antidepressant Remission Outcomes *Charles DeBattista, M.D.*

3. Clinic-Ready Predictors of Antidepressant Treatment Outcomes: Using Standardized Behavioral Tests of Cognition and Emotion *Amit Etkin, M.D., Ph.D.*

4. Using Imaging to Inform Treatment Prediction in Major Depressive Disorder *Leanne Williams, Ph.D.*

5. Genetic Predictors of Treatment Outcomes in Major Depressive Disorder *Stephen H. Koslow, Ph.D.*

S42. Preventing Depression: Life-Cycle Perspectives

1. Preventing the Onset of Depressive Disorders: An Updated Meta-Analysis *Pim Cuijpers, Ph.D.*

2. Depression-Prevention Trials in Adolescents: An Overview *Greg Clarke, Ph.D.*

3. Longer-Term Effects of a Cognitive-Behavioral Program for Preventing Depression in At-Risk Adolescents *Judy Garber, Ph.D.*

4. Preventing Depression Among Older Adults: How Far Have We Come? *Aartjan Beekman, M.D., Ph.D.*

5. Late-Life Depression Prevention in the Vitamin D and OmegA-3 Trial (VITAL) *Olivia Okereke, M.D., M.S.*

S43. Attention-Deficit/Hyperactivity Disorder and Driving Safety

1. Legal and Ethical Aspects of Patient Driving Risk *Richard J. Bonnie, LL.B.*

2. Attention-Deficit/Hyperactivity and Driving Safety: Do Pharmacological Interventions Improve Driving Safety and Reduce Collisions? *Roger Burket, M.D.*

3. Nonpharmacological Measures to Improve Driving in ADHD *Daniel J. Cox, Ph.D.*

S44. Psychotherapy and Psychopharmacology in Patients With Cancer: Practical Considerations From Diagnosis to the Palliative Phases

1. Drug-Drug Interactions in Cancer Patients: A Primer for Psychiatrists *Anis Rashid, M.D.*

2. The Palliative Phases: Psychopharmacological Considerations *Seema Thekdi, M.D.*

3. Psychotherapy and Psychopharmacology in Patients With Cancer: Practical Considerations From Diagnosis to the Palliative Phases *Antolin C. Trinidad, M.D., Ph.D.*

S45. Overview of the Revision of the *ICD-11* Classification of Mental and Behavioral Disorders

1. Improving the Clinical Utility of WHO's *ICD-11*: Concepts and Evidence *Geoffrey M. Reed, Ph.D.*

continued on page 26

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Researchers say careful balancing of the risks and benefits to both mother and baby of treatment for maternal mental illness is needed.

Psychiatric Care During Pregnancy To Be Focus of Forum

Clinical treatment decisions during pregnancy mandate careful balancing of risk and benefit. Authors of studies recently published in *AJP* will give clinical guidance for such decisions.

BY LESLIE SINCLAIR

The *American Journal of Psychiatry (AJP)* will host a forum titled "Treatment of the Pregnant Woman and Her Child," chaired by Robert Freedman, M.D., editor in chief of *AJP*, at APA's annual meeting in San Francisco. The session will be held Monday, May 20, at 11 a.m.

"We strive to make the journal's cutting-edge research germane to today's practicing clinician," Freedman told *Psychiatric News*, "and we particularly target clinical situations in which even the most experienced psychiatrists are the most careful in their approach. The care of the psychiatrically ill pregnant woman and her fetus is an area in which all clinicians want to be informed about the latest research that investigates the risk and benefit of treatment." He added that the forum "will bring together authors of four recently published articles to discuss their research, all of which informs current care and will affect future treatment development."

But first, Harita Raja, M.D., a psychiatry resident at Medstar Georgetown University Hospital in Washington, D.C., will begin the symposium with a case presentation. She is the author of a recent review article on treatment of maternal depression in the *Residents' Journal*, an online publication of the *American Journal of Psychiatry*.

The first speaker will be Katherine Wisner, M.D., a professor of psychiatry; obstetrics; gynecology; and reproductive sciences and epidemiology at the University of Pittsburgh School of Medicine. Wisner has meticulously characterized the effects of depression and medication treatment for it on the growth and development of the fetus and found independent effects of each, but little evidence that antidepressants cause additional harm to the fetus.

Mallay Occhiogrosso, M.D., an assistant professor of psychiatry at Weill Cornell Medical College, and her colleagues made similar findings about newborn pulmonary hypertension, once thought to be an adverse effect of SSRI treatment during pregnancy (*Psychiatric News*, May 4, 2012). Their extensive epidemiologic investigations revealed that the effect is small and as likely to be caused by depression itself as by the medications.

Veerle Bergink, M.D., a psychiatrist at the Erasmus Medical Center in Rotterdam, the Netherlands, will present a study of the approach preferred by her clinic for pregnant women with a history of bipolar disorder or postpartum psychosis (*Psychiatric News*, May 4, 2012). Her clinic's prophylactic treatment diminishes some but not all risk for subsequent illness during or after pregnancy.

The final speaker, Randal Ross, M.D., a professor in the Department of Psychiatry at the University of Colorado School of Medicine, has developed a physiological indicator of the newborn's brain development. With this technique, he finds that antidepressant treatment frequently prevents the otherwise deleterious effect of a maternal anxiety disorder and that the nutrient choline may prevent the development of pathological brain dysfunction associated with later mental disorders in the child. PN

MITs Get a Home Away From Home

Members-in-training (MITs) attending APA's annual meeting in San Francisco will experience something new—a meeting centered around them. The annual meeting is the showcase of APA every year, but can be daunting for younger members who have yet to experience all the meeting has to offer. For many younger members, the meeting can seem impersonal, and they find it challenging to connect with other MITs. Sessions geared toward younger members are often conflicting and set in different locations, and it's hard to find a place within the large convention hall to call "home." Additionally, many younger members want a chance to meet and network with national leaders and potential mentors.

After experiencing these frustrations last year, APA's MIT leadership, with the help of APA staff, undertook a project to consolidate opportunities for MITs in one place throughout the meeting. Called the MIT Center, this room will host many of the MIT-specific sessions throughout the meeting and serve as a place for congregating and networking.

In addition to holding lectures ranging from career navigation to *DSM-5* topics, the MIT Center will provide access to leaders in different fields of psychiatry and facilitate networking with other MITs through its open drop-in policy and casual feel between sessions.

The MIT Center, which will be open from 7 a.m. to 6 p.m., will be centrally located in the Moscone Convention Center in Room 110. Most of the center's schedule appears below; a complete schedule is posted at http://www.psychiatry.org/residents and will be available on site. There also will be information on social and networking events at the center and out on the town.

Make sure to drop by and participate in sessions just for you, update your connections, and find out what APA can do for you! PN

Mentoring for Residents

These are among the mentoring opportunities available at APA's 2013 annual meeting.

MONDAY, MAY 20
7 a.m.-8:30 a.m.
Meet the Experts Sunny Side-up Breakfast
Nob Hill Rooms A-D, Lower B2 Level, Marriott Marquis

7:30 a.m. to 9:30 a.m.
Women's Mentoring Breakfast
Sierra Suite C, 5th Floor, Marriott Marquis

TUESDAY, MAY 21
7 a.m. to 8:30 a.m.
Early Research Career Breakfast (RSVP to Ernesto Guerra at eguerra@psych.org)
Nob Hill Rooms A-D, Lower B2 Level, Marriott Marquis

Scientific Sessions and Events for Residents and Fellows

APA has planned a full schedule of events for residents so they can meet and socialize, ask questions, share information, and learn more about their chosen profession. Highlights appear below. Note that many of the sessions will be held in the new MIT Center (see article above). The complete Resident Track can be downloaded from http://www.psychiatry.org/residents.

SATURDAY, MAY 18
9 a.m.-10:30 a.m.
Resident Poster Competition I
Exhibit Halls A-C, Exhibit Level, Moscone Convention Center

Workshop: *DSM-5* for the Member-in-Training (For Residents Only)
MIT Center, Room 110, Moscone Convention Center

11:30 a.m.-1 p.m.
Resident Poster Competition II
Exhibit Halls A-C, Exhibit Level, Moscone Convention Center

1:30 p.m.-3 p.m.
Small Interactive Session: The Art of Being a Geriatric Psychiatrist: Integrating Clinical Research Findings Into Patient Care (For Residents Only)
Room 220, Mezzanine Level, Moscone Convention Center

3 p.m. -5 p.m.
Workshop: Making the Most of Your Chief Year: Chief Residents' Forum I (For Residents Only)
MIT Center, Room 110, Moscone Convention Center

SUNDAY, MAY 19
7 a.m.-8 a.m.
How to Survive the Annual Meeting Orientation and Networking
MIT Center, Room 110, Moscone Convention Center

8 a.m.-9:30 a.m.
Workshop: Making the Most of Your Chief Year: Chief Residents' Forum II (For Residents Only)
MIT Center, Room 110, Moscone Convention Center

10 a.m.-11:30 a.m.
Workshop: Transition to Practice and Transitions in Practice: A Workshop for MITs and ECPs (For Residents Only)
MIT Center, Room 110, Moscone Convention Center

2:30 p.m.-4 p.m.
Workshop: Developing a Career in Child and Adolescent Psychiatry
Room 3010, Third Floor, West Building, Moscone Convention Center

7 p.m.
Caucus of Members-in-Training *(Location TBA)*

MONDAY, MAY 20
1:30 p.m.-3 p.m.
Workshop: What Happens Now That I've Graduated? Pearls, Pitfalls, and Strategies for Negotiating Your First Job and Other Transitions After Residency
MIT Center, Room 110, Moscone Convention Center

3:30 p.m.-5 p.m.
Small Interactive Session: Psychiatry, the AMA, and Medicine: The Next Chapter (For Residents Only)
Room 220, Mezzanine Level, Moscone Convention Center

Workshop: Professionalism in Social Networking: What Shouldn't Be Tweeted, Blogged, or Posted (For Residents Only)
MIT Center, Room 110, Moscone Convention Center

TUESDAY, MAY 21
9 a.m.-10:30 a.m.
Forum: Psychiatric Residents and the Creative Process
MIT Center, Room 110, Moscone Convention Center

Small Interactive Session: Psychodynamic Psychotherapy in the Era of the Internet (For Residents Only)
Chair: Glen O. Gabbard, M.D.
Room 220, Mezzanine Level, Moscone Convention Center

Small Interactive Session: Professionalism and the Professional Society (For Residents Only)
Chair: James H. Scully Jr., M.D.
Room 222, Mezzanine Level, Moscone Convention Center

Workshop: Research Literacy in Psychiatry: Part 1
Room 111, Exhibit Level, Moscone Convention Center

11 a.m.-12:30 p.m.
Workshop: Research Literacy in Psychiatry: Part 2
Room 111, Exhibit Level, Moscone Convention Center

6 p.m.-7 p.m.
MindGames Resident Competition
Hosted by Glen Gabbard, M.D.
Room 135, Moscone Convention Center

WEDNESDAY, MAY 22
9 a.m.-10:30 a.m.
Workshop: Positive Psychiatry: A Strengths-Based Recovery Model Focused on Underrepresented Minorities in Medical School and Residency
APA/SAMHSA Minority Fellows
Room 113, Exhibit Level, Moscone Convention Center

11 a.m.-12:30 p.m.
Workshop : No Poster, No Publication, No Problem: A Step-by-Step Guide to Get You Started in the Scholarly Activity Process
Room 226, Mezzanine Level, Moscone Convention Center

1:30 p.m.-3 p.m.
Workshop: The *American Journal of Psychiatry Residents' Journal:* How to Be Involved
Room 226, Mezzanine Level, Moscone Convention Center

Workshop: E-Psychiatry: How Innovative Web Sites Reach Diverse Populations
APA/SAMHSA Minority Fellows
Room 111, Exhibit Level, Moscone Convention Center

SUNDAY, MAY 19

2. Overview of the Content Forms as the Basis for the *ICD-11* Clinical Descriptions and Diagnostic Guidelines *Michael B. First, M.D.*

3. The *ICD-11* Classification of Psychotic Disorders *Wolfgang Gaebel, M.D., Ph.D.*

4. Convergences and Divergences in *ICD-11* and *DSM-5*: Approaches to the Classification of Mood and Anxiety Disorders *Mario Maj, M.D., Ph.D.*

5. Disorders Specifically Associated With Stress: Concept and Field-Study Planning *Andreas Maercker, M.D., Ph.D.*

6. Major Revision of the Classification of Personality Disorders *Peter Tyrer, M.D.*

S46. The Impact of Culture, Ethnicity, and Ethnopsychopharmacology on Mood Disorders: An Update

1. Ethnopsychopharmacology Update *David Henderson, M.D.*

2. Collaborative Management to Improve Treatment of Depressed Chinese Americans in Primary Care *Albert Yeung, M.D.*

3. A Cultural Perspective on Depressive Disorders in the Asian-Indian Population *Rajesh M. Parikh, M.D.*

4. Psychosis-Like Symptoms in Latinos With Major Depressive Disorder: Criteria, Course, and Treatment *Paolo Cassano, M.D., Ph.D.*

5. A Cultural Perspective on the Management of Depression in Women *Shamsah Sonawalla, M.D.*

S47. Managing Illness Behavior Using Attachment Theory: Integrative Models in the Medically Ill

1. Why Use Attachment Theory in CL? An Introduction and Overview *Jon Hunter, M.D.*

2. The Association of Attachment Style With Health Risk Behaviors *Robert Maunder, M.D.*

3. Attachment Theory, Distress, and Treatment Adherence in Chronic Liver Disease *Sanjeev Sockalingam, M.D.*

4. Attachment and Surviving Critical Illness *Adrienne Tan, M.D.*

S48. Transgender Wellness Across the Lifespan: What's New in Clinical Care, Education, and Research?

1. What's New in Psychiatric Care With Transgender Adults? *Dan H. Karasic, M.D.*

2. What's My Gender? Treatment Considerations in Facilitating Authentic Gender in Gender-Nonconforming Children *Diane Ehrensaft, Ph.D.*

3. Transgender Health Issues: An Evidence-Based Review of What Psychiatrists Need to Know, Featuring the UCSF Protocols *Madeline B. Deutsch, M.D.*

4. World Professional Association for Transgender Health (WPATH) Efforts to Improve Trans Health Care in the United States and Internationally *Lin Fraser, Ed.D.*

5. Creating Standardized Transgender Health Training Programs Across Canada *Gail Knudson, M.D., M.P.E.*

6. Sexuality in Transsexuals Post-Transition: A Cross-Sectional Single Center Study *Cecilia Dhejne, M.D.*

S49. The *DSM-5* Cultural Formulation Interview: A Standardized Cultural Assessment *APA Task Force on DSM-5*

1. A Retrospective Clinical (and Critical) History of *DSM-IV*'s Outline for a Cultural Formulation *Renato D. Alarçon, M.D., M.P.H.*

2. The Development of the Cultural Formulation Interview *Roberto Lewis-Fernandez, M.D., M.T.S.*

3. The Data Analysis of the *DSM-5* Cultural Formulation Interview Field Trial *Neil Aggarwal, M.B.A., M.D.*

4. Clinical Utility of the Cultural Formulation Interview and Supplementary Modules *Sofie Baarnhielm, M.D., Ph.D.*

5. Feasibility of Using the Cultural Formulation Interview: Administrator Perspective *Kavoos G. Bassiri, M.S., L.M.F.T.*

S50. *DSM-5* and Major Depression *APA Task Force on DSM-5*

1. Specifier for Major Depressive Episodes in *DSM-5 William Coryell, M.D.*

2. The Importance of Anxiety in Common Forms of Depressive Illness *David Goldberg, D.M., M.Sc.*

3. Rethinking Depressive NOS Conditions and Suicidality in *DSM-5 Michael Robert Phillips, M.D., M.P.H.*

4. The Bereavement Exclusion *Sidney Zisook, M.D.*

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2 P.M.-4 P.M.
FORUM

F3. NIDA Addiction Performance Project *U.S. National Institute on Drug Abuse; Chair: Nora D. Volkow, M.D.*

2:30 P.M.-4 P.M.
LECTURES

L12. Brain Health and Alzheimer's Prevention *APA Distinguished Psychiatrist Lecture Series; Gary W. Small, M.D.*

L13. Manfred S. Guttmacher Award Lecture ***(To Be Announced)***

SCIENTIFIC AND CLINICAL REPORTS

SCR11. The Internet and Electronic Communication

1. Suicide on Facebook: Suicide Assessment Using Online Social Media *Amir Ahuja, M.D.*

2. Implementation and Impact of Electronic Medical Records in a Psychiatric Outpatient Setting *Frank X. Acosta, Ph.D.*

3. A Web-Based, Shared, Decision-Making System (MyPSYCKES) to Promote Wellness and Empower Vulnerable Populations *Molly Finnerty, M.D.*

SCR12. Perceptions of Mental Illness and the Self

1. Perception of Depression by Self and Knowledgeable Informant *Nelya Tarnovetsky, M.D.*

2. Disorder of Self-Awareness in Schizophrenia: Impaired Psychological Proprioception *Henry A. Nasrallah, M.D.*

3. Chinese Americans' Knowledge of Behavioral and Psychiatric Symptoms of Dementia: A Mental Illness Literacy Survey *Benjamin K. P. Woo, M.D.*

4. Ancient Civilization Concepts of Mental Health and Illness *Nitin Gupta, M.D.*

SMALL INTERACTIVE SESSION

SI09. Evidence-Based Guide to Antidepressant Medications (Meet the Authors) *Chair: Anthony J. Rothschild, M.D.*

WORKSHOPS

W48. When the Pursuit of Wellness in One Domain Leads to Disability in Another Domain: Implications of Evidence for Health Care and Health Policy *APA Senior Psychiatrists; Chairs: Sheila Hafter-Gray, M.D., Paul Wick, M.D.*

W49. Supporting Healthy Transitions From Adolescence to Adulthood in Special Populations *APA Council on Children, Adolescents, and Their Families; Chairs: Nicole Kozloff, M.D., Tiona Praylow, M.D., M.P.H.*

W50. Responding to the Impact of Suicide on Clinicians *Chair: Eric Plakun, M.D.*

W51. How to Use Federal Disability Law to Help Clients With Problems at Work *Chair: Aaron Konopasky, J.D., Ph.D.*

W52. Writing for the Lay Public: A Journalist Shares Pointers and Pitfalls for Psychiatrists in Practice Training *Chair: Stephen Fried, B.A.*

W53. Differential Diagnosis in Dementia and What's New in *DSM-5* *APA Council on Geriatric Psychiatry; Chairs: Maria Llorente, M.D., Mohit P. Chopra, M.B.B.S., M.D.*

W54. Prescription Brain Food: From Bench to Table *Chairs: Drew Ramsey, M.D., Philip R. Muskin, M.D., M.A.*

W55. Treating Cannabis Users With Mood Disorders: An Open Discussion *Chairs: Zimri Yaseen, M.D., Igor Galynker, M.D., Ph.D.*

W56. Developing a Career in Child and Adolescent Psychiatry *Chair: Ara Anspikian, M.D.*

4:30 P.M.-6:45 P.M.
OPENING SESSION

Followed by a special session titled "A Dialogue Between Drs. Dilip Jeste and Elyn Saks"

7 P.M.-10 P.M.
MEDIA WORKSHOP

MW6. We Were Here: A Documentary About Surviving the AIDS Epidemic in San Francisco *American Academy of Child and Adolescent Psychiatry; Chairs: Richard R. Pleak, M.D., Jose Vito, M.D.*

REGISTRATION AND COURSE ENROLLMENT

ADVANCE REGISTRATION January 25 – April 19, 2013
ONSITE REGISTRATION April 20 – May 22, 2013

REGISTER ONLINE at http://annualmeeting.psychiatry.org/
Register by fax at 703-907-1097, online at http://annualmeeting.psychiatry.org/ or mail your registration form to **American Psychiatric Association Annual Meeting, P.O. Box 418237, Boston, MA 02241-8237**. Mailed and faxed forms are assessed an additional $10 and will not be accepted after April 19. Register online to save.
NOTE: The APA shares some personally identifying information about the Annual Meeting registrants with meeting exhibitors. This includes your name, title, mailing address, and email address.

MEETING REGISTRATION FEES

Standard Registration fees include admission to over 400 scientific program session (excluding courses), the exhibit hall and shuttle bus service from official meeting hotels to the Moscone Convention Center. Courses require an additional fee. See "Course Enrollment Fees" section for details.
Gold Registration fees include the **Annual Meeting on Demand** with a standard registration. **Annual Meeting on Demand** is a digital library of over 300 hours of educational content presented at the 2013 APA Annual Meeting. A shipping fee of $10 for domestic orders and $35 for international orders will be added.

MEMBERS: The 2013 dues must be paid to qualify for the member rate. Contact the APA Membership Office with questions regarding your membership status at 703-907-7300 or 888-357-7924 before registering for the meeting.

	STANDARD		GOLD	
	Advance	Onsite	Advance	Onsite
Full-Time	$415	$455	$814	$854
Members-in-Training	$140	$165	$339	$364
Daily	$215	$235	$614	$634
Medical Students	$0	$0	$199	$199
Honorary Fellows	$0	$0	$399	$399
Presenters	$275	$300	$674	$699


SFCVB

NONMEMBERS: Take advantage of member pricing if your membership application and registration form is received by March 15, 2013. A membership application must be submitted with the Annual Meeting registration form.

	STANDARD		GOLD	
	Advance	Onsite	Advance	Onsite
Full-Time	$1,000	$1,100	$1,399	$1,499
Advocacy Group or Mental Health Chaplains*	$160	$170	$359	$369
Residents, Fellows, or Students*	$160	$170	$359	$369
Daily	$535	$570	$934	$969
Medical Students*	$0	$0	$199	$199
Presenters (M.D.)	$660	$725	$1,059	$1,124
Spouse/Significant Other	$230	$255	$629	$654

This category is designated for a spouse or significant other who lives in the same household, is not an APA member, and receives mail at the same address. This cannot be used for a colleague, APA member, siblings, or children. Only one additional registration is allowed per full-time registrant. Identification will be checked on-site. Registered Spouse/Significant Other attendees can attend all sessions (except Member Only), visit the Exhibit Hall, use shuttle bus transportation, and receive CME credit if eligible.

* Verification required

NOTE: Complimentary registrations are honored for Course Directors/Faculty and District Branch Executive Staff (who are not APA members).


SFCVB Photo by Phil Coblentz

REGISTRATION AND COURSE ENROLLMENT

COURSE ENROLLMENT FEES

	Advance	Onsite
Half Day	$165	$190
Full Day (6 hours)	$240	$275
Full Day (8 hours)	$300	$340
Master Courses (6 hours)	$350	$380

You must be registered for the Annual Meeting to register for courses. Master courses are educational experiences designed for those seeking to expand their knowledge in a subject and includes an applicable publication from **American Psychiatric Publishing**.

CANCELLATION FEES & REFUNDS

All registration and/or course cancellation requests must be received in writing by the APA Office (703-907-1097 fax or registration@psych.org) by May 8, 2013. A confirmation will be sent once the request has been processed. Fee will be refunded in the manner in which it was received. Refund policy and cancellation fees are as follows:

Until March 15, 2013	Full refund
March 16 – May 8, 2013	Refund less the cancellation fee equal to 25% of total amount paid
After May 8, 2013	No refunds

CONFIRMATION

If you do not receive registration and/or course enrollment confirmation within three weeks of sending your form, contact the APA office at 703-907-7810 or registration@psych.org.

PAYMENT

The APA only accepts VISA, MasterCard, American Express, money order, or a check (in U.S. funds only), payable to the American Psychiatric Association. APA **does not** accept bank or wire transfers. Registrations will not be processed without proper payment. Mail your registration form with payment to **American Psychiatric Association Annual Meeting, P.O. Box 418237, Boston, MA 02241-8237**. Mailed and faxed forms will not be accepted after April 19, 2013.

PROVISIONAL REGISTRATIONS

Nonmember medical student, non-medical student, advocacy group member, mental health chaplain, psychiatric resident and fellow registrations are considered provisional until status verification is received. To qualify for the fee reduction or exemption, a copy of your valid student ID or letter from advocate/chaplain institution or residency program director **must be received within seven (7) days** of your online registration or mailed with your mailed or faxed registration. If your verification is not received in the time period, the registration will be cancelled.

TRAVEL VISA

Begin the visa application process immediately. The visa process takes longer then you may anticipate. For further information, visit the State Department website at https://esta.cbp.dhs.gov.

ONSITE REGISTRATION HOURS

Friday, May 17
12 noon – 6:00 p.m.
Exclusive members only registration from 11:00 a.m. – 12 noon

Saturday, May 18 – Tuesday, May 21
7:30 a.m. – 5:00 p.m.

Wednesday, May 22
7:30 a.m. – 10:30 a.m.

American Psychiatric Association
166th Annual Meeting
May 18-22, 2013 • San Francisco, CA

SFCVB photo by P. Fuszard

REGISTRATION FORM

ADVANCE REGISTRATION: January 25 – April 19, 2013
Written cancellations must be received in the APA office by May 8, 2013.
REGISTER ONLINE: http://annualmeeting.psychiatry.org/ AND SAVE $10.

Register by fax at **703-907-1097** or mail your registration form with payment (payable to APA) to:
American Psychiatric Association Annual Meeting • P.O. Box 418237 • Boston, MA 02241-8237
Mailed and faxed forms will not be accepted after April 19, 2013.

REGISTRATION INFORMATION ***(address may be published)***

First Name _____ APA Member # _____

Last Name _____ Degree _____

Address _____

Address _____

City _____ State/Prov _____ Zip Code _____-_____

Country (if outside U.S.) _____ Email* _____
*MANDATORY FOR CONFIRMATION AND FOR MEETING ANNOUNCEMENTS

Day Phone _____ Cell Number _____
FOR MEETING ALERTS

NPI Number _____ First time attendee? ☐ Yes ☐ No

SPOUSE/SIGNIFICANT OTHER (if registering) Hotel: _____

First Name _____ Last Name _____

What Is Your Discipline? ***(Check all that apply)***
- ☐ Psychiatrist
- ☐ Mental Health Advocate/Consumer
- ☐ Other MD/DO
- ☐ Resident – Year of graduation from residency _____
- ☐ Other Mental Health Professional
- ☐ Medical Student
- ☐ Early Career Psychiatrist
- ☐ International Medical Graduate

What Is Your Primary Work Setting? (*Check all that apply)*
- ☐ Private – Group
- ☐ Private – Solo
- ☐ Community Mental Health Center
- ☐ State Mental Health Hospital
- ☐ Academic Faculty
- ☐ VA/Federal Facility Other
- ☐ Hospital
- ☐ Academic Student

COURSE ENROLLMENT *Indicate course number found in the Course Brochure.*

Registrant

Saturday	First Choice(s) _____	Alternate(s) _____
Sunday	First Choice(s) _____	Alternate(s) _____
Monday	First Choice(s) _____	Alternate(s) _____
Tuesday	First Choice(s) _____	Alternate(s) _____
Wednesday	First Choice(s) _____	Alternate(s) _____

Spouse/Significant Other

Saturday	First Choice(s) _____	Alternate(s) _____
Sunday	First Choice(s) _____	Alternate(s) _____
Monday	First Choice(s) _____	Alternate(s) _____
Tuesday	First Choice(s) _____	Alternate(s) _____
Wednesday	First Choice(s) _____	Alternate(s) _____

PAYMENT INFORMATION

	FULL REGISTRATION	DAILY
Registrant Registration	$_____	$_____ ___ Sat ___ Sun ___ Mon ___ Tues ___ Wed
Registrant Courses	$_____	
Spouse/Significant Other Registration	$_____	$_____ ___ Sat ___ Sun ___ Mon ___ Tues ___ Wed
Spouse/Significant Other Courses	$_____	
Course Director	$ 0	
APA Honorary Fellow	$ 0	
Medical Student	$ 0	
Donation to Mental Health Association of San Francisco	$_____	
Mail/Fax Fee	$10	
TOTAL PAYMENT	$_____	

I authorize charge of total payment:

Signature _____ Credit Card Number _____ Exp. Date _____
(American Express, MasterCard, or VISA only)

American Psychiatric Association
166th Annual Meeting
May 18-22, 2013 • San Francisco, CA

SFCVB Photo by Phil Coblentz

HOTEL REGISTRATION FORM

Name: _____ Date: _____

Company Name: _____

Address: _____
(Street) (Suite/Floor)

_____
(City) (State) (Zip/Country Code) (Country)

Contact Name: _____

Phone: (_____) _____Ext._____Fax: (_____)_____Email:_____

HOTEL SELECTION (Please fill in all six choices)

1st: _____ 4th: _____
2nd: _____ 5th: _____
3rd: _____ 6th: _____

Use more than one row for different dates if necessary and indicate the number of rooms required for each room type.

Occupant Name (required)	Attendee, Exhibitor, or APA Member?	Check-In Date	Check-Out Date	# Single Rooms	# Double Rooms (2 ppl/1 bed)	# Twin Rooms (2 ppl/2 beds)

Total number of rooms needed: _____ SPECIAL REQUIREMENTS/REQUESTS: _____

Do you require an ADA-Compatible Room? _____ Smoking or Nonsmoking? _____

Other requirements/requests? _____

This form is to indicate preference only and submission does not guarantee confirmation. Notification of confirmed details will be faxed/emailed by Travel Planners, Inc. within three business days of receipt.

Cancellation policy: Until three business days prior to arrival, cancellations of reservations must be made directly with Travel Planners. Hotel's cancellation policies are strictly adhered to and may vary by hotel. Cancellation policies will be outlined on your confirmation. Travel Planners, Inc. makes no warranties of any kind that the hotels and rates listed will be available at the time you make your reservation. Reservation requests and changes are subject to the availability and discretion of the hotels.

NO ADVANCE DEPOSIT REQUIRED

Fax: (212) 779-6128 (9 rooms or less) • (212) 532-1556 (10 rooms or more)
Mail: Travel Planners, Inc., 381 Park Avenue South, Third Floor, New York, NY 10016
If you do not receive confirmation receipt within three business days, please call Travel Planners, Inc.

Please Note our Privacy & Security Policies: We take your privacy seriously. Help us to protect your credit card information by using our secure website to enter this information. For your protection, please do not send credit card information to us in any other way. If you are unable to enter your credit card information in the specified credit card area on our website, please call us to provide this information verbally so that we may enter it into our system. We recommend that you not send credit card information via email, mail or fax. Any credit card information sent to us via email, mail or fax will be transferred to a secured storage location for processing and then permanently deleted/shredded.

Disclaimer: We make no warranties of any kind that any credit card information sent to us in any way other than the specified credit card area on our website will be secure. All documents transmitted to us are destroyed after one year. We cannot be held liable for any reservation or credit card dispute submitted after that time.

MONDAY, MAY 20

8 A.M.-NOON
COURSES 17-25

SEMINAR

SM10. Current Procedural Terminology Coding and Documentation *APA Committee on RBRVS, Codes, and Reimbursement; Director: Ronald Burd, M.D.*

9 A.M.-10:30 A.M.
CASE CONFERENCES

CC2. When Patients Can't Decide: A Case Discussion of Good Clinical Practice, Ethics, Law, and the Boundaries of Self-Determination (For APA Members Only) *Chairs: Philip R. Muskin, M.D., M.A., Rachel Caravella, M.D., Laura Roberts, M.D.*

CC3. Psychodynamic Psychotherapy of Patients With Gender Uncertainty (For APA Members Only) *Chair: Glen O. Gabbard, M.D.*

LECTURE

L14. Telomeres and Telomerase: Their Relation to Stress and Human Disease *APA Frontiers of Science Lecture Series; Elizabeth H. Blackburn, Ph.D.*

POSTER SESSION 7

Young Investigator Poster Session

SCIENTIFIC AND CLINICAL REPORTS

SCR13. Sexuality

1. Clinical and Research Implications of Hypersexual Disorders and *DSM-5 Timothy W. Fong, M.D.*
2. Evidence-Based Medicine, Psychiatry, and BDSM *Charles Moser, M.D., Ph.D.*
3. Paternal Bisphenol A Exposure Alters Spatial Memory and Sexual Differentiation of Emotional Response in Rats *Ying Fan, Ph.D.*

SMALL INTERACTIVE SESSIONS

SI10. Mentalizing in Mental Health Practice (Meet the Authors) *Chairs: Anthony Bateman, M.D., Peter Fonagy, Ph.D.*

SI11. Depression, Inflammation, and Adiposity: Obesity as a Causal and Perpetuating Factor for Depression *Chair: Richard C. Shelton, M.D.*

SI12. Controversies of Child Psychopharmacology *Chair: Barbara Coffey, M.D., M.S.*

WORKSHOPS

W57. Mefloquine Neurotoxicity Plausibly Contributes to the Burden of PTSD, TBI, Suicide, and Violence Within the U.S. Military *Chair: Elspeth C. Ritchie, M.D., M.P.H.*

W58. "Crisis Junkies": Stereotypes Affecting the Treatment of Patients With Borderline Personality Disorder *Chair: John Maher, M.D.*

W59. Feeling Burnout? There's an App for That! *Chair: Sermsak Lolak, M.D.*

W60. Conflict Revisited: Psychotherapy Joins Neuroscience *Chair: Andrei Novac, M.D.*

W61. Comprehensive Treatment of Geriatric Depression *APA Council on Geriatric Psychiatry; Chairs: Craig Nelson, M.D., Uyen-Khanh Quang-Dang, M.D., M.S.*

W62. Ethical Issues In Geriatric Psychiatry *Chair: Rajesh R. Tampi, M.D., M.S.*

W63. Psychotherapy of the Medically Ill: Overlapping Dynamic, CBT, and Interpersonal Approaches *Academy of Psychosomatic Medicine; Chair: Harold Bronheim, M.D.*

9 A.M.-11:A.M.
LECTURES

L15. Advancing Drug Development in Schizophrenia: A Focus on Improving Functioning *APA Award for Research in Psychiatry; Stephen R. Marder, M.D., Robert Buchanan, M.D., Daniel C. Javitt, M.D., Ph.D., Donald Goff, M.D.*

9 A.M.-NOON
ADVANCES IN MEDICINE

AM3. Medical Mysteries and Practical Med Psych Updates: Is It Medical, Psychiatric, or a Little of Both? *Chair: Robert M. McCarron, D.O.*

ADVANCES IN RESEARCH

AR1. Advances in Research *Chair: Herbert Pardes, M.D.*

1. Integrated Depression Care: Closing the Gap Between What We Know and What We Do *Jurgen Unutzer, M.D., M.P.H.*
2. Changing Conceptions of Tourette's Syndrome in Light of Effective Behavioral Treatment *John T. Walkup, M.D.*
3. Treatment Strategies for Major Mood Disorders That Are Robustly Effective Within 24 Hours *William Bunney, M.D.*
4. Practical Problems in Dealing With the Recently or Potentially Suicidal Teenager *David Shaffer, M.D.*
5. Obsessive-Compulsive Disorder: Cutting-Edge Research and Its Practical Implications *Helen Blair Simpson, M.D., Ph.D.*

ADVANCES IN SERIES

AS4. Advances in Addiction Psychopharmacology *American Academy of Addiction Psychiatry; Chairs: Henry R. Kranzler, M.D., Domenic A. Ciraulo, M.D.*

1. Medications to Treat Nicotine Dependence *Caryn Lerman, Ph.D.*
2. Medications to Treat Opioid Dependence *John A. Renner Jr., M.D.*
3. Medications to Treat Alcohol Dependence *Henry R. Kranzler, M.D.*
4. Benzodiazepines and Sedative-Hypnotics *Domenic A. Ciraulo, M.D.*
5. Medications to Treat Cocaine and Other Stimulant Dependence *Kyle Kampman, M.D.*
6. Medications to Treat Cannabis Use Disorders *David Gorelick, M.D., Ph.D.*

MEDIA WORKSHOP

MW7. Saying Goodbye: A Stimulus Video Documentary of Attachment and Loss at the End of Life *Chair: Geraldine Fox, M.D., M.H.P.E.*

PRESIDENTIAL SYMPOSIA

PS7. Ethical Waves of the Silver Tsunami: Focus on Capacity, Decision Making, and End-of-Life Issues *American Association for Geriatric Psychiatry; Chairs: Laura B. Dunn, M.D., Maria I. Lapid, M.D.*

1. An Approach to Assessing Capacity to Consent *Paul S. Appelbaum, M.D.*
2. Altered Mental Status in the Older Hospitalized Patient: Assessing Capacity and Engaging Substitute Decision Makers *Anna Glezer, M.D.*
3. "Evaluate for Capacity": Identifying and Addressing Underlying Ethical Dilemmas in the Capacity Assessment Request *Jewel Shim, M.D.*
4. The Capacity to Live Independently (aka The Capacity to Be Discharged Home) *Jason Karlawish, M.D.*
5. Ethical Issues in End-of-Life Care: A Geriatric Psychiatry Perspective *Maria I. Lapid, M.D.*

PS8. The Psychiatrist's Role in Treating the Patient With Cancer *Academy of Psychosomatic Medicine; Chair: Donald L. Rosenstein, M.D.*

1. Screening for Depression in Patients With Cancer *Jane Walker, M.Sc.*
2. Integrated Care for Patients With Cancer and Depression: How Do You Do It and Does It Work? *Michael Sharpe, M.D., M.A.*
3. Psychosocial Aspects of Cancer Survivorship *Donald L. Rosenstein, M.D.*
4. A Physician's Personal Experience With Cancer *Wayne Jay Katon, M.D.*

PS9. Medical Student Recruitment for Psychiatry Residency: A Global Perspective *Chairs: Dinesh Bhugra, M.D., Ph.D., Michelle Riba, M.D., M.S.*

1. Recruitment of U.S. Medical Students to Psychiatry: Societal Need, Multiple Challenges *Joan Anzia, M.D.*
2. Medical Students' Interest in Psychiatry in the United Kingdom *Dinesh Bhugra, M.D., Ph.D.*
3. Medical Student Recruitment in Psychiatry: The Indian Experience *Vihang N. Vahia, M.D.*
4. Managing Recruitment in Medicine and Psychiatry in the Netherlands *Rutger J. Van Der Gaag, M.D., Ph.D.*
5. Recruitment Into Psychiatry: Current Status and Future Challenges in Japan *Shigeto Yamawaki, M.D., Ph.D.*

SYMPOSIA

S51. The Psychiatrist's Role in Reducing the Number of Persons With Mental Illnesses in the Criminal Justice System

1. The Overrepresentation of Persons With Mental Illnesses in the Criminal Justice System *Fred Osher, M.D.*
2. The Disproportionate Representation of Minorities in the Criminal Justice System *Annelle Primm, M.D., M.P.H.*
3. Juveniles in the Criminal Justice System *Stephanie Le Melle, M.D.*

continued on page 30

Ready to Adopt an Electronic Health Record System?

There is a growing recognition of the importance of using computers for patient care. However, many psychiatrists, especially those in solo or small-group practice settings, continue to use computers in a very limited way. Electronic health records (EHRs) have been credited for their potential to improve documentation and communication to impact quality, but have also raised numerous concerns regarding their cost, complexity, and privacy limitations.

Physicians who treat Medicaid or Medicare patients and demonstrate "meaningful use" of electronic health records are eligible for significant financial incentives. Physicians who do not meet this requirement by the end of 2014 will face reduced Medicare reimbursement rates in 2015. While psychiatrists are increasingly expressing interest in EHRs, for physicians in solo and small practices, the tasks of selecting, implementing, and effectively using EHRs are daunting.

To help psychiatrists wade through these complex issues, APA's Committee on Electronic Health Records is sponsoring the symposium "Getting Started With an EHR in Your Practice." It will be held on Tuesday, May 21, at 9 a.m. in Room 125 of the Moscone Convention Center. The session will be chaired by Lori Simon, M.D., a committee member and practicing psychiatrist who has implemented an EHR in her solo practice, and will include presenters who represent practice settings in both the public and private sectors.

The symposium will provide psychiatrists with in-depth information on how to go about selecting and implementing an EHR for their practice, as well as a case study to help them better understand the material being presented in a real-life setting. Issues to be discussed include security, privacy, data sharing, interoperability, and usability, along with an analysis of the potential costs and benefits for a practice. The workshop will conclude with ample time for attendees to pose questions to members of the committee.

Alcatraz Led Several Lives Before Convicts Arrived

What do Spanish explorers, Civil War soldiers, violent criminals, American Indians, and endangered wildlife have in common? They're all part of the history of Alcatraz Island.

BY LESLIE SINCLAIR

Alcatraz Island deserves a place in history for much more than its stint as a storied federal penitentiary. People who consider the 22-acre island in San Francisco Bay only as the site of a notorious federal prison underestimate its role in American history.

Known as "The Rock" long before it became a prison, Alcatraz Island was a Civil War fortress and home of the first lighthouse on the West Coast. It was also the site of an influential American-Indian protest, and today it's a bustling wildlife sanctuary and popular tourist attraction.

There is little history of Alcatraz Island before the 1700s; it is believed to have been so inhospitable as to be little used by American Indians, other than when they visited the island to collect eggs from its copious bird population. It entered the history books in 1775, when Spanish explorer Juan Manuel de Ayala charted San Francisco Bay and named one of the islands there "La Isla de los Alcatraces," which translates as "The Island of the Pelicans."

Alcatraz was the site of the first operational lighthouse on the West Coast. Congress authorized seven West Coast lighthouses in the early 1850s, and the Alcatraz lighthouse was the first to be completed. It served the Bay until April 1906, when it was damaged by the San Francisco earthquake. It was replaced by a taller tower in 1909. For years, the lighthouse and its foghorn were operated by live-in keepers, a living situation often fraught with danger. It became automated in 1963, just after the prison was closed. The lighthouse is still functional and has been a museum since 2000.

Alcatraz Played Role in Civil War

Fortification of the island by the Army Corp of Engineers between 1853 and 1858 created Fortress Alcatraz, which the U.S. Army intended to use to defend against approaches to San Francisco Bay. During the Civil War, the island housed 105 cannon and was used for storage of an arsenal of firearms. Although Alcatraz never fired its guns offensively, the fort was used to imprison Confederate sympathizers from 1861 to 1865, and it was the largest American fort west of the Mississippi River. The Army also began sending soldier-convicts to the Alcatraz fort in early 1860. Over the next 40 years, the island gradually became obsolete as a fortification and more important as a prison.

The island's notorious stint as the site of a federal penitentiary began in 1933, when the U. S. Disciplinary Barracks on Alcatraz was acquired by the Department of Justice. It was designated a federal prison in August 1934, the nation's first maximum-security civilian penitentiary. Alcatraz Prison, largely due to its isolated location, was conceived as a site in which difficult-to-manage prisoners from other institutions would be housed under one roof.

kropic1/Shutterstock

Alcatraz Island's isolation made it an ideal site for a lighthouse, a Civil War fort, a federal penitentiary, an American-Indian protest, and a wildlife refuge.

Rehabilitation Was Not a Goal

A 1971 documentary, "Alcatraz: Island of Hate," described the arrival of the first group of 137 prisoners on August 11, 1934. Most of the prisoners were bank robbers and murderers. The prison initially had a staff of 155, and the climate of the prison was one of security, not rehabilitation.

For 29 years, the penitentiary held some of the nation's most dangerous criminals and claimed that no prisoner ever successfully escaped. Those who tried were caught, shot and killed, drowned, or were never found and presumed to have drowned. By the early 1960s, however, it had become too expensive to maintain, and the buildings had begun to crumble from salt-water damage. Attorney General Robert Kennedy approved closing the penitentiary in 1963, despite objections of some members of Congress who said that islands like Alcatraz were the only answer to violent crime. The last 27 convicts left Alcatraz in leg-irons and handcuffs on March 21, 1963.

Alcatraz Island remained abandoned for years while entrepreneurs lobbied the government with ideas for development, none of which were successful.

But before there was Occupy Wall Street, there was Occupy Alcatraz, as the island played yet another riveting role on history's stage. On November 9, 1969, a diverse group of American Indians calling themselves Indians of All Tribes, claimed the island, eventually mounting a full-scale occupation that lasted into 1971, the longest prolonged occupation of a federal facility by American Indians. The occupiers negotiated for the deed to the island, intending to build a university, cultural center, and

*see **Alcatraz** on page 42*

Getting to Alcatraz

Visitors can reach Alcatraz Island by ferry from Pier 33, near Fisherman's Wharf. Alcatraz Cruises is the official ferry provider to the island, offering early-bird, daytime, and night tours, all of which include the audio presentation "Doing Time: The Alcatraz Cellhouse Tour," featuring correctional officers and prisoners who lived and worked on the island. Daytime tours include the buildings as well as the historic gardens; endangered wildlife abound. Night tours allow visitors to enjoy the sunset and attend special programs offered only at night. More information is posted at http://www.alcatrazcruises.com.

Events Highlight Intersection of Work, MH, Cultural Diversity

APA's Office of Minority and National Affairs and the American Psychiatric Foundation's Partnership for Workplace Mental Health are teaming up to facilitate two events at APA's 2013 annual meeting focused on the intersection between work, mental health, and race and culture.

The symposium "Work, Mental Health, and Cultural Diversity: A Dynamic Triad" will be held Sunday, May 19, from 8 a.m. to 11 a.m. The symposium will look at how discrimination in the workplace—be it racial, ethnic, cultural, or sexual orientation—affects one's mental health and how its sequelae can be addressed in clinical practice. The symposium will also discuss the important role of employment in recovery. Speakers include Price Cobbs, M.D., Keris Myrick, M.B.A., M.S., Donald Williams, M.D., and Amani Nuru-Jeter, Ph.D., M.P.H.

A second OMNA on Tour community event, "Mental Health Matters: Making Culture Work," will address how to help patients succeed at work in the face of overt discrimination or subtle micro-aggressions. This interactive forum, which will be held Friday, May 17, from 8 a.m. to 11:30 a.m., will address the effects of such discrimination and the disconnect between corporate policies related to diversity and the reality of everyday life at work.

While many companies articulate a commitment to diversity, successfully putting it into practice is a much more difficult reality. A corporate policy alone cannot prevent employees from experiencing the effects of discrimination existing in society at large. Not all discrimination is overt—it can be subtle, for example, micro-aggressions can affect employees' experience at work and their overall mental health. This symposium will discuss the important role of employment in recovery.

This event is open to psychiatrists, employers, and others in the community. Meeting registration is not required. A light breakfast will be offered. PN

VR Photos/hutterstock

Savor the Bounty of One of the World's Top Dining Destinations

BY ROBERT CABAJ, M.D.

San Francisco has one of the most vibrant dining scenes in the United States, boasting a stellar lineup of award-winning restaurants and chefs. The following recommendations focus on places near the Moscone Convention Center and hotels, but include several suggestions a short cab or bus ride away. (**Note:** All phone numbers below are in the 415 area code.)

Downtown/Convention Center/South of Market/Financial District

Old favorites still please in San Francisco—**Fleur de Lys** (673-7779) and **Masa's** (989-7154) offer high-end, traditional French food in elegant settings. Another choice a bit more adventurous is **La Folie** (776-5577) on Polk Street (best reached by taxi). The eponymous restaurant of chef **Michael Mina** (397-9222) is considered by many food lovers to be one of the best in this city of award-winning restaurants. He also has several other places that are all very good, including **RN74** (543-7474). **Perbacco** (955-0663) and its sister **Barbacco** (955-1919) are personal favorites with excellent Italian food and high energy. The **Tadich Grill** (391-1849) has been offering traditional American food since 1849 and is a great place to ingest a little history with your meal. **Canteen** (928-8870) is a very small, fun place in an old hotel diner with a limited menu that changes nightly—a real find.

Boulevard (543-6084), at the start of Mission Street, is still one of the best in the city—beautiful setting and beautiful views (ask for a table in back with a view of the Bay Bridge). **One Market** (777-5577) is also the address of another great eating experience, a block away from Boulevard with great views of the Ferry Building as you enter.

An often overlooked but superb restaurant is **Prospect** (247-7770), sister of Boulevard; you will find a sleek, modern setting with outstanding food. **Ame** (284-4040) is yet another shining culinary star, right by the convention center, and boasts a Michelin star. **Benu** (685-4860), which is the owner of two of the coveted Michelin stars, is an event—plan to be there the whole evening for the amazing 16-course meal that has to be experienced rather than described.

A fun place tucked downtown is **54 Mint** (543-5100) in Mint Plaza, home to Sicilian and Roman food. **Lulu** (495-5775) is another excellent long-term resident near the convention center.

Yang Sing (541-4949) is a great place to sample the wide variety of Chinese dim sum, and for something a little, or a lot, different, try **Asia SF** (255-2742), which offers very good food and a "show" where the wait staff perform (and are usually transgender or considering such). **Slanted Door** (861-8032), in its "new" Ferry Building location, is always packed and excellent. Make the effort to get a table and enjoy the excellent meal.

North Beach/Fisherman's Wharf/ Chinatown

These areas are packed with too many excellent Italian and Chinese restaurants to list separately, but there are a few standouts to consider. **Quince** (775-8500) is one of the best overall dining experiences in San Francisco. Outstanding California/Italian food and presentation create a memorable dining experience. Next door, its sister restaurant **Cotogna** (775-8508) offers more country-style Italian food at more affordable prices. Reserve far ahead!

Coi (393-9000) is another much-loved place, two Michelin stars, offering elegant contemporary California cuisine. **Gary Danko** (749-2060)—named after its famed chef—offers a rich and varied menu with options that let you choose the number of courses that match your appetite.

Valencia/Mission

The hottest food scene in San Francisco is the Mission area—21 new restaurants opened in less than one year on Valencia Street. A short taxi ride or Muni bus BART trip from the hotel area, the neighborhood is a must-see. Large numbers of older Mexican restaurants are competing with the new places. One big star is **Mission Chinese Food** (863-2800), which is inside another very funky Chinese restaurant. No atmosphere but amazing food; be prepared for very, very spicy dishes.

Another favorite is **Delfina** (552-4055), which also recently opened a separate pizza place down the street, **Defina Pizza** (437-6800). Try to get in for a memorable Italian meal with very friendly service. Here are a few more tempting suggestions in this restaurant-rich area: **Range** (282-8283), an elegant restaurant serving top-notch American food; **Commonwealth** (355-1500), a real find with multiple courses and reasonable prices; **flour + water** (826-7000), outstanding, mostly Italian food based on (yes, you guessed it) flour and water; and **Foreign Cinema** (648-7600), a long-term favorite with locals that does actually show a movie.

Farther Afield

Two perennial favorites are **Zuni Cafe** (552-2522) on Market and the **Hayes Street Grill** (863-5545) on Hayes. The former helped create California cuisine, and the latter is the closest to an East Coast seafood restaurant in the city (with the best French fries in San Francisco). **State Bird Provision** (795-1272) was named best new restaurant in the country by *Bon Appetit* magazine last year, but I haven't eaten there, since all my attempts to make reservations have been unsuccessful. So start planning now if you want to find out what all the buzz is about! PN

San Francisco psychiatrist Robert Cabaj, M.D., is chair of the APA Council on Advocacy and Government Relations and an Assembly representative for the California Psychiatric Association.

MONDAY, MAY 20

4. Traumatic Brain Injury as It Presents in the Criminal Justice Population *David Baron, M.D.*

S52. Advances in Clinical Research in ADHD

1. Do Stimulants Reduce the Risk for Cigarette Smoking in Youth With ADHD? A Prospective, Long-Term Open-Label Study of OROS Methylphenidate *Joseph Biederman, M.D.*
2. Examining the Nature of the Comorbidity Between Pediatric Attention-Deficit/Hyperactivity Disorder and Posttraumatic Stress Disorder *Thomas Spencer, M.D.*
3. How Informative Is the CANTAB to Assess Executive Functioning in Children With ADHD? A Controlled Study *Ronna Fried, Ed.D.*
4. How Prevalent Are Autistic Traits in Children With Attention-Deficit/Hyperactivity Disorder? A Qualitative Review of the Literature *Amelia Kotte, Ph.D.*

S53. Updates in Neuropsychiatry

1. Limbic Encephalitis *Diana L. Wertz, M.D., Ph.D.*
2. Neuropsychiatric Manifestations of CNS Infections *Lawrence M. McGlynn, M.D.*
3. CNS Malignancies *Edward J. Kilbane, M.D., M.A.*
4. Nonconvulsive Status Epilepticus *Yelizaveta Sher, M.D.*
5. Non-Epileptiform Seizures *Jose Maldonado, M.D.*

S54. U.S. Department of Veterans Affairs/Department of Defense Clinical Practice Guideline for Suicide Prevention *Presenters: John Bradley, M.D., Janet E. Kemp, Ph.D., R.N., Brett Schneider, M.D.*

S55. Psychotherapy in Late-Life Adults *APA Council on Geriatric Psychiatry*

1. Cognitive Behavior Therapy for Late-Life Depression: Response Predictors and Strategies for Improving Outcomes *Dolores G. Thompson, Ph.D.*
2. From Worry to Wellness: Psychotherapy With Older Adult Anxiety *Jeremy Doughan, Psy.D.*
3. Psychotherapy for Older Adults With Alcohol or Drug Problems *Derek Satre, Ph.D.*

S56. *DSM-5* Intellectual Disability (Intellectual Developmental Disorder): New Criteria, Co-Occuring Psychiatric Conditions, and Forensic Implications *APA Task Force on DSM-5*

1. Understanding the New *DSM-5* Definition, Its Rationale, and Implications for Its Use in Practice *James C. Harris, M.D.*
2. Intellectual Disability and Psychiatric Disorders: Implications of the New Diagnostic Criteria for the Practicing Psychiatrist *Mark J. Hauser, M.D.*
3. Eligibility for the Death Penalty and the New *DSM-5* Definition *Stephen Greenspan, M.D.*

S57. Comorbid Psychiatric and Substance Use Disorders: Common and Specific Influences and Implications for Early Identification and Treatment *U.S. National Institute on Drug Abuse*

1. Comorbid Psychiatric and Substance Disorders in the World Health Organization World Mental Health Surveys *Ronald Kessler, Ph.D.*
2. Common and Correlated Liabilities in the Development of Comorbid Disorders *Arpana Agrawal, Ph.D.*
3. The Relationship Between Early Adversity and Adolescent Risk Taking, Psychopathology, and Brain Structure and Function *Linda Mayes, M.D.*
4. Dual Diagnosis and Pharmacogenetics *Thomas Kosten, M.D.*
5. Comorbidity and Practical Issues of Treatment in the NIDA Clinical Trials Network *George Woody, M.D.*

S58. Approaches to Schizophrenia Across the Lifespan

1. Efficacy and Tolerability of Antipsychotics in Children and Adolescents With Schizophrenia *Christoph U. Correll, M.D.*
2. Management of the Very First Episode of Schizophrenia *John M. Kane, M.D.*
3. Treatment Strategies for the Person With Mid-Stage Schizophrenia *S. Charles Schulz, M.D.*
4. Changing Perspectives on Outcome of Schizophrenia in Later Life: Implications for Treatment, Policy, and Research *Carl I. Cohen, M.D.*

S59. Comorbidity, Mechanisms of Treatment Resistance, and Novel Treatment Development for Late-Life Depression

1. From Sadness to Senescence: Major Depression and Accelerated Cellular Aging *Owen Wolkowitz, M.D.*
2. Predictors of Treatment Response in Late-Life Depression *Ian A. Cook, M.D.*
3. Brain Imaging Predictors of Treatment Resistance *Faith Gunning, Ph.D.*
4. Ecosystem-Based Interventions for Late-Life Depression *George S. Alexopoulos, M.D.*
5. Computerized Cognitive Remediation for Geriatric Depression: A Novel Intervention Based on the Principles of Neuroplasticity in the Aging Brain *Sarah S. Morimoto, Psy.D.*

S60. Decisions and Dilemmas: Update in the Management of Perinatal Mood Disorders

1. Overview of the Perinatal Consultation *Elizabeth Fitelson, M.D.*
2. Treatment of Depression in the Perinatal Period *Madeleine Becker, M.A., M.D.*
3. Reviewing the Evidence in Perinatal Mental Health *Ruta Nonacs, M.D., Ph.D.*
4. Treatment of Bipolar Disorder in the Perinatal Period *Christina L. Wichman, D.O.*
5. Real-Life Decision Making in the Perinatal Period *Vivien K. Burt, M.D., Ph.D.*

S61. The AACAP Practice Parameter for Lesbian, Gay, Bisexual, Gender Variant, and Transgender Youth *American Academy of Child and Adolescent Psychiatry*

1. AACAP's New LGBT Practice Parameter: Basic Concepts *Stewart Adelson, M.D.*
2. The Role of Families of Sexual and Gender Minority Youth *Yiu Kee W. Ng, M.D.*
3. Ethnicity, Race, and Class Influences on Gay, Lesbian, and Bisexual Sexual Identity *William Womack, M.D.*
4. Lesbian Identity Development: The Early Years *Debbie Carter, M.D.*
5. Practice Parameter for Gender-Variant and Transgender Youth *Richard R. Pleak, M.D.*

S62. Sleep-Wake Disorders in Psychiatric Practice: Guidance From *DSM-5*

1. Insomnia Disorder: Diagnostic Updates and Implications for Treatment *Charles Morin, Ph.D.*
2. Sleep, Sleep Disorders, and Mental Illness: Bidirectional Relationships *Dieter Riemann, Ph.D.*
3. Hypersomnolence Disorders, Including Narcolepsy *Maurice M. Ohayon, M.D., Ph.D.*
4. Elevation of Dyssomnias to Full *DSM-5* Diagnostic Categories: Rationale and Implications for Psychiatric Disorders *Ruth O'Hara, Ph.D.*

S63. Trauma and Stress-Related and Dissociative Disorders in *DSM-5* *APA Task Force on DSM-5*

1. Trauma and Stressor-Related Disorders *Matthew J. Friedman, M.D., Ph.D.*
2. Acute Stress Disorder in *DSM-5* *Robert Ursano, M.D.*
3. Dissociative Disorders and the Dissociative Subtype of PTSD *Roberto Lewis-Fernandez, M.D., M.T.S.*
4. Persistent Complex Bereavement Disorder (PCBD) *Robert Pynoos, M.D.*

S64. Adverse Effects of Modern Antidepressant Treatments

1. Adverse Effects: The Neglected Side of Suffering *Rajnish Mago, M.D.*
2. Recognition and Management of Sexual Adverse Effects Associated With Antidepressants *Richard Balon, M.D.*
3. Metabolic Adverse Effects of Adjunctive Treatments *Michael E. Thase, M.D.*
4. Pharmacogenomics of Antidepressant-Associated Adverse Effects *Roy Perlis, M.D., M.S.*

9 A.M.-4 P.M.
COURSES 26-29

11 A.M.-12:30 P.M.
CASE CONFERENCE

CC4. Feeding and Eating Disorders: New Issues for *DSM-5* (For APA Members Only) *Chair: Evelyn Attia, M.D.*

FORUM

F4. Treatment of the Pregnant Woman and Her Child: An *American Journal of Psychiatry* Forum *Chairs: Robert Freedman, M.D., Monifa Seawell, M.D.*

LECTURE

L16. Substance Use Disorders: New Scientific Findings and Therapeutic Opportunities *APA Frontiers of Science Lecture Series; Nora D. Volkow, M.D.*

SCIENTIFIC AND CLINICAL REPORTS

SCR14. Military Psychiatry I

1. New Options for Military Posttraumatic Stress Disorder and Suicidality *Robert McLay, M.D., Ph.D.*
2. Spice, Bath Salts, and the U.S. Armed Forces: Research on Designer Drugs in the U.S. Military *George Loeffler, M.D.*
3. The Psychiatry Consult Service in a Hospital at War *Harold J. Wain, Ph.D.*

SMALL INTERACTIVE SESSIONS

SI13. A Discussion of Psycho-Oncology (Meet the Authors) *Chair: Thomas N. Wise, M.D.*

SI14. Seeking Fulfillment and Balance in Your Professional and Personal Lives *Chair: Laura Roberts, M.D.*

SI15. Genetic Influences in Alcohol and Drug Use Disorders *Chair: Marc A. Schuckit, M.D.*

WORKSHOPS

W64. Checklists, Toolkits, and Evidence-Based Policy: New York Office of Mental Health Strategies to Improve Evidence-Based Antipsychotic Prescribing *Chairs: Matthew D. Erlich, M.D., Sharat Parameswaran, M.D.*

W65. Cross-Cultural Common Denominators: Resiliency in Traumatized Children and Adolescents *APA Council on Children, Adolescents, and Their Families; Chairs: Gabrielle L. Shapiro, M.D., Mardoche Sidor, M.D.*

W66. Making Your Presentation More Interactive: The Better Way *Chair: Jon S. Davine, M.D.*

W67. Measurement-Based Care in Private Practice *Chairs: David Lischner, M.D., Peter Roy-Byrne, M.D.*

W68. Application of Yogic Techniques in Mental Health and Illness *Chairs: Barry Sarvet, M.D., Basant K. Pradhan, M.D.*

MONDAY, MAY 20

W69. ABPN and APA Perspectives on Maintenance of Certification *Chairs: Larry R. Faulkner, M.D., Deborah J. Hales, M.D.*

W70. Deciding Who Decides: Surrogate Decision-Making Policies Across the United States *Chairs: Susan Rushing, J.D., M.D., Andrew M. Siegel, M.D., M.A.*

11:30 A.M.-1 P.M.
POSTER SESSION 8

New Research Poster Session

1 P.M.-5 P.M.
COURSES 30-35

SEMINAR

SM11. Narrative Hypnosis With Special Reference to Pain *APA Caucus on Alternative and Complementary Medicine; Directors: Lewis Mehl-Madrona, M.D., Ph.D., Barbara Mainguy, M.A., M.F.A.*

1:30 P.M.-3 P.M.
CASE CONFERENCE

CC5. Psychodynamic Approaches to the Difficult-to-Treat Patient (For APA Members Only) *Chair: Donald Rosen, M.D.*

FOCUS LIVE! 1

Depression *Presenter: Michael E. Thase, M.D.*

LECTURES

L17. Psychiatry, the AMA, and Medicine: The Next Chapter *Jeremy A. Lazarus, M.D.*

L18. Alexander Gralnick Award Lecture *Romina Mizrahi, M.D., Ph.D.*

SCIENTIFIC AND CLINICAL REPORTS

SCR15. Cross-Cultural Psychiatry

1. Lessons of Wisdom From Indigenous Territories: Do Cultural Concepts Improve Clinical Psychiatry? *Raymond P. Tempier, M.D., M.Sc.*
2. Working With Refugees and Understanding the Culture of Trauma *Hossam M. Mahmoud, M.D., M.P.H.*
3. The Effectiveness of Qigong for Treating Depressed Chinese Americans: A Pilot Study *Albert Yeung, M.D.*
4. Assessing Internalized Stigma and Stigma Resistance in Individuals With Mental Illness in Taiwan *Yin-Ju Lien, Ph.D.*

SCR16. Schizophrenia

1. Risk Endophenotypes in Schizophrenia: Anomalies Presented by Adult Patients Are Also Present in Children at Risk *Michel Maziade, M.D.*
2. Kynurenine, Schizophrenia, and Nonfatal, Suicidal Self-Directed Violence *Omar F. Pinjari, M.D.*
3. Schizophrenia and the Content of Apocalyptic Delusions *Palmira Rudaleviciene, Ph.D.*

SMALL INTERACTIVE SESSION

SI16. The Inseparable Nature of Love and Aggression: Clinical and Theoretical Perspectives (Focusing on Dynamics and Conflicts in Love Relations) (Meet the Authors) *Chair: Otto F. Kernberg, M.D.*

WORKSHOPS

W71. Management of the Difficult Service Member or Veteran *Chair: Wendi M. Waits, M.D.*

W72. Mental Health, Involuntary Treatment, and Due Process of Law *APA and the Scattergood Foundation; Chair: Alexander A. Guerrero, J.D., Ph.D.*

W73. Controversies Around Posttraumatic Stress Disorder *Chairs: Gail H. Manos, M.D., Elspeth C. Ritchie, M.D., M.P.H.*

W74. The Use of ACT, CBASP, and DBT for Treatment-Refractory Psychiatric Illness *Chair: Eric Levander, M.D., M.P.H.*

W75. What Happens Now That I've Graduated? Pearls, Pitfalls, and Strategies for Negotiating Your First Job and Other Transitions After Residency *Chair: Sarah B. Johnson, M.D., M.Sc.*

W76. Universal Behavioral Precautions: A Workshop for Development of a Hospital Crisis Response Team, a Smarter Team, and a Safer Hospital *Chair: Cheryl A. Kennedy, M.D.*

W77. Emotional and Sexual Intimacy Among Gay Men: Mental Health Issues and Treatment Approaches to Relationship Problems *Chairs: Robert Kertzner, M.D., Marshall Forstein, M.D.*

W78. CPT Coding and Documentation Update: 2013 CPT Changes *Chair: Ronald Burd, M.D.*

W79. Understanding and Operationalizing the Somatic Symptom Disorders *APA Task Force on DSM-5; Chairs: Joel E. Dimsdale, M.D., James Levenson, M.D.*

W80. Social Media and the Internet: New Challenges to Boundaries in Psychiatry *Chair: Paul S. Appelbaum, M.D.*

2 P.M.-4 P.M.
POSTER SESSION 9

New Research Poster Session

2 P.M.-5 P.M.
FORUM

F5. "Hidden Pictures": The Underexposed World of Global Mental Health *Chair: Delany Ruston, M.D.*

MEDIA WORKSHOP

MW8. A Case of Xenoglossy and the Nature of Consciousness *Chair: Samuel H. Sandweiss, M.D.*

PRESIDENTIAL SYMPOSIUM

PS10. *DSM-5* and Residency Training: Opportunities and Challenges *American Association of Directors of Psychiatric Residency Training; Chair: Richard F. Summers, M.D.*

1. *DSM-5:* New Opportunities and Challenges for Teaching and Training *David Kupfer, M.D.*
2. *DSM* and the Imperatives and Opportunities for Change in Academic Organizations *Laura Roberts, M.D.*
3. A *DSM-5* "To-Do" List for Adult Residency Training Directors *Sheldon Benjamin, M.D.*
4. *DSM-5* and Child Psychiatry Training: What's the Plan? *Arden D. Dingle, M.D.*
5. Residents' Perspectives on *DSM-5* and Residency Training *Neisha D'Souza, M.D.*

SYMPOSIA

S65. Culture, Cognition, Values, and Wisdom

1. Culture, Cognition, Values, and Wisdom *Vijoy K. Varma, M.D.*
2. Spirituality and Values for Individual and Community Wisdom *Avdesh Sharma, M.D.*
3. Enhancing Wisdom Through Vipassana Meditation *Kishore Chandiramani*
4. Culture, Cognition, Values, and Wisdom: From Philosophy to Sociology/Psychology and Now Neurobiology *Ajai R. Singh, M.D.*

S66. Using Genetics to Guide Psychotropic Pharmacotherapy Across the Lifespan

1. Clinical Implementation of Pharmacogenetics *Deanna L. Kroetz, Ph.D.*
2. The Complex Interplay Between Genetics and Drug-Drug Interactions on Treatment Outcomes With Antidepressants and Antipsychotics *Sheldon Preskorn, M.D.*
3. Genetic Variation in the Serotonin Transporter and HTR1B Receptor Predicts Reduced Bone Formation During Venlafaxine Treatment in Older Adults *Daniel J. Mueller, M.D., Ph.D.*
4. Genetic Influences on SSRI and CBT Response in Pediatric Anxiety *Erika L. Nurmi, M.D., Ph.D.*
5. Toward Clinical Application of Pharmacogenomics in Bipolar Disorder *John R. Kelsoe, M.D.*
6. Practical Implementation of Pharmacogenetics Data Into Psychiatric Care *Steve Hamilton, M.D., Ph.D.*

S67. Psychiatric Prescribing: Medicine, Malpractice, and Mayhem

1. Split Treatment and Respondent Superior Claims *Chelsea Shih, M.D.*
2. Informed Consent and Medicolegal Pitfalls *Jason M. Chapman, D.O.*
3. Alleged Adverse Medication Reactions and Malpractice: A Forensic Analysis *Charles L. Scott, M.D.*

S68. Traumatic Brain Injury in the U.S. Military: From Roadside to Bedside

1. Neuropsychiatric Sequelae of Traumatic Brain Injury *David Williamson, M.D.*
2. Traumatic Brain Injury: Research Efforts *Louis French, Psy.D.*
3. Co-Occuring Disorders With Complex Traumatic Brain Injury *Jonathan Wolf, M.D.*

S69. The Importance of Developmental Issues in Psychiatric and Pediatric Training

1. The Role of Developmental Theory in Psychiatric Training *Robert Friedberg, Ph.D.*
2. The Role of Developmental Theory in Psychiatric Training *Nina Pacholec, M.S.*
3. The Role of Developmental Theory in Pediatric Training *Melissa Tamas, M.A., Ph.D.*
4. Developmental Issues for Adult Psychiatric Training *Aftab Khan, M.D.*
5. Culture and Development in Child Psychiatry *Shashank V. Joshi, M.D.*
6. The Role of Developmental Theory in Pediatric Training *Jon Roth, M.D.*

S70. Looking Toward *DSM-5.1:* The Utility of Assessing Personality Functioning and Traits in Personality Disorder Diagnosis *APA Task Force on DSM-5*

1. Derivation and Use of the Level of Personality Functioning Scale *Donna S. Bender, Ph.D.*
2. Personality Traits in *DSM-5 Robert Krueger, Ph.D.*
3. Description and Use of Personality Disorder Types in *DSM-5.1 Lee Anna Clark, Ph.D.*
4. Implications for Research of *DSM-5* Section III Personality Disorder *Larry Siever, M.D.*
5. What Are the Implications for Clinical Practice for a Shift From the *DSM-IV* Model to a Proposed *DSM-5.1* Model? *Harold W. Koenigsberg, M.D.*

S71. Patient Suicide in Residency Training

1. Resident Experience of Suicide *Lauren M. Osborne, M.D.*
2. Personal Reflection on a Resident Experience of Patient Suicide *Ben Elitzur, M.D.*
3. Collateral Damage: The Impact of Patient Suicide on the Psychiatrist *James W. Lomax, M.D.*
4. Programs to Support Residents After Patient Suicide *Christina Mangurian, M.D.*
5. Faculty Reflections: Two Suicide Symposia From the University of California, San Francisco *Andrew Booty, M.D.*
6. Losing a Patient to Suicide: The Ripple Effect *Michael F. Myers, M.D.*

MONDAY, MAY 20

S72. Advances in Medical Care for Patients With Schizophrenia

1. Approaches to the Management of Morbid Obesity in Patients With Schizophrenia *Lydia Chwastiak, M.D., M.P.H.*
2. Interventions to Improve Cardiovascular Health in Patients With Serious Mental Illness *Gail Daumit, M.D., M.H.S.*
3. Emerging Clinical and Policy Models of Integrated Service Delivery for Patients With Schizophrenia and Other Severe Mental Illnesses *Benjamin Druss, M.D.*
4. Infections in Schizophrenia: Tuberculosis, Hepatitis C, and HIV/AIDS *Oliver Freudenreich, M.D.*
5. Cancer and Palliative Care in Patients With Schizophrenia *Linda Ganzini, M.D., M.P.H.*

S73. Bipolar Disorders: 30 Years of Prospective Follow-Up

1. Bipolar I Disorder: Typology and Duration of Mood Episodes *David Solomon, M.D.*
2. Development of Mania or Hypomania in the Course of Major Depressive Disorder *Jess G. Fiedorowicz, M.D., Ph.D.*
3. Bipolar Disorders: The Effects of Age and Time *William Coryell, M.D.*
4. Bipolar II: From Pre-CDS Nosologic Orphan to a Temperamental Endophenotype Suitable for Genotyping *Hagop S. Akiskal, M.D.*

S74. Advances in Pharmacotherapies for Substance Use Disorders *U.S. National Institute on Drug Abuse*

1. Buprenorphine Implants for the Maintenance Treatment of Opioid Dependence *Katherine Beebe, Ph.D.*
2. Extended-Release Naltrexone for Preventing Relapse to Opioid Dependence Disorder *David Gastfriend, M.D.*
3. Genetically Engineered Butyrlcholinesterase (TV-1380): An Innovative Approach to Treating Cocaine Dependence *Merav Bassan, Ph.D.*
4. Vigabatrin for Treatment of Cocaine Dependence *Charles W. Gorodetzky, M.D., Ph.D.*

S75. Interconnections Between Child Welfare and Mental Health *APA Child and Adolescent Psychiatry Fellowship Program*

1. Child Welfare and Child Mental Health: Trainee and Early Career Perspectives *Dawn Sung, M.D.*
2. Minority Children and Youth in Child Welfare *Eugenio Rothe, M.D.*
3. A Consultative and Systems-Building Model for Children in Child Welfare: 10-Year Experience *Andres J. Pumariega, M.D.*
4. Parent-Infant Therapy Models for Child Welfare: A Model Program *Charles Huffine, M.D.*
5. Collaborations Between Mental Health Systems and Child Welfare Services: A San Francisco Perspective, Part I *Irene Sung, M.D.*
6. Collaborations Between Mental Health Systems and Child Welfare Services in San Francisco: What We Have Learned, Part II *Ken Epstein, M.S.W., L.C.S.W.*

S76. Health Care Reform and the Role of the Geriatric Psychiatrist *APA Council on Geriatric Psychiatry*

1. What Is an Accountable Care Organization (ACO)? *Helen H. Kyomen, M.D., M.S.*
2. How Principles From Lean Production Practice Methods May Help to Promote Efficiency and Reduce Health Care Costs *Robert P. Roca, M.D., M.P.H.*
3. Roles of the Geriatric Psychiatrist in the Patient-Centered Medical Home *Joel Streim, M.D.*

S77. The Future of Bipolar Disorder: Genetics, Diagnosis, and Treatment

1. Bipolar Disorder Genetics for the Clinician *Nick Craddock, M.B.B.S., Ph.D.*
2. Diagnostic Issues in Bipolar Disorder: Clinical and Neuroimaging Approaches *Mary L. Phillips, M.D.*
3. Management of Bipolar Disorder: Across the Course *John R. Geddes, M.D.*

S78. Integrated Treatment for Personality Disorders: Beyond Specialized Treatments (Moved to Sunday at 1 p.m. to 4 p.m.)

1. Moving Beyond Specialized Treatment for Borderline Personality Disorder *John Livesley, M.D., Ph.D.*
2. Mentalizing as a Generic Process in the Treatment of Borderline Personality Disorder *Anthony Bateman, M.D.*
3. An Integrated Approach to the Therapeutic Relationship *John F. Clarkin, Ph.D.*
4. Integrated Group Psychotherapy for Personality Disorders *Jacqueline Kinley, M.D.*

S79. Eating Disorders Update *APA Task Force on DSM-5*

1. Eating Disorders in *DSM-5 B. Timothy Walsh, M.D.*
2. Epidemiology of Eating Disorders *Hans W. Hoek, M.D., Ph.D.*
3. Eating Disorders in Males *Anu H. Raevuori, M.D., Ph.D.*
4. Anorexia Nervosa *Evelyn Attia, M.D.*
5. Treatment of Bulimia Nervosa and Binge-Eating Disorder *James E. Mitchell, M.D.*

S80. Obsessive-Compulsive and Related Disorders in *DSM-5* *APA Task Force on DSM-5*

1. Changes to Obsessive-Compulsive and Related Disorders in *DSM-5*: The Metastructure, Insight Specifiers, and Criteria for Body Dysmorphic Disorder *Katharine A. Phillips, M.D.*
2. Obsessive-Compulsive Disorder in *DSM-5 Helen Blair Simpson, M.D., Ph.D.*
3. Hoarding Disorder *David Mataix-Cols, Ph.D.*
4. Trichotillomania (Hair Pulling Disorder) and Excoriation (Skin Picking) Disorder *Dan J. Stein, M.D., Ph.D.*

S81. *DSM-5* Bipolar Disorders: Update on Revised Criteria and Their Clinical Implications *APA Task Force on DSM-5*

1. Bipolar and Related Disorders: Changes to Criteria A and Issues of Duration *Trisha Suppes, M.D., Ph.D.*
2. What Happened to Mixed Episodes in *DSM-5*? *Ellen Frank, Ph.D.*
3. Medical Conditions Associated With Bipolar Disorder and Substance-Induced Bipolar Disorder *J. Raymond DePaulo, M.D.*
4. Implications for Differential Diagnosis and Not Elsewhere Classified in Regard to Bipolar Disorder *Lori Davis, M.D.*

3:30 P.M.-5 P.M.
FOCUS LIVE! 2

Child and Adolescent Psychiatry *Presenter: Anthony Rostain, M.D., M.A.*

LECTURES

L19. Advances in Autism: From Genes to Therapy *APA Frontiers of Science Lecture Series; Daniel H. Geschwind, M.D., Ph.D.*

L20. Training and Mentoring Public Psychiatrists: Past, Present, and Future *APA/NIMH Vestermark Psychiatry Educator Award Lecture; Jules Ranz, M.D.*

SCIENTIFIC AND CLINICAL REPORTS

SCR17. Unappreciated Disorders in Psychiatry

1. Affective Manifestations of Stiff-Person Syndrome: A Case Report With Clinical Implications *Rebecca R. Burson, D.O*
2. Probable Creutzfeld-Jakob Disease: A Neuropsychiatric Presentation *Yi Min Wan, M.B.B.S., M.Med.*
3. Narcolepsy and Psychiatric Comorbidity *Maurice M. Ohayon, M.D., Ph.D.*

SCR18. Pain and Substance Misuse

1. Pain and the City: Observational Evidence That Urbanization and Neighborhood Deprivation Are Associated With Escalation in Chronic Analgesic Treatment *Carsten Leue, M.D.*
2. Does Medication-Assisted Treatment for Substance Use Disorder Promote Recovery? *Gary M. Henschen, M.D.*
3. The Burden of Illness in Depression Accompanied by Sleep Disturbances and Chronic Pain *Laura Roberts, M.D., Ph.D.*

SMALL INTERACTIVE SESSION

SI17. Psychiatry, the AMA, and Medicine: The Next Chapter (For Residents Only) *Chair: Jeremy A. Lazarus, M.D.*

WORKSHOPS

W81. To Sleep or Not to Sleep: Psychotropics and Sleep Architecture *Chairs: Durga Prasad Bestha, M.B.B.S., Vishal Madaan, M.D.*

W82. The Good, the Bad, and the Ugly: Practical Issues in Addressing the Epidemic of Prescription Drug Abuse *Chair: Kelly J. Clark, M.D.*

W83. Steroid Use and Consequences in the Military *Chairs: Remington L. Nevin, M.D., M.P.H., Elspeth C. Ritchie, M.D., M.P.H.*

W84. You Can't Call My Mom: Balancing Privacy Versus Potential Negligence in Emergency Psychiatric Assessment *Chair: Kenneth M. Certa, M.D.*

W85. Professionalism in Social Networking: What Shouldn't Be Tweeted, Blogged, or Posted (For Residents Only) *Chairs: Almari Ginory, D.O., Molly Ryan, D.O., M.P.H.*

W86. Noncommunicable Diseases and Collaborative and Integrated Care: Essentials for the Practicing Physician and the Health Team *APA Council on Healthcare Systems and Financing; Chairs: Mary Badaracco, M.D., Eliot Sorel, M.D.*

W87. Amplifying the Voice of Your Profession and Your Patients: Advocating for Your Patients in an Era of Health Care Reform *APA Council on Advocacy and Government Relations; Chair: Jerry Halverson, M.D.*

W88. Guess Who's Coming to Dinner? Challenges and Strengths of Intercultural Intimate Relationships *APA Caucus of Asian-American Psychiatrists; Chair: Ye Du, M.D., M.P.H.*

W89. American Board of Psychiatry and Neurology Update: Certification in Psychiatry and Its Subspecialties *Chair: Larry R. Faulkner, M.D.*

W90. Psychiatry in the Courts: Hot Topics *APA Committee on Judicial Action; Chairs: Paul S. Appelbaum, M.D., Howard Zonana, M.D.*

5:30 P.M.-6:30 P.M.
LECTURES

President Bill Clinton

Founder of the William J. Clinton Foundation and 42nd President of the United States
Moscone Convention Center

What Can Your Association Do for You?

While you are at APA's 2013 annual meeting, drop by the Member Center in the Exhibit Hall in the Moscone Convention Center to discover APA products and services that you may have forgotten about or didn't know were available. Whether you are a psychiatrist in patient care, administration, research, or teaching; a resident; or a medical student, the APA Member Center has valuable information for you.

Department of Government Relations (DGR)

DGR advocates for the profession of psychiatry and its patients. The DGR booth will provide information on the latest federal and state legislative and regulatory developments. Handouts will be on site covering important issues facing the field of psychiatry, and APA staff will show members how to contact their congressional representatives and advocate on behalf of their profession. APA members who write to their members of Congress will be included in a raffle for a chance to win a prize.

Lifelong Learning

There is a variety of educational programs that you can put to work for you.

- Fellowship and leadership opportunities for residents and medical students abound.
- Find out about resources for maintenance of certification, including APA's CME journal *Focus* and the *Focus* self-assessment exam.
- Learn how to use the Annual Meeting Online program for CME credit.
- Learn about APA's interactive online CME courses—free to members.

Office of Healthcare Systems and Financing

This office is your professional partner throughout your career.

- Learn the latest information related to the 2013 CPT coding changes and related reimbursement issues.
- Gain a greater understanding of integrated care, medical homes, and the educational opportunities around these new ways of practicing.
- Find out more about the changing landscape of the mental health parity law (more at www.mentalhealthparity watch.org).
- Learn how APA's Practice Management Help Line can assist you with all kinds of practice concerns—including starting or closing a practice, contracting with insurers, Medicare issues, private-payer issues, appealing claims denials, and much more.

Division of Research

APA conducts mental health services and policy research and plays a key role in administering diverse research training programs for psychiatrists.

- Programs include managing the Practice Research Network, clinical and health services research, producing evidence-based practice guidelines, and oversight of the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*. APA promotes physician education related to new and emerging research, with an emphasis on translation of research into clinical practice.
- Resources pertaining to quality improvement, performance measurement, addiction psychiatry, clinical practice guidelines, electronic health records, and health information technology from APA's Department of Quality Improvement and Psychiatric Service (QIPS) will be available.

APA JobCentral

APA JobCentral is the career hub for psychiatry.

- Whether you are a job seeker or an employer, APA's job board, APA JobCentral, has the recruitment solution for you.
- As a job seeker, you can browse job postings and search for positions by location, specialty, work setting, or keyword. You can also upload your resume to JobCentral's resume database and sign up for e-mailed job alerts.
- As an employer, you can post your open positions, proactively review resumes uploaded by registered job seekers, and brand your company with banner advertisements. For more information, contact Eamon Wood at Ewood@pminy.com or (212) 904-0363.

The American Psychiatric Foundation (APF)

APF is a subsidiary of APA that works to advance mental health and wellness and the field of psychiatry. Here's what you can do when you stop by the APF's booth.

- Learn how your foundation is raising awareness that mental illnesses are real and can be effectively treated.
- Gather the latest news on the foundation's grants, programs, fellowships, community outreach, research, and awards.
- Pick up an application for the Helping Hands Grant program, to support mental health programs created and managed by medical students.
- Support APF's philanthropy by making a charitable gift.

David Hathcox

Louise Martin of APA's Membership Department answers questions at last year's annual meeting in Philadelphia.

Member Services

Already a member? Then take advantage of the following services. Not a member yet? Now's the time to join.

- Update your online APA member profile to make it easier to get in touch with other members.
- Apply for membership during the annual meeting and find out how you may be eligible for a rebate on your dues (see box on page 16).
- Refer an international colleague for membership and be eligible for free registration to a future APA annual meeting.
- Discover cost-saving member-only benefits, including financial-planning services, credit cards, malpractice insurance, JobCentral, discounts on auto and home insurance, payment-processing systems, office supplies, magazine subscriptions, shipping services, car rentals, and more. PN

More information on APA membership can be accessed at http://www.psychiatry.org/join-participate.

APA Senior Psychiatrists Roll Out Red Carpet to Their Events

APA Senior Psychiatrists (formerly known as the APA Lifers) will be in full force for APA's 2013 annual meeting in San Francisco and invite all APA members who have achieved life status to join the organization and attend its annual meeting events.

This group of accomplished members collaborate with APA in furthering its work in patient care and advancing the future of psychiatric research and services. They also engage in related charitable, educational, and social endeavors in psychiatry and bring into closer fellowship APA's distinguished life members, distinguished life fellows, distinguished fellows, and life associate members.

Here is the schedule of the Senior Psychiatrists' events:

SUNDAY, MAY 19
2:30 p.m.-4 p.m.
Workshop: When the Pursuit of Wellness in One Domain Leads to Disability in Another Domain: Implications of Evidence for Health Care and Health Policy
Chair: Shelia Hafter-Gray, M.D.
Room 222, Moscone South, East Mezzanine, Moscone Convention Center

TUESDAY, MAY 21
7:30 a.m.-9 a.m.
Business Meeting/Educational Forum
Pacific Suite A, Fourth Floor, San Francisco Downtown Marriott Hotel

7 p.m.-9 p.m.
Reception and Presentation of the Harold E. Berson, M.D., Lifers Award
Pacific Suite A, Fourth Floor, San Francisco Downtown Marriott Hotel

TUESDAY, MAY 21

8 A.M.-NOON
COURSES 36-37

SEMINARS

SM12. A Practical Approach to Risk Assessment *Director: William H. Campbell, M.D., M.B.A.*

SM13. Sexual Addiction and Compulsivity *Directors: Patrick Carnes, Ph.D., C.A.S., Ken Rosenberg, M.D.*

9 A.M.-10:30 A.M.
ADVANCES IN MEDICINE

AM4. Advances in Sleep Disorders: What's New Under the Moon? *Chair: Karl Doghramji, M.D.*

FORUMS

F6. Psychiatric Residents and the Creative Process *Chair: Michael F. Myers, M.D.*

F7. Humanitarian Challenges in Psychiatry: A Model of Forensics, Ethics, and Advocacy *American Association for Social Psychiatry; Chairs: Rama Rao Gogineni, M.D., Andres J. Pumariega, M.D.*

LECTURES

L22. Shifting Paradigms for Therapeutic Recovery *Adolf Meyer Award Lecture; William T. Carpenter, M.D.*

L23. John Fryer Award Lecture *Caitlin Ryan, Ph.D.*

POSTER SESSION 10

New Research Poster Session

SCIENTIFIC AND CLINICAL REPORTS

SCR19. Suicidality and Impulsivity

1. Toxoplasma Gondii and Suicidal Behavior *Teodor T. Postolache, M.D.*
2. A Cluster of Suicide: The Struggle of a Classroom of Elementary School Students Over 50 Years *Albert J. Sayed, M.D.*
3. Impulsivity, Serotonin, and Gender *Donatella Marazziti, M.D.*

SCR20. Biological Psychiatry

1. Impact of Treatment With Injectable Biologic Agent Ustekinumab on Psychological Status and Health-Related Quality of Life in Patients With Psoriasis *Monica Huynh, B.A.*
2. Combination of Ketamine and Methohexital Anesthesia in Electroconvulsive Therapy: A Case Report *Shaojie Han, M.D.*
3. Role of Serum BDNF as a Marker Tool for BPAD-I: A Three-Month Longitudinal Follow-Up Study Correlating Serum Level With Symptom Severity and Illness *Rajesh Sagar, M.D.*

SMALL INTERACTIVE SESSIONS

SI18. Psychodynamic Psychotherapy in the Era of the Internet (For Residents Only) *Chair: Glen O. Gabbard, M.D.*

SI19. Professionalism and the Professional Society (For Residents Only) *Chair: James H. Scully Jr., M.D.*

WORKSHOPS

W91. How to Establish an ECT Service in a General Hospital Setting *Chair: Dawn-Christi M. Bruijnzeel, M.D.*

W92. Confidentiality and Release of Information: Overcoming the Moral and Legal Obstacles to Family Inclusion *APA and the Scattergood Foundation; Chairs: Jonathan M. Lukens, Ph.D., Phyllis Solomon, Ph.D.*

W93. Supervisory, Consultative, Collaborative Relationships: Liability Issues With Split Treatment *Chair: Kristen Lambert, J.D., M.S.W.*

W94. Research Literacy in Psychiatry: Part 1 *Chairs: Diana E. Clarke, Ph.D., William Narrow, M.D., M.P.H.*

W95. Depictions of Mental Illness in the History of Art *Chairs: Fernando Espi Forcen, M.D., Carlos Espi Forcen, Ph.D.*

W96. Americans Abroad: The Psychiatric Epidemiology of American Diplomats and Family Members Serving Overseas With the Department of State *Chairs: Mark Vanelli, M.D., M.H.S., Joshua McDavid, M.D., M.P.H.*

9 A.M.-NOON
ADVANCES IN SERIES

AS5. Advances in PTSD *Chairs: Gary H. Wynn, M.D., David Benedek, M.D.*

1. Epidemiology of PTSD *Gary H. Wynn, M.D.*
2. Psychotherapy *David Benedek, M.D.*
3. Pharmacotherapy *Gary H. Wynn, M.D.*
4. Complementary and Alternative Medicine *Gary H. Wynn, M.D.*
5. Guidelines *David Benedek, M.D.*

MEDIA WORKSHOP

MW10. Documentary Film Titled "Unlisted: A Story of Schizophrenia" *Association of Family Psychiatrists; Chair: Michael S. Ascher, M.D.*

PRESIDENTIAL SYMPOSIUM

PS11. Positive Psychiatry: From Biology to Interventions *Chair: Dilip Jeste, M.D.*

1. Positive Psychiatry and Wisdom *Dilip Jeste, M.D.*
2. Biology of Resilience *Eric J. Nestler, M.D., Ph.D.*
3. The Neurocircuitry Underlying Optimism and Empathy *Lisa Eyler*
4. Empathy and Altruism: Biology and Pathology *Bruce L. Miller, M.D.*

SYMPOSIA

S82. Mindfulness-Based Stress-Reduction Meditation to Promote Resiliency and Treat Mood and Anxiety Disorders

TUESDAY, MAY 21

1. Mindfulness-Based Stress Reduction in the Treatment of Mood and Anxiety Disorders *Lori Davis, M.D.*
2. Possible Neural Mechanisms of Meditation *Judson Brewer, M.D., Ph.D.*
3. Resiliency and Mindfulness *Steven Southwick, M.D.*

S83. Military Posttraumatic Stress Disorder and Its Complex Comorbidities: Advances in Diagnosis and Treatment

1. Prazosin: An Effective Treatment for Combat PTSD in Active-Duty Soldiers Returned From Iraq and Afghanistan *Murray A. Raskind, M.D.*
2. Are Persistent Postconcussive Symptoms Following Blast mTBI Attributable to Comorbid PTSD or Neuroimaging Detectable Brain Abnormalities? *Eric C. Petrie, M.D., M.S.*
3. New Treatment Approaches to Tobacco and Alcohol Use Disorders *Andrew J. Saxon, M.D.*
4. Neuropathologic Sequelae of Mild Traumatic Brain Injury *Ann McKee, M.D.*

S84. Suicide and the Golden Gate Bridge

1. A Former Coroner Reports on Bridge Suicide *Ken Holmes*
2. Suicide Deterrents *Anne Fleming, M.D.*
3. A History of Golden Gate Bridge Suicide Barrier Campaigns *Eve Meyer, M.S.W, M.H.S.A.*
4. Perspective From a Family Member *Mary Zablotny*
5. Perspective From a Family Member *John Brooks*
6. Construction of a Suicide Barrier *Denis Mulligan*

S85. *DSM-5*: Cases that Clarify the New Nomenclature

1. Substance Use Disorders *Raymond Raad, M.D., M.P.H.*

Leave Part of Your Heart in San Francisco

Join APA in its annual "Gives Back Program," in which APA "gives back" to the city hosting the annual meeting. This year, APA President Dilip Jeste, M.D., has selected the Mental Health Association of San Francisco as the recipient of donations from the Association and its members. Donations may be made during the meeting registration process, and APA will match the amount dollar for dollar. Through members' generosity, last year's recipient received more than $14,000.

For nearly 60 years, the Mental Health Association of San Francisco has provided leadership in mental health education, advocacy, research, and service for the diverse communities of San Francisco. It is one of the 340 affiliates of Mental Health America.

2. Late-Life Depression and Mild Neurocognitive Disorder *George S. Alexopoulos, M.D.*
3. "Doctor, No One Has an Answer for What's Wrong With Me. Can You Help Me?" The New Nomenclature of Somatic Symptom and Related Disorders in *DSM-5 Anna Lopatin Dickerman, M.D.*
4. Comorbid Bipolar Disorder, Cocaine, Cannabis Dependence, and HIV Infection *Stephen J. Ferrando, M.D.*
5. What is ARFID? and Other Important Questions for the 21st-Century Psychiatrist *Evelyn Attia, M.D.*

S86. Maternal Stress in Pregnancy: Clinical and Neurodevelopmental Implications

1. Antenatal Maternal Stress in the Clinical Setting *Kristin L. Wesley, M.D.*
2. Placental Corticotropin-Releasing Hormone Predicts Postpartum Depressive Symptoms *Laura Glynn, Ph.D.*
3. Fetal Exposure to Stress and Stress Peptides Programs Human Fetal, Infant, and Child Behavior *Curt Sandman, Ph.D.*
4. Maternal Mood and Genetic Variability: Fetal Neurobehavior and Newborn Brain Development From MRI *Catherine Monk, Ph.D.*
5. Treating Antenatal Mood and Anxiety Disorders: Principles of Management *Lucy Hutner, M.D.*
6. Is the Research on Prenatal Stress Able to Guide Clinical Decisions for Treatment? *Elizabeth Fitelson, M.D.*

S87. Perspectives on Good Psychiatric Management

1. Outcome of Dialectical Behavior Therapy and General Psychiatric Management for Patients Diagnosed With Borderline Personality Disorder *Shelley McMain, Ph.D.*
2. Training in Good Psychiatric Management *John Gunderson, M.D.*
3. The Effect of Attending a Good Psychiatric Management Workshop on Negative Attitudes Toward Patients With Borderline Personality Disorder *Alex S. Keuroghlian, M.D., M.Sc.*
4. Integrating General Psychiatric Management With Dialectical Behavioral Therapy and Mentalization-Based Treatment *Lois W. Choi-Kain, M.D.*

S88. *DSM-5* and Culture: The Supplementary Modules for the Cultural Formulation Interview in *DSM-5*

1. The Cultural Formulation Interview Supplementary Module for Immigrants and Refugees: Enhancing Clinical Care During Transition and Resettlement *James Boehnlein, M.D.*
2. The Explanatory Module and the Coping and Help-Seeking Module: A Demonstration of Clinical Utility *Devon Hinton, M.D., Ph.D.*
3. Use of the Cultural Formulation Interview and Supplementary Modules With Older Adults *Ladson Hinton, M.D.*
4. Conducting a Comprehensive Cultural Assessment Using *DSM-5 Roberto Lewis-Fernandez, M.D., M.T.S.*
5. Cultural Identity Module From an International Perspective *Hans G. Rohlof, M.D.*

S89. Treatment Outcomes, Stigma, and Social Support in Depression: Findings From a Multi-Ethnic, Mixed-Methods, Longitudinal Study

1. Depression Stigma in Social Context *Elizabeth Bromley, M.D., Ph.D.*
2. Association of Network Structure and Composition With Support-Seeking Behaviors *Harold D. Green Jr., Ph.D.*
3. The Role of Romantic Relationships in Depression Treatment *David P. Kennedy, Ph.D.*
4. Experiences With Treatments for Depression: A Mixed-Methods Design *Adriana Izquierdo, M.D.*

S90. Psychoneuroimmunology: Clinical Application of an Emerging Field in Medicine

1. History and Overview of the NeuroEndoImmune Supersystem *Dana Shaw, M.D.*
2. To Test or Not to Test: The Use of Neuro, Endocrine, and Immune Biomarkers and Laboratory-Based Testing in Clinical Psychiatric Practice *David Scheiderer, M.D., M.B.A.*
3. Case Study Presentation: Biomarkers and Integrative Interventions for Enhancing Nervous, Endocrine, and Immune Health Outcomes *Elizabeth Stuller, M.D.*

S91. Getting Started With Electronic Health Records (EHR) in Your Practice *APA Committee on Electronic Health Records*

1. Electronic Health Records (EHR): History, Functions, and Costs *Lori Simon, M.D.*
2. Major Issues: Security, Privacy/Authorization, and Data Sharing/Interoperability *Steven Daviss, M.D.*
3. Usability and Benefits *Edward Pontius, M.D.*
4. Meaningful Use and the Medicare/Medicaid Electronic Health Records Incentive Programs *Robert M. Plovnick, M.D., M.S.*
5. Selecting and Implementing Electronic Health Records for Your Practice *Roger Duda, M.D.*
6. Resources for Electronic Health Records *Daniel J. Balog, M.D.*

S92. Delusions and Violence: Post-MacArthur Violence Risk Assessment Study

1. Delusions and Violence in the General Population: Findings From the 2007 Household Survey of Adults in England *Constantinos Kallis, Ph.D.*
2. Anger Due to Delusions Mediates the Relationship With Serious Violence *Jeremy W. Coid, M.B., M.D.*
3. Delusions, Negative Affect, and Violence: New Findings From the MacArthur Violence Risk Assessment Study *Simone Ullrich, Ph.D.*
4. Untreated Delusions Among Released Prisoners With Schizophrenia and Violence *Robert Keers, Ph.D.*

S93. Human Sex Trafficking: The Realities and Challenges of this National and International Tragedy *Association of Women Psychiatrists*

1. Across All Borders: A Legal Perspective on Human Trafficking *Kara Van de Carr, J.D.*
2. From Victim to Survivor: Recovery From Human Sex Trafficking: Evidence-Based, Trauma-Informed Approaches *Patricia I. Ordorica, M.D.*
3. Seeing Past Their Cover: Looking for Survivors of Early Abuse in Our Patients and Understanding Its Impact on Treatment *Leah J. Dickstein, M.D., M.A.*

S94. Cannabis Use and Youth: Updates on Risk, Assessment, and Treatment *U.S. National Institute on Drug Abuse*

1. Neurocognitive Effects of Cannabis Use on Youth *Krista Lisdahl, Ph.D.*
2. Screening, Assessment, and Brief Intervention for Cannabis Misuse in Pediatric Office Settings *John R. Knight, M.D.*
3. Pharmacological Treatments for Cannabis Use Disorders: Applications for Youth *Kevin M. Gray, M.D.*
4. Effectiveness of Outpatient Treatment for Adolescent Substance Abuse *Emily Tanner-Smith, Ph.D.*

S95. Divergent International Guidelines for the Pharmacologic Treatment of Borderline Personality Disorder *International Society for the Study of Personality Disorders*

1. Growing Old Together? Drug Algorithms in the APA Practice Guidelines on the Treatment of Borderline Personality Disorder: 2001 and Beyond *Kenneth R. Silk, M.D.*
2. Deutsche Gründlichkeit? The German Guidelines and Cochrane Meta-Analyses *Klaus Lieb, M.D.*
3. Tilt at Dutch Windmills? Dutch Algorithms and Symptom Domain-Specific Meta-Analyses *Theo Ingenhoven, M.D., Ph.D.*
4. The Rationale for the National Institute for Clinical Excellence (NICE) Guideline for the Treatment of Borderline Personality Disorder *Peter Tyrer, M.D.*
5. Australian Clinical Practice Guideline for the Management of Bor-

TUESDAY, MAY 21

derline Personality Disorder *Andrew M. Chanen, M.B.B.S., Ph.D.*

S96. The Revised Adjustment Disorder Diagnosis for *DSM-5* and *ICD-11*: Additions, Deletions, Comparisons

1. The Revised Adjustment Disorder Diagnosis for *DSM-5* and *ICD-11*: Additions, Deletions, Comparisons *James J. Strain, M.D.*
2. Adjustment Disorder: Changes for *ICD-11 Andreas Maercker, M.D., Ph.D.*
3. Adjustment Disorder Subtype Acute Stress Disorder/Posttraumatic Stress Disorder *Matthew J. Friedman, M.D., Ph.D.*
4. Comments on the Subtype of Adjustment Disorder for Prolonged or Complicated Bereavement *M. Katherine Shear, M.D.*
5. Adjustment Disorder: The Case for Full Syndromal Status in *DSM-5 Patricia Casey, M.D.*

S097. Eating Disorders: Soup to Nuts

1. New Understandings and Recent Updates in Eating Disorders *Ken Weiner, M.D.*
2. Medical Complications of Severe Restricting and Purging *Celeste Wiser, M.D., M.S.*
3. The Art and Science of Psychopharmacology for Eating Disorders and Comorbid Conditions *Anna Vinter, M.D.*
4. Beyond CBT: Acceptance and Commitment Therapy and Cognitive Remediation Therapy for the Treatment of Eating Disorders *Emmett Bishop Jr., M.D., C.E.D.S.*

S98. Advances in Autism Spectrum Disorder Research

1. A Unique Profile of the Child Behavior Checklist Clinical Scales (CBCL) Helps Identify Autism Spectrum Disorder in Clinically Referred Youth *Joseph Biederman, M.D.*

Residents: Get involved In *AJP Residents' Journal*

Residents, fellows, and medical students are invited to attend the *American Journal of Psychiatry Residents' Journal* workshop at APA's 2013 annual meeting in San Francisco. This year's workshop is titled "The *American Journal of Psychiatry Residents' Journal:* How to Be Involved." Bring your thoughts and ideas about the *Residents' Journal,* hear a brief presentation about the journal's new developments, and meet with *Residents' Journal* editors and editorial staff, as well as the *American Journal of Psychiatry* Editor-in-Chief Robert Freedman, M.D.

The workshop is scheduled for Wednesday, May 22, from 1:30 p.m. to 3 p.m. in Room 226, Moscone Convention Center. For further information, e-mail *ajp@psych.org*.

2. A *DSM*-Based Structured Diagnostic Instrument (DSM-SDI) for Rapid Assessment of Autism Spectrum Disorders (ASD) in Clinically Referred Populations *Gagan Joshi, M.D.*
3. Examining the Comorbidity of Bipolar Disorder and Autism Spectrum Disorder *Janet Wozniak, M.D.*
4. The Impact of Autism Spectrum Disorder: Adults in the Workplace and on the Road *Ronna Fried, Ed.D.*

S99. Contemporary Issues in Sports Psychiatry: A Global Perspective *International Society for Sport Psychiatry*

1. Depression in Athletes *David Baron, D.O., M.Ed.*
2. Exercise Addiction: The Dark Side of Sports and Exercise *Tamas Kurimay, M.D., Ph.D.*
3. Performance Enhancement and the Sport Psychiatrist *Michael Lardon, M.D.*

S100. Bipolar Disorder: Special Topics

1. Bipolar Disorder: The Need for Early Detection and Intervention *Michael Bauer, M.D., Ph.D.*
2. Pharmacogenomics in Bipolar Disorder *Mark Frye, M.D.*
3. The Difficult Lives of Bipolar Individuals: Contributors to Functional Outcome *Michael Gitlin, M.D.*
4. Psychosocial Interventions for Bipolar Disorder: Core Strategies and Current Evidence *David J. Miklowitz, Ph.D.*

S101. Sexual Disorders and Sexual Health in *ICD-11*: Parallels and Contrasts With *DSM-5*

1. Public Health, Clinical Utility, and an Integrative View of Sexual Health in *ICD-11 Geoffrey M. Reed, Ph.D.*
2. Paraphilias in *DSM-5* Compared With *ICD-11 Richard B. Krueger, M.D.*
3. Psychosexual Development and Sexual Orientation in the International Classification of Disease *Susan Cochran, Ph.D.*
4. From Gender Identity Disorders to Gender Incongruence, From Mental Disorder to Something Else: Proposed Revisions to *ICD-11 Jack Drescher, M.D.*
5. Introducing a Sexual Health Counseling Section in *ICD-11 Alain Giami, Ph.D.*

S102. Update on Tourette's Disorder: Does One Size Fit All? *American Academy of Child and Adolescent Psychiatry*

1. Overview of Tourette's Disorder Across the Lifespan *Cathy L. Budman, M.D.*
2. Psychiatric Comorbidities in Tourette's Disorder *Barbara Coffey, M.D., M.S.*
3. Genetics and Clinical Phenotypes of Tourette's Disorder *Carol Mathews, M.D.*
4. Nonpharmacological Treatments of Tic Disorders *John T. Walkup, M.D.*
5. Case Presentation of an Adult With Tourette's Disorder *Erica Greenberg, M.D.*

9 A.M.-4 P.M.
COURSES 38-39

MASTER COURSES 6, 8

11A.M.-12:30 P.M.
FORUM

F8. The Integration of Behavioral Health and Primary Care: The Evolving Role of Psychiatry in the Era of Health Care Reform *Chair: Lori Raney, M.D.*

LECTURES

L24. Advancing Drug Development in Schizophrenia: A Focus on Improving Function *Judd Marmor Award Lecture David Braff, M.D.*

L25. Suicidal Behavior: Should It Be a Separate Diagnosis? *APA Distinguished Psychiatrist Lecture Series; Maria A. Oquendo, M.D.*

L26. Are Digital Technologies Impacting on Wellness of the Young Mind? *APA Guest Lecture Series; Baroness Susan Greenfield, D.Phil., M.A.*

SCIENTIFIC AND CLINICAL REPORTS

SCR21. Psychopharmacology

1. Are Drug-Induced Movement Disorders Less With Second-Generation Antipsychotics? *Nigel Bark, M.D.*
2. The Role of Psychiatry in the Development of a Comprehensive Approach for the Management of CNS Pharmacotherapy *Jose Maldonado, M.D.*
3. The Role of GABAA Receptor in the Synergism Between SSRI and Antipsychotic Drugs in Schizophrenia *Henry Silver, M.B.B.S.*

SMALL INTERACTIVE SESSIONS

SI20. FOCUS Major Depressive Disorder Maintenance of Certification (MOC) Workbook (Meet the Authors) *Chairs: Mark Rapaport, M.D., Deborah J. Hales, M.D.*

SI21. Cognitive Behavior Therapy for Children and Adolescents (Meet the Authors) *Chair: Eva Szigethy, M.D., Ph.D.*

WORKSHOPS

W97. Military/Veteran-Friendly Practices and Health Systems *Chairs: Elspeth C. Ritchie, M.D., M.P.H., Christopher H. Warner, M.D.*

W98. The Making and Unmaking of Alzheimer's Disease and Its Ethical Implications *Chair: Jason Karlawish, M.D.*

W99. Ethical Dilemmas in Psychiatric Practice *APA Ethics Committee; Chairs: Richard D. Milone, M.D., William Arroyo, M.D.*

W100. To Be or Not to Be Out: Gay and Transgender Psychiatrists Discuss Implications for Faculty, Trainees, and Patients *Chair: Jack Pula, M.D.*

W101. Research Literacy in Psychiatry: Part 2 *Chairs: Diana E. Clarke, Ph.D., William Narrow, M.D., M.P.H.*

W102. Improving the Health of Clients in Assertive Community Treatment *Chairs: Nancy Williams, M.D., Erik Vanderlip, M.D.*

W103. Clinically Challenging Cases With Ethical Dimensions, or How to Keep Your Moral Compass Pointed in the Right Direction *Chair: Kristin Beizai, M.D.*

W104. Safety Measures for Victims of Stalking *Chair: Gail E. Robinson, M.D.*

11:30 A.M.-1 P.M.
POSTER SESSION 11

New Research Poster Session

1 P.M.-5 P.M.
COURSE 40

1:30 P.M.-3 P.M.
CASE CONFERENCE

CC6. Youth Psychiatry: Helping a Person With First-Episode Schizophrenia to Adulthood (For APA Members Only) *Chair: S. Charles Schulz, M.D.*

FORUM

F9. A Resident's Guide to Borderline Personality Disorder From the Experts: Part 1 (For Residents Only) *Chairs: John Gunderson, M.D., Brian Palmer, M.D., M.P.H.*

LECTURE

L27. New Insight Into the Neurobiology of Depression *APA Frontiers of Science Lecture Series; Eric J. Nestler, M.D., Ph.D.*

SCIENTIFIC AND CLINICAL REPORTS

SCR22. Suicide Prevention Programs in India

1. Experience and Evaluation of Hospital-Based Training of University Teachers for Suicide Prevention in Mumbai, India *Amresh K. Shrivastava, M.D., M.R.C.*
2. Pattern of Service Utilization of Suicide Prevention Helpline Together With Community Mental Health Services in Mumbai *Nilesh Shah, M.D.*
3. Depressive Symptoms and Suicidal Ideation Among College Students In Bombay: A Study of 3,300 Students *Shamsah Sonawalla, M.D.*

SCR23. Substance Misuse: Opioids, Cannabis, Tobacco

1. Eliminating Tobacco-Related Health Disparities: Understanding Internalized Stigma and Motivation to Quit in Persons With Serious Mental Illness *Nicholas M. Orozco, B.S.*
2. Motivations to Quit Cannabis Use in Non-Treatment-Seeking Adult Cannabis Smokers *David Gorelick, M.D., Ph.D.*

TUESDAY, MAY 21

3. Patient Characteristics That Predict Buprenorphine-Naloxone Treatment Outcome for Prescription Opioid Dependence: Results From a Multi-Site Study *Roger D. Weiss, M.D.*

4. Characteristics and Treatment Outcomes in Prescription Opioid–Dependent Patients With and Without Co-Occurring Psychiatric Disorder *Margaret L. Griffin, Ph.D.*

SMALL INTERACTIVE SESSIONS

SI22. Women in Psychiatry: Personal Perspectives (Meet the Authors) *Chairs: Donna M. Norris, M.D., Annelle Primm, M.D., M.P.H., Geetha Jayaram, M.D., M.B.A.*

SI23. Current Controversies in Forensic Psychiatry *Chair: Phillip Resnick, M.D.*

WORKSHOPS

W105. Training Psychiatry Residents in College Mental Health *APA Caucus on College Mental Health; Chairs: Valerie E. Houseknecht, M.D., Leigh A. White, M.D.*

W106. *DSM-5*: Do Values Really Undermine Objectivity in Disease Classification? *APA and the Scattergood Foundation; Chairs: Arthur Caplan, Ph.D., Mark Komrad, M.D.*

W107. Mild Traumatic Brain Injury: Assessment and Initial Management With Neuropharmacology *Chairs: Josepha A. Cheong, M.D., David B. FitzGerald, M.D.*

W108. Traumatic Brain Injury and PTSD: Easing the Pain *Chair: Sriram Ramaswamy, M.D.*

W109. On the Search for People in the Clinic: Creative Approaches to Reclaiming Subjective Data in Psychiatry *Chair: Sarah K. Fineberg, M.D., Ph.D.*

W110. The Clinical Utility of Violence Risk-Assessment Tools in an Acute Civil Inpatient Psychiatric Population *Chairs: Katya Frischer, M.D., Ali Khadivi, Ph.D.*

W111. Child Custody Evaluations: New Issues and New Methods *Chair: William Bernet, M.D.*

W112. Are You My Doctor? Defining Duty in Malpractice Cases *Chair: Brian Cooke, M.D.*

W113. The Utility of Motivational Interviewing in Psychiatric Training *Chairs: Erica C. Lander, Psy.D., Michael S. Ascher, M.D.*

W114. Psychiatric Care in Severe Obesity: Preparing for Bariatric Surgery and Beyond *Chair: Sanjeev Sockalingam, M.D.*

W115. A Cognitive-Behavioral Approach to Weight Loss and Maintenance *Chair: Judith Beck, Ph.D.*

2 P.M.-4 P.M.
POSTER SESSION 12

New Research Poster Session

2 P.M.-5 P.M.
MEDIA WORKSHOP

MW11. Teaching Cultural Competency: Identifying and Changing Stereotypes Using Film With Emphasis on Gender Identity Disorder *Chairs: Prameet Singh, M.D., David Roane, M.D.*

PRESIDENTIAL SYMPOSIUM

PS12. Psychiatrists Who Write for the General Public: Exploring Our Role as Educators, Promoters, and Dissenters *Chair: Richard A. Friedman, M.D.*

1. The Promise and Peril of Writing About Psychiatry for the General Public *Richard A. Friedman, M.D.*
2. The *Huffington Post* Is Not the *American Journal of Psychiatry* *Lloyd Sederer, M.D.*
3. The "Dos" and "Don'ts" of Writing About Psychiatry for a General Audience *Norman Rosenthal, M.D.*
4. The Designated Dissenter *Sally Satel, M.D.*

SYMPOSIA

S103. Schema Therapy: An Integrative Approach to Challenging and Difficult Treatment Populations

1. The Unique Schema Therapy Model and its Development *Jeffrey Young, Ph.D.*
2. An International Overview of the Empirical Evidence for Schema Therapy *Arnoud Arntz, Ph.D.*
3. Group Schema Therapy: Catalyzing the Treatment of Personality Disorders *Joan Farrell, Ph.D.*
4. Schema Therapy for Narcissism: Empathic Confrontation, Limit Setting, and Leverage *Wendy Behary, L.C.S.W.*
5. Schema Therapy for Cluster B and C Personality Disorders *Eelco Muste, Ph.D.*
6. Future Developments in Schema Therapy *Neele Reiss, Ph.D.*

S104. The Changing Face of Suicide: Assessment, Treatment, Epidemiology, Cultural Issues, and the Emerging Problem of Suicide Terrorism

1. The Changing Face of Suicide Assessment and Treatment *David V. Sheehan, M.D., M.B.A.*
2. Emerging Issues in the Epidemiology of Suicide *Christer Allgulander, Ph.D.*
3. Cultural Issues in Suicide *Ossama T. Osman, M.D.*
4. Suicide Terrorism: A Critical Assessment of Evidence *Ivan S. Sheehan, Ph.D.*

S105. New Perspectives on the Interpersonal Dimension in the Personality Disorders

1. Introduction *Larry Siever, M.D.*
2. Borderline Personality Disorder Seen in the Context of Lifespan Development: Implications for Early Intervention *Peter Fonagy, Ph.D.*
3. Attachment and Interpersonal Disturbance in Borderline Personality Disorder *Lois W. Choi-Kain, M.D.*
4. Neuropeptide Abnormalities in Borderline Personality Disorder: Genetic and Behavioral Findings Related to Interpersonal Dysfunction *M. Mercedes Perez-Rodriguez, M.D., Ph.D.*
5. Interpersonal Dysfunction, Self-Harm, and the Opioids in Borderline Personality Disorder *Barbara Stanley, Ph.D.*

S106. Hedonic Eating, Addiction, and Obesity

1. Substance and Non-Substance Addictions: Where Do Eating-Related Behaviors Fit in *DSM*? *Marc N. Potenza, M.D., Ph.D.*
2. Social and Policy Implications *Kelly Brownell, Ph.D.*
3. Is Fast Food Addictive? *Robert H. Lustig, M.D.*
4. Evidence of Addictive Eating in Humans *Ashley N. Gearhardt, Ph.D.*

S107. Fostering Resilience and Empowerment in Women Affected by Gender-Based Violence and Poverty Across the Globe *Association of Women Psychiatrists*

1. Approaching the Problem of Gender-Based Violence in Sub-Saharan Africa From a Development and Empowerment Perspective *Mary Kay Smith, M.D.*
2. Fostering Resilience by "Helping the Helpers" With a Collaborative Business Model *P. Lynn Ouellette, M.D.*
3. Gender-Based Violence and Interventions for Women's Empowerment: Cultural Considerations *Christina T. Khan, M.D., Ph.D.*

S108. Depressive Disorders and Comorbidity: 30 Years of Prospective Follow-Up

1. Clinical Course and Outcome of Unipolar Major Depression *Robert Boland, M.D.*
2. The Long-Term Course of Unipolar Major Depressive Disorder: The Value of a Dimensional Approach *Lewis Judd, M.D.*
3. Alcohol Problems in Patients With Affective Disorders *Deborah Hasin, Ph.D.*
4. The Role of Anxiety Severity in the Outcome of Mood Disorders *Jan Fawcett, M.D.*

S109. Community Partners in Care: Results From a Community-Partnered, Comparativeness Effective Study to Improve Outcomes for Depression in Los Angeles

1. Six-Month Client Outcomes From Community Partners in Care *Kenneth Wells, M.D., M.P.H.*
2. Exploratory Study of CBT Training Uptake Among Community Providers *Victoria Ngo, Ph.D.*
3. How Can Substance Abuse Service Agencies Prepare for the Affordable Care Act? Implications for Behavioral Health Home in Findings From Community Partners in Care (CPIC) *Evelyn Chang, M.D., M.S.H.S.*
4. Community-Partnered Participatory Research's Application in Community Partners in Care *Felica Jones*

S110. Implications of Spiritual Experiences to the Understanding of Mind-Brain Relationship *APA Caucus of Religion, Spirituality, and Psychiatry*

1. Metaphors and Analogies as (Pseudo) Explanations of Mental Phenomena: A Critique of Contemporary Materialism in Cognitive Neuroscience *Saulo Araujo, Ph.D.*
2. Distinguishing Magical Thinking and Mature Spirituality in Mind-Brain Research *C. Robert Cloninger, M.D., Ph.D.*
3. The Neurobiological Correlates of Spiritual Experiences *Andrew Newberg, M.D.*
4. Do Near-Death Experiences (NDE) and Approaching-Death Experiences Extend Our Understanding of Human Consciousness? *Peter Fenwick, M.D.*
5. Research on Possession/Trance/Mediumship and the Mind-Brain Relationship *Alexander Moreira-Almeida, M.D., Ph.D.*

S111. Autism and Social Communication in *DSM-5* *APA Task Force on DSM-5*

1. The Rationale for Specifiers in Autism Spectrum Disorder Diagnosis *Gillian Baird, M.D.*
2. Trying to Understand the Whole Spectrum: The Need for More Research on ASD in Females and the Elderly *Francesca Happe, Ph.D.*
3. Autism Spectrum Disorder *Bryan H. King, M.D.*
4. Social Communication, Language, and Speech Disorders in Young Children *Amy Wetherby, Ph.D.*

S112. Psychotropic Medications in Patients With Pacemakers and Defibrillators

1. Clinical Vignette: Torsade de Pointes in a Patient With a Pacemaker *Archana Brojmohun, M.D.*
2. Basics of Cardiology for Psychiatrists *Junyang Lou, M.D., Ph.D.*
3. The Use of Psychotropic Medications in the Acute Setting in Patients

TUESDAY, MAY 21

With Pacemakers and Defibrillators *Margo C. Funk, M.D., M.A.*

S113. Bringing the Uniform Out of the Closet: Artistic and Clinical Perspectives of Gay Military Life Before and After "Don't Ask, Don't Tell" *Association of Gay and Lesbian Psychiatrists*

1. Discussion: Mental Health Effects of "Don't Ask, Don't Tell" *Mary Barber, M.D.*
2. Gays in the Military: How America Thanked Me *Vincent Cianni, M.F.A.*
3. From Other Parts of the World *Øyvind Erik D. Jensen, M.D.*
4. Changing the Policies: An Insider's View *Elspeth C. Ritchie, M.D., M.P.H.*

S114. Before It's Too Late: Moving Toward a Preventative Model in Psychiatry by Building Resiliency Throughout the Lifespan *APA Child and Adolescent Psychiatry Fellowship Program*

1. Prenatal, Postnatal, and Early Childhood Risks: The Generation R Study *Frank Verhulst, M.D., Ph.D.*
2. SSRI Treatment of Depression During Pregnancy *Katherine Wisner, M.D., M.S.*
3. Evaluation and Treatment of Mother-Infant Attachment on a Perinatal Psychiatry Inpatient Unit *Samantha Meltzer-Brody, M.D.*
4. Treating Depressed Mothers and Helping Their Children (Ages 7-17): Results From Clinical Trials *Myrna Weissman, Ph.D.*
5. Family Interventions in Treating Mental Illness in Adolescents With Chronic Medical Illness *Eva Szigethy, M.D., Ph.D.*

S115. Approaches to Treating Refractory Obsessive-Compulsive Disorder Across the Lifespan

1. Family Functioning and Intensive Treatment in Pediatric OCD *S. Evelyn Stewart, M.D.*
2. Critical Adjustments of CBT Models in Treatment of Refractory OCD *Bradley Riemann, Ph.D.*
3. Pharmacotherapy Approaches to Treating Refractory Obsessive-Compulsive Disorder *Darin D. Dougherty, M.D., M.Sc.*
4. Residential Treatment: Combining Medications, Exposures, and Millieu Therapy for Optimal Treatment of Refractory OCD *Jerry Halverson, M.D.*
5. Neurocircuit-Based Treatments for OCD *Benjamin Greenberg, M.D., Ph.D.*

S116. HIV, STD, and Related Medical Comorbidities

1. Interactions Between Psychiatric Illness, STDs, and HIV *Marc Safran, M.D., M.P.A.*
2. Endocrine Abnormalities in HIV Infection *Marshall Forstein, M.D.*
3. Hepatitis C and HIV Coinfection *Antoine Douaihy, M.D.*
4. Cardiovascular Risk and HIV *Francisco Fernandez, M.D.*

S117. New Frontiers in Placebo Effects

1. Neurobiological Perspectives of Placebos *Ramakrishna R. Veluri, M.D.*
2. Psychology of Placebo Effects *John Naliyath, M.D.*
3. Placebos in Research Clinical Trials *Noshin Chowdhury, M.D.*
4. Placebos Pose Ethical Dilemmas *Vicky Chodha, M.D.*
5. Enhancing Placebo Response in Clinical Practice *Devdutt Nayak, M.D.*

S118. A Primer on Prevention in Psychiatry

1. Introduction to Prevention Principles *Ruth Shim, M.D., M.P.H.*
2. Considering Schizophrenia From a Prevention Perspective *Michael T. Compton, M.D., M.P.H.*
3. Suicide Prevention *Frederick Langheim, M.D., Ph.D.*
4. Substance Abuse Prevention *Rebecca Powers, M.D., M.P.H.*
5. Applying Prevention Priniciples in Psychiatric Practice *Christopher Oleskey, M.D., M.P.H.*

S119. Pediatric Bipolar Disorder in Its Historical Perspective: An Examination of Reasons for Its Controversial Status

1. Pediatric Bipolar Disorder or Dysphoric Mood Dysregulation Disorder: But Where's the Trauma? Are Attachment and Trauma Considered in PBD and DMDD? *Peter Parry, M.B.B.S*
2. In the Mind of the Beholder: Diagnosing Bipolar Disorder in Childhood With a Structured Psychiatric Interview *Stuart Kaplan, M.D.*
3. Paradigm Shift: The Evolution of the Concept of Depression, Related Disorders, and the Rise of the Diagnosis of Pediatric Bipolar Disorder *Stuart Bair, M.D.*
4. Developmental Trauma Disorder Is Not Just for Kids: Mental and Physical Consequences of Early Trauma in a Geriatric Population *Edmund C. Levin, M.D*

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S120. Refugees and Exiles: Mental Health Implications, Repatriation, and Integration *American Association for Social Psychiatry*

1. Emotional Numbing in Eastern European Refugees Diagnosed With PTSD *Aida Mihajlovic, M.D., M.Sc.*
2. Afghan Refugee Crises: A Ray of Hope *Khalid A. Mufti, M.D.*
3. Historical Trauma, Losses, and Separations: A Pilot Study to Evaluate the Psychological Problems of Exiles *Eugenio Rothe, M.D.*
4. Resettlement, Primary Care, and Psychiatry: The View From Pittsburgh *Kenneth Thompson, M.D.*

S121. Culture and *DSM-5*: Changes to Disorder Criteria and Text *APA Task Force on DSM-5*

1. Culture-Related Changes to *DSM-5*: Process and Rationale *Roberto Lewis-Fernandez, M.D., M.T.S.*
2. Culture-Related Changes to the Criteria and Text in the Anxiety Disorders in *DSM-5 Devon Hinton, M.D., Ph.D.*
3. Feeding and Eating Disorders in *DSM-5*: Revised Criteria Better Encompass Cultural Diversity *Anne E. Becker, M.D., Ph.D.*
4. Culture and *DSM-5* Dissociative, Trauma-Related, and Stressor-Related Disorders *Roberto Lewis-Fernandez, M.D., M.T.S.*
5. The Place of Personality, Personality Disorders, and Culture in *DSM-5 Renato D. Alarçon, M.D., M.P.H.*

S122. Integrative Medicine in Psychiatry *APA Caucus on Alternative and Complementary Medicine*

1. N-Acetyl Cysteine, Omega-3, and Kava: Latest Evidence and Clinical Applications for Affective Disorders *Jerome Sarris, M.H.Sc., Ph.D.*
2. Inositol, Melatonin, and SAM-e: Update and Applications in Psychiatry *David Mischoulon, M.D., Ph.D.*
3. Herbs and Medication Interactions *Patricia L. Gerbarg, M.D.*
4. Herbs and Nutrients to Counteract Medication Side Effects *Richard Brown, M.D.*

3:30 P.M.-5 P.M.
CASE CONFERENCE

CC7. Clinical Case Discussion of a Core Feature Model of OCD: New Perspectives on Treatment Resistance (For APA Members Only) *Chairs: Jane L. Eisen, M.D., Nicholas J. Sibrava, Ph.D.*

FORUM

F10. A Resident's Guide to Borderline Personality Disorder From the Experts: Part 2 (For Residents Only) *Chairs: John Gunderson, M.D., Brian Palmer, M.D., M.P.H.*

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Got a Question For APA's Leaders?

All APA voting members are invited to attend APA's Annual Business Meeting and Annual Forum at the 2013 annual meeting. The Annual Business Meeting informs members about the state of the Association and its activities and accomplishments over the past year. At the Annual Forum, APA voting members are invited to ask questions of and share comments with APA leaders.

SUNDAY, MAY 19
12:30 p.m.-1:30 p.m.
Annual Business Meeting and Annual Forum
Rooms 301/303/305/307, Moscone Convention Center

TUESDAY, MAY 21

LECTURES

L28. Outside Guest Lecture *Robert K. Moyzis, Ph.D.*

L29. What Is a 21st-Century Neurobiologically Empowered Psychiatrist? Lessons From Crime-Scene Investigators *APA Distinguished Psychiatrist Lecture Series; Stephen M. Stahl, M.D., Ph.D.*

L30. Solomon Carter Fuller Award Lecture *Chair: John Gaston, M.D.*

SCIENTIFIC AND CLINICAL REPORTS

SCR24. Anxiety Disorders: Social Anxiety and OCD

1. Long-Term Effectiveness of SSRIs for Social Anxiety Disorders *Rodwan Mahfouz, M.D.*

2. A Single-Blind, Randomly Controlled Trial of Cognitive Behavior Therapy With SSRIs on Generalized Anxiety Disorder *Yueqin Huang, M.D., Ph.D.*

3. A Single-Blind, Randomly Controlled Trial of Cognitive Behavior Therapy With SSRIs on Obsessive-Compulsive Disorder *Zhaorui Liu, M.P.H., Ph.D.*

SCR25. Trauma and Physiology

1. Posttraumatic Stress Disorder Is Associated With Increased Incidence of Insulin Resistance and Metabolic Syndrome *Naser Ahmadi, M.D., Ph.D.*

2. A Brain Connectivity Perspective of PTSD *Xiaodan Yan, M.D.*

3. Morgellons Versus Psychic Trauma: A Case of Tactile Hallucinations After Oral Surgery *Lorenzo Santos, M.D.*

SMALL INTERACTIVE SESSIONS

SI24. The Motivational Interviewing Approach: From Treating Addiction to Building Organizations (Meet the Authors) *Chair: Petros Levounis, M.D.*

SI25. PTSD Open Forum: Discussion With the Authors of the *Clinical Manual for Management of PTSD* (Meet the Authors) *Chairs: Gary H. Wynn, M.D., David Benedek, M.D.*

WORKSHOPS

W116. Bath Salts, Zombies, and Crocodiles: Battling a New Designer-Drug Emergency *Chair: Damir Huremovic, M.D., M.P.P.*

W117. Minimizing Harm in Forensic Psychiatric Exminations: Vulnerable Populations *APA and the Scattergood Foundation; Chair: Robert Sadoff, M.D.*

W118. You Be the Neurologist: Diagnosis and Treatment of Mild TBI in a Case-Study Format *Chair: David B. FitzGerald, M.D.*

W119. Improving Clinical Efficiency With Do-It-Yourself Intranet Web Browser Applications *Chair: David Gotlib, M.D.*

W120. The Physician Payment Sunshine Act: What Psychiatrists Need to Know *Chair: Daniel Carlat, M.D.*

W121. Treatment of Acute Mania: Algorithm From the Psychopharmacology Algorithm Project at the Harvard South Shore Program *Chair: David Osser, M.D.*

W122. Psychiatric Disorders in Epilepsy *Chair: Ashish Sharma, M.D.*

W123. Issues in the Treatment of Pain and Addiction *American Academy of Addiction Psychiatry; Chair: Elinore F. McCance-Katz, M.D., Ph.D.*

REGISTER NOW FOR MEETING AND SAVE ON FEES!

See center insert for registration information. Advance registration fees are now in effect, and you can save even more by registering online.

W124. Using Evidence to Optimize Care: Treating Behavioral and Psychological Symptoms of Dementia in the Era of Black-Box Warnings *Chair: Rajesh R. Tampi, M.D., M.S.*

W125. Top 10 Geriatric Psychiatry Issues for the General Psychiatrist *Chairs: Josepha A. Cheong, M.D., Iqbal Ahmed, M.D.*

W126. Cognitive Behavior Therapy for Personality Disorders *Chair: Judith Beck, Ph.D.*

7 P.M.-10 P.M.
MEDIA WORKSHOP

MW12. Leaving "Pleasantville": Exploring the Movie "Pleasantville" as a Way to Identify and Treat Obsessive Character Structures *Chair: Eric Yarbrough, M.D.*

Model

continued from page 10

ing as well as its vast collection of more than 27,000 works tracing the whole arc of modern art. With is unique brickwork, cylindrical turret, and soaring atrium, it gets much of the credit for spearheading the transformation of the city's South of Market district from a rather grim collection of warehouses and rundown buildings into a popular destination filled with restaurants, shopping, and new residences.

Among the exhibitions that visitors can savor during the annual meeting in May is one titled "Don't Be Shy, Don't Hold Back," featuring 40 important works from the 1960s to the 1990s honoring an extensive gift to the museum from collectors Vicki and Kent Logan. Among those with works on display are groundbreaking artists such as Jasper Johns, Andy Warhol, Chuck Close, Jeff Koons, Robert Rauschenberg, Frank Stella, and Bruce Nauman.

A second exhibition highlights new works added to SFMOMA's vast photography collection, emphasizing "the modernist tendency in photography from the mid-19th century to the present day," an era in which "the camera introduced . . . a radical new way of seeing and communicating."

The museum notes that its permanent collection is especially strong in works from all of the major art movements since 1900, including fauvism, cubism, pop art, abstract expressionism, and minimalism. PN

Rafael Ramirez Lee/Shutterstock

A new home for San Francisco's famed de Young Museum of Art opened in 2005. Its architects ensured that it blends beautifully into the natural landscape of its surroundings in Golden Gate Park.

Painted Ladies

continued from page 10

six blocks away from the Painted Ladies for years now, I'm still compelled to take a photo of them every time I find myself in Alamo Square. Every angle and time of day is like walking into a new stock photo. While the Golden Gate Bridge clearly wins as far as San Francisco icons go, the Painted Ladies have the added interest of people living inside them."

Last year this blogger had occasion to call on the owners of one of the painted ladies, she reported. It was an older woman who had been a fashion model and a teacher of prisoners at San Quentin Prison just north of San Francisco. The woman's family had been in San Francisco since the mid-1800s, and the house contained some notable treasures—for instance, a ticket from the opening of the Golden Gate Bridge and a photo of people gathered in Alamo Square while the city burned after the 1906 earthquake.

The painted ladies sometimes come up for sale. In 2010, and for the first time in a third-of-a-century, the oldest and largest was placed on the market for $4 million. Last spring, another was put up for sale for over $2 million. It had exquisite Victorian appointments such as bay windows, period light fixtures, gold-leaf trim, and soaring ceilings. The backyard contained old-growth redwood trees and lush ferns surrounding a brick patio. PN

Information about the painted ladies and other Victorian houses in San Francisco is posted at http://www.inetours.com/Pages/SFNbrhds/Victorian_Homes.html. Information about walking tours of San Francisco's Victorian houses is posted at http://www.sfcityguides.org.

APA Caucuses to Meet

Two APA caucuses will meet during APA's 2013 annual meeting in San Francisco:

SUNDAY, MAY 19
Caucus on Religion, Spirituality, and Psychiatry
1 p.m.-2 p.m.
Yerba Buena Ballroom 3, Lower Level B2, San Francisco Marriott Marquis

MONDAY, MAY 20
Caucus of Correctional Psychiatrists
11 a.m.-Noon
Pacific Suite A, Fourth Floor, San Francisco Marriott Marquis

More information is available from Rosa Bracey at rbracey@psych.org.

WEDNESDAY, MAY 22

8 A.M.-NOON
SEMINAR

SM14. Understanding the Person Behind the Illness: An Approach to Psychodynamic Formulation *Director: William H. Campbell, M.D., M.B.A.*

9 A.M.-10:30 A.M.
CASE CONFERENCE

CC8. Treating Depression in Cancer Patients (For APA Members Only) *Chair: David Spiegel, M.D.*

SCIENTIFIC AND CLINICAL REPORTS

SCR26. Topics in Personality Disorders and Neurodevelopment

1. The Reliability, Factor Structure, and Validity of the Personality Inventory for *DSM-5* in a Psychiatric Sample *Lindsay Ayearst, Ph.D.*

2. Mortality in Patients With Personality Disorder *Charlotte Björkenstam, M.Sc.*

3. Adolescence and the Reorganization of Infant Development: A Neuro-Psychoanalytic Model *Frans Stortelder, M.D.*

SCR27. Treatment of Depression

1. Changes in Pharmacotherapy in Severe Major Depressive Disorder: A 12-Month Study of Physician and Patient Treatment Decisions *John W. Goethe, M.D.*

2. Effect of L-Methylfolate on Maier Subscale Scores in a Randomized Clinical Trial of Patients With Major Depression *Maurizio Fava, M.D.*

3. Effectiveness of Transcranial Magnetic Stimulation (TMS) for Anxious Depression *Gretchen Diefenbach, Ph.D.*

WORKSHOPS

W127. Management of Alcohol Abuse, Withdrawal, and Dependence: A Practical Guide for General Psychiatrists *Chairs: Jose Maldonado, M.D., Yelizaveta Sher, M.D.*

W128. Using Empirical Clinical Practice Data to Inform Policy and Improve Care for Service Members *Chairs: Charles Hoge, M.D., Joshua Wilk, Ph.D.*

W129. Hybrid Research-Advocacy Organizations, Disease Paradigms, and the *DSM*: A Case Study of Autism *APA and the Scattergood Foundation; Chairs: Rebecca Johnson, M.A., Dominic Sisti, Ph.D.*

W130. Psychiatric Services in Jails and Prisons: An Update on the APA Guidelines *APA Council on Psychiatry and Law; Chairs: Michael Champion, M.D., Henry C. Weinstein, M.D.*

W131. High-Yield CBT for Brief Sessions *Chair: Donna Sudak, M.D.*

W132. Treating Medical Students and Physicians *APA Caucus on College Mental Health; Chairs: Leah J. Dickstein, M.D., M.A., Michael F. Myers, M.D.*

W133. Comprehensive Care for Patients With Medical and Psychiatric Comorbidity: A New Model of Care and Opportunity for Psychiatrists *Chairs: Steven Frankel, M.D., James A. Bourgeois, M.D., O.D.*

W134. The Mentally Ill and Guns: A Perfect Target? *Chair: Renee Sorrentino, M.D.*

W135. Positive Psychiatry: A Strengths-Based Recovery Model Focused on Underrepresented Minorities in Medical School and Residency *APA/SAMHSA Minority Fellows; Chairs: Miko Rose, M.D., Artha Gillis, M.D., Ph.D.*

W136. Advancement in Academic Career for Women International Medical Graduates *Chairs: Rashi Aggarwal, M.D., Nyapati R. Rao, M.D., M.S.*

W137. To Treat or Not to Treat, Is That the Question? The Evaluation and Treatment of Mood Disorders in Case Examples of Pregnant Women *Chair: Kara Driscoll, M.D.*

9 A.M.-NOON
MEDIA WORKSHOP

MW13. How to Be an Ethical Therapist: Lessons Not Learned From Hollywood Movies *Chair: Mark Komrad, M.D.*

SYMPOSIA

S123. Near Truths, Truths, and Untruths: Mythbusters 2

1. The Use of High-Dose SSRIs for Depression: Mythical Treatment or Good Clinical Judgment? *Robert Boland, M.D.*

2. Why Do House Staff Act Like Patients With Borderline Personality Disorder? *Philip R. Muskin, M.D., M.A.*

3. Healthy Mind, Healthy Body? Can Healing the Mind Heal Cancer? *Sparsha Reddy, M.D.*

4. Having a Successful Career and a Family: Impossible Dream or Achievable? *Linda L. M. Worley, M.D.*

S124. Update on Prescription Opioid Abuse and Treatment Options for the Psychiatrist *U.S. National Institute on Drug Abuse*

1. Prescription Drug Abuse in the United States *Wilson M. Compton, M.D., M.P.E.*

2. Overview of the Treatment of Acute and Chronic Pain in the Patient With a History of Addiction *Sean Mackey, M.D., Ph.D.*

3. Discontinuing Opioids Among Patients With Ongoing Pain *Ian Carroll, M.D., M.S.*

4. Integrating Buprenorphine Into Office-Based Practice *David A. Fiellin, M.D.*

5. Injectable Naltrexone for the Treatment of Opioid and Alcohol Dependence *Lynn E. Fiellin, M.D.*

6. Cognitive-Behavioral Treatment for Co-Occurring Chronic Pain and Opioid Dependence *Declan Barry, Ph.D.*

S125. Management of the Noncognitive Signs and Symptoms of Dementias/Major Neurocognitive Disorders: Dilemma or Opportunity? *APA Council on Geriatric Psychiatry*

1. Neural Stem Cells and Neurogenesis in Dementias/Major Neurocognitive Disorders: Association With Affective and Behavioral Outcomes *Daniel G. Herrera, M.D., Ph.D.*

2. Management of the Behavioral and Psychological Symptoms of Dementias/Major Neurocognitive Disorders: The Usual and the Novel *Helen H. Kyomen, M.D., M.S.*

3. Nonpharmacological Interventions for the Neuropsychiatric Symptoms of Dementia *Daniel D. Sewell, M.D.*

S126. Brain, Mind, and Behavior: Biological Connections

1. Cortisol and Cognition in Major Depression *Alan F. Schatzberg, M.D.*

2. The Link Between Stress and Depression *Gustavo E. Tafet, M.D., Ph.D.*

3. Insulin, Diabetes, and the Brain: Opportunities for Understanding Disease Pathoetiology in Severe Mental Illness and Genuinely Novel Drug Discovery *Roger S. McIntyre, M.D.*

4. Neuroimmune Function in Depression and Suicide *Ghanshyam N. Pandey, Ph.D.*

5. Pathway of Development of Psychosis Among Cannabis-Abusing Individuals: Toward a Model for Trajectory *Amresh K. Shrivastava, M.D., M.R.C.*

6. Recent Advances in Psychopharmacology of Psychosomatic Medicine *Amarendra N. Singh, M.D., D.P.M.*

S127. Successful Aging *APA Council on Geriatric Psychiatry*

1. Spirituality and Successful Aging *Dan Blazer II, M.D., Ph.D.*

2. The Centenarian as a Model of Successful Aging *Perminder Sachdev, M.B.B.S., M.D., Ph.D.*

3. From Sadness to Senescence: Cellular Effects of Psychiatric Illness *Owen Wolkowitz, M.D.*

4. The Biology of Resilience *Ruth O'Hara, Ph.D.*

5. Personalized Medicine: Aging and Psychiatry *Charles Nemeroff, M.D., Ph.D.*

6. Successful Aging in the Context of Chronic Medical and Psychiatric Illness *Ipsit Vahia, M.B.B.S., M.D.*

S128. Choosing the Right Treatment for Substance Abuse

1. Choosing the Right Treatment for Cocaine Dependence *Adam Bisaga, M.D.*

2. Treatment of Chronic Pain and Opioid Dependence: Role for Opioid Agonists and Antagonists *Maria A. Sullivan, M.D., Ph.D.*

3. Detecting and Managing Prescription Sedative-Hypnotic and Stimulant Abuse *John J. Mariani, M.D.*

4. Combining Medications and Psychosocial Interventions in the Treatment of Substance Abuse *Edward Nunes, M.D.*

5. Choosing Treatment for Cannabis Dependence *Herbert D. Kleber, M.D.*

S129. First Steps in Helping Patients With First-Episode Psychosis

1. Challenges in Engaging First-Admission Patients and Their Family Members in Long-Term Outcomes Research *Evelyn Bromet, Ph.D.*

2. Two-Year Stability of Diagnosis in First-Episode Psychosis: The Importance of Close Observation Early in the Course of the Condition *Mauricio Tohen, M.D., D.P.H.*

3. An Update on U.S. Department of Veterans Affairs Programs for Engaging and Treating Veterans With Psychotic Disorders *George Arana, M.D.*

4. Outreach and Engagement in a Community Psychiatry Program *Dost Ongur, M.D., Ph.D.*

5. Big Data and Mobile Devices to Amplify Care Delivery *Trishan Panch, M.B.B.S., M.P.H.*

S130. Found in Translation: Challenges and Opportunities in Translating Mental Health Care Into a Chinese Context

1. Traditional Chinese Conceptions of Mental Illness *Justin Chen, M.D.*

2. Perceptions of Psychiatry Among Chinese Medical Students *Zhening Liu, M.D., Ph.D.*

3. Psychotherapy in Mental Health Care in China: A Cross-Cultural Adventure *Jianyin Qiu*

4. Multicultural Discourse Studies as a Means for Understanding the Meaning and Experience of Psychiatric Illness *Jose Saporta, M.D.*

5. Challenges in the Application of *DSM/ICD* Diagnoses in Chinese Populations in the United States *Albert Yeung, M.D.*

S131. Immigration and Its Adversities: Mental Illness, Detention, and Deportation *APA Council on Minority Mental Health and Health Disparities*

1. Trauma in Asylum Seekers: How Mental Health Professionals Can Provide Critical Expertise *Karen Musalo, J.D.*

2. Working With Attorneys to Save Lives: Clinican + Attorney = Dynamic Duo *Christy C. Fujio, J.D., M.A.*

3. Asylum Seekers and Psychiatric Evaluations: A Joint Collaboration at Yale *Howard Zonana, M.D.*

4. Forensic Psychiatrists Without Borders: Assisting With Refugee Applications *Maya Prabhu, LL.B., M.D.*

5. *Franco-Gonzalez v. Holder:* The Fight to Establish a Right to Counsel for

WEDNESDAY, MAY 22

Immigration Detainees With Serious Mental Disorders *Talia Inlender, J.D.*

6. Immigration and Its Adversities: Concluding Remarks *Nevine D. Ali, M.D., M.P.H.*

S132. Family Treatment in Bipolar Disorder: Benefits and Barriers *Association of Family Psychiatrists*

1. Patient Perception of Family Relationships and Treatment Adherence in Family Treatment of Bipolar Disorder *Allison M. R. Lee, M.D.*

2. Developmental Correlates of Caregiver Adherence in Family Treatment of Bipolar Disorder *Lisa Cohen, Ph.D.*

3. The Prognostic Role of Perceived Criticism in Bipolar Disorders *Jan Scott, M.B.B.S., Ph.D.*

4. The Role of Medications in Adolescent Bipolar Disorder: Treating the Patient, Treating the Family *Christopher Schneck, M.D.*

5. Family-Focused Treatment for Bipolar Disorder: Overcoming Barriers to Implementation *David J. Miklowitz, Ph.D.*

S133. Psychiatry in Multicultural Settings: Training and Practice

1. Culture and Cultural Components in Psychiatric Residency Training: Why and How? *Renato D. Alarçon, M.D., M.P.H.*

2. Cross-Cultural Training: A Resident's Perspective *Karen Mu, M.D., Ph.D.*

3. The Value of Global Health Experiences in Psychiatry Training and Practice *Lawrence G. Wilson, M.D.*

4. The Use of the Cultural Formulation in Training and Practice *Roberto Lewis-Fernandez, M.D., M.T.S.*

5. The Doctor-Patient Relationship: Navigating Ethnocultural Differences With Patients and Families During Psychiatric Treatment *James L. Griffith, M.D.*

S134. Treatment of Personality Disorders

1. Narcissistic Personality Disorder *Elsa Ronningstam, Ph.D.*

2. Schizotypal Personality Disorder *Michael Stone, M.D.*

3. Treatment of Obsessive-Compulsive Personality Disorder *Glen O. Gabbard, M.D.*

4. Psychiatric Treatment of Avoidant Personality Disorder *J. Christopher Perry, M.D., M.P.H.*

5. Current Treatment of Borderline Personality Disorder *John Gunderson, M.D.*

9 A.M.-4 P.M.
COURSE 41

11 A.M.-12:30 P.M.
SCIENTIFIC AND CLINICAL REPORTS

SCR28. Military Psychiatry II

1. Battlefield Ethics and Psychological Health: The Impact of a Training Intervention *Christopher H. Warner, M.D.*

2. Embedded Behavioral Health: The Army's New Model of Community Behavioral Health Care *Christopher Ivany, M.D.*

3. Effectiveness of Mental Health Screening and Coordination of Care Through the Military Deployment Cycle *Christopher H. Warner, M.D.*

SCR29. Measurement, Screening, and Participation

1. Real-Life Decision Making of Patients With Serious Mental Illness: Opt-In and Opt-Out Research Participation *Yoram Barak, M.D., M.H.A.*

2. Data Available on Admission Predict 30-Day Readmission in Psychiatric Inpatients *Harold I. Schwartz, M.D.*

3. Measurement of Clinical Risk of Stigma and Discrimination of Mental Illnesses Using Quantification of Stigma Scale: Preliminary Findings *Megan Johnston, M.D.*

4. Tailored Screening for Multiple Mental Disorders *Philip Batterham, Ph.D.*

SMALL INTERACTIVE SESSION

SI26. Acute Brain Failure: A Discussion About the Effects and Management of Delirium *Chair: Jose Maldonado, M.D.*

WORKSHOPS

W138. Mentoring 101: Secrets for Success *Chair: Marcy Verduin, M.D.*

W139. Working as a Civilian Psychiatrist on a Military Base *Chairs: Elspeth C. Ritchie, M.D., M.P.H., Sebastian R. Schnellbacher, D.O.*

W140. No Poster, No Publication, No Problem: A Step-by-Step Guide to Get You Started in the Scholarly Activity Process *Chair: Rashi Aggarwal, M.D.*

W141. Ethics and IMG Residents: Challenges and Opportunities for Teaching *Chair: Damir Huremovic, M.D., M.P.P.*

W142. Wild Child? Assessing Risk of Pediatric Inpatient Violence *Chair: Drew Barzman, M.D.*

W143. Dementia: What Kind Is It and What Do You Do About It? *Chairs: Cynthia Murphy, Psy.D., M.B.A., Lisa K. Catapano-Friedman, M.D.*

W144. Dynamic Therapy With Self-Destructive Patients With Borderline Personality Disorder: An Alliance-Based Intervention for Suicide *Chairs: Eric Plakun, M.D., Donald Rosen, M.D.*

W145. Ethical Issues in Psychiatry *Chair: Dominic Sisti, Ph.D.*

W146. Building User-Friendly Practice Guidelines: Lessons Learned From Practicing Psychiatrists' Use of Clinical Information Resources *Chair: Robert M. Plovnick, M.D., M.S.*

1 P.M.-5 P.M.
SEMINAR

SM15. Primary Care Skills for Psychiatrists *Directors: Lori Raney, M.D., Erik Vanderlip, M.D.*

1:30 P.M.-3 P.M.
ADVANCES IN MEDICINE

AM5. Advances in Medicine: Biomedical Models for Assessing and Treating Autism *Chair: Robert Lee Hendren, D.O.*

FORUM

F11. Reducing Long-Term Consequences From Atypical Antipsychotic Use in College Students *Chairs: Daniel Kirsch, M.D., Michelle Riba, M.D., M.S.*

SCIENTIFIC AND CLINICAL REPORTS

SCR30. Military Trauma, Dissociation, and Epilepsy

1. Addressing PTSD in Primary Care in the Veterans Health Administration: A Work in Progress *Andrew S. Pomerantz, M.D.*

2. What Can Ferenczi Still Teach Us About the Treatment of Veterans With Combat Stress? *Thomas B. Horvath, M.D.*

3. Dissociative Disorders and Epilepsy: The Challenges in Diagnosis and Management *Rochelle M. Kinson, M.B.B.S., M.Med.*

SCR31. Mood Disorders

1. Major Depressive Disorder Co-Occurring With Binge-Eating Disorder: Sequence and Associations With Other Comorbidities and Eating Psychopathology *Daniel F. Becker, M.D.*

2. Prevalence of Antenatal Depression: A Study From a Developing Country *Hegde S. Shruti, M.B.B.S.*

3. Social Relationships and Depression: 10-Year Follow-Up From a Nationally Representative Study *Alan R. Teo, M.D.*

WORKSHOPS

W147. The Future Is Now: The Future of Psychiatry Through the Eyes of New Psychiatrists *Chairs: Sharat Parameswaran, M.D., Matthew D. Erlich, M.D.*

W148. Don't Call Me Baby: Sexual Harrassment of Female Physicians *Chair: Christina Girgis, M.D.*

W149. A Pragmatic Framework for Ethical Decision Making *APA and the Scattergood Foundation; Chair: Marna Barrett, Ph.D.*

W150. The *American Journal of Psychiatry Residents' Journal:* How to Be Involved *Chair: Monifa Seawell, M.D.*

W151. Evaluation and Treatment of Anxiety and Mood Disorders in Infertility Patients at Stanford University: An Integrated Approach *Chair: Katherine E. Williams, M.D.*

W152. A Career in Child and Adolescent Psychiatry: From a Developmental Perspective *APA Council on Children, Adolescents, and Their Families; Chairs: Louis Kraus, M.D., Courtney L. McMickens, M.D., M.P.H.*

W153. E-Psychiatry: How Innovative Web Sites Reach Diverse Populations *APA/SAMHSA Minority Fellows; Chair: Enrico Castillo, M.D.*

W154. Health Reform and Behavioral Health Care: Clinical, Policy, and Ethical Transformations *Chair: Dominic Sisti, Ph.D.*

2 P.M.-5 P.M.
MEDIA WORKSHOP

MW14. A Movie on Two Diseases, ADHD and Parkinson's, and Their Impact on Growth, Development, Interpersonal Relationships, Sex, Love, Meds, and Other Drugs *Chair: Lawrence Richards, M.D.*

SYMPOSIA

S135. Antidepressants in Major Depressive Disorder: The Efficacy Debate

1. Reanalyzing a Meta-Analysis: When Antidepressants Work *Paul A. Vöhringer, M.D., M.P.H., M.Sc.*

2. To Be or Not to Be (Effective), That is NOT the Question: Beyond an All-or-None View of Antidepressant Efficacy *Erick Turner, M.D.*

3. Antidepressants: It Depends What You Mean by Efficacy *David Healy, M.D.*

4. The Antidepressant Efficacy Debate: Beyond the Acute Phase *S. Nassir Ghaemi, M.D., M.P.H.*

S136. Maintenance Treatments in Bipolar Disorder: The Pursuit of Full Recovery

1. Maintenance With Classic Mood Stabilizers: Lithium, Valproate, and Carbamazepine *Eric D. Peselow, M.D.*

2. Emerging Issues in the Maintenance Treatment of Bipolar Disorder *Alexander Fan, M.D.*

3. Recovery-Oriented Collaborative Care to Improve Medical and Psychiatric Outcomes in Bipolar Disorder *Amy Kilbourne, Ph.D., M.P.H.*

4. Defining and Measuring Full Recovery in Bipolar Disorder *Waguih Ishak, M.D.*

S137. Bullying and Suicide: The Mental Health Crisis of LGBT Youth, What Is Being Done About It, and How You Can Help

1. Adolescent LGBT Sexuality Matters: A Mental Health Perspective *Stephen T. Russell, Ph.D.*

2. Adolescent LGBT Sexuality Matters: A Mental Health Prespective *Cecil R. Webster Jr., M.D.*

3. Bullying and Suicide Among

WEDNESDAY, MAY 22

LGBTQ Youth: Unraveling the Link *Nicole Cardarelli, M.S.W.*

4. Connect, Accept, Respond, Empower: How to Support LGBTQ Youth *Phoenix Schneider, M.S.W.*

5. Safe Schools and Their Contribution to Health and Well-Being for LGBT Youth *Steven A. Toledo, M.P.A.*

6. School-Based Interventions to Reduce Homophobia: First-Amendment and Ethical Concerns *Ilan H. Meyer, Ph.D.*

S138. Return to Work: The Most Underutilized "Pill" in the Psychiatrist's Formulary

1. Understanding the Physiological and Psychological Impact of Workplace Stress *Josh Gibson, M.D.*

2. Developing and Sustaining an Interdependent Workforce *Paul Heck, M.Ed, L.P.C.*

3. Making a Vague Concept Actionable *Paul Hammer, M.D.*

4. I Think I'm Disabled, Therefore I Am: How to Partner Effectively With Employers When a Patient Is Too Ill to Work *Paul Pendler, Psy.D., A.B.P.P.*

5. The Influence of Employers on Care Delivery, Financing, and Mental Health *Laurel A. Pickering, M.P.H.*

S139. Death-Hastening Decisions and Psychiatric Consultations *Academy of Psychosomatic Medicine*

1. Death-Hastening Decisions and Psychiatric Consultations *J. Michael Bostwick, M.D.*

2. The Right to Die: A Psychiatrist's Role in an Accompanied Suicide *Zamir Nestelbaum, M.D.*

3. An Update on the Ethical and Legal Aspects of Death-Hastening Decisions *Lewis M. Cohen, M.D.*

S140. Update on Delirium: Novel Perspectives on Etiology, Diagnosis, Prevention, Treatment, and Long-Term Outcomes

1. Neuropathology of Delirium and Evidence-Based Prophylaxis and Treatment *Jose Maldonado, M.D.*

2. Clinical Presentation and Detection of Delirium and Novel Pharmacological Treatments *Yelizaveta Sher, M.D.*

3. QTc and Antipsychotics *Sermsak Lolak, M.D.*

4. Short- and Long-Term Sequelae of Delirium *Edward J. Kilbane, M.A., M.D.*

S141. Asylum Seekers and Refugees: Mental Health Challenges and Needs

1. Refugees: Mental Health Challenges and Needs *Hossam M. Mahmoud, M.D., M.P.H.*

2. Guidelines for the Mental Health Assessment of LGBT Asylum Seekers and Refugees *Joanne Ahola, M.D.*

3. Mental Health Needs of Unaccompanied and Undocumented Immigrant Children *Kelsey Lebrun Keswani, M.A.*

4. Advocating for LGBT Asylum Seekers: How Attorneys and Clinicians Can Collaborate *Christopher McNary, J.D.*

5. Immigration Detention of LGBT Asylum Seekers: The Mental Health Impact *Ariel Shidlo, Ph.D.*

S142. Personality Disorders Over the Lifespan *North American Association for the Study of Personality Disorders*

1. Childhood Precursors of Borderline Personality Disorder *Joel Paris, M.D.*

2. Personality Disorder in Adolescence: No Longer Controversial? *Andrew M. Chanen, M.B.B.S., Ph.D.*

3. Prediction of Time-to-Attainment of Recovery for Patients With Borderline Personality Disorder Followed Prospectively for 16 Years *Mary Zanarini, Ed.D.*

4. Long-Term Course of Antisocial Personality Disorder *Donald Black, M.D.*

3:30 P.M.-5 P.M.
SCIENTIFIC AND CLINICAL REPORTS

SCR32. The Diversity of Psychiatry

1. Association Between Seasonality and Evening Chronotype in the Old Order Amish *Layan Zhang, M.D.*

2. Undiagnosed Mental Illness in the Pediatric Population *Leslie Zun, M.D., M.B.A.*

3. Generalizability in the Family-to-Family Education Program Randomized Wait-List Control Trial *Lisa B. Dixon, M.D., M.P.H.*

4. Reflections on Human Existence: A Psychiatric Perspective *Vijoy Varma, M.D.*

SCR33. Schizophrenia and Psychosis

1. Portland Identification and Early Referral (PIER): Indicated Prevention of Psychosis as a Public Health Intervention *William R. McFarlane, M.D.*

2. Urinary Tract Infections in Acute Relapse of Psychosis *Chelsea Bodenheimer, M.D.*

3. Violence to Self and Others During First-Episode Psychosis *Olav B. Nielssen, M.B.B.S., Ph.D.*

4. Early Detection and Intervention for the Prevention of Psychosis (EDIPP): A National Multi-site Effectiveness Trial of Indicated Prevention *William McFarlane, M.D.*

WORKSHOPS

W155. Management of Treatment Refractory Obsessive-Compulsive Disorder *Chair: Himanshu Tyagi, M.B.B.S.*

W156. Wellness Through the Generations *Chair: Bernadette Cullen, M.B.*

W157. Psychotherapy Update for the Practicing Psychiatrist *Chair: Priyanthy Weerasekera, M.D., M.Ed.*

W158. Perinatal Psychiatry: New Opportunities for Prevention, Treatment, and Education *Chair: Julia B. Frank, M.D.*

Embarcadero

continued from page 11

named Henry Meiggs. He was unscrupulous and scheming, according to the book *Crab Is King: The Colorful Story of Fisherman's Wharf in San Francisco* and "got run out of town with a vengeful posse nipping at his heels." Fortunately, in his wake, he left his wharf behind. Eventually it became a mooring for fishing boats and a promenade for sunbathers and swimmers. It had a museum where an "educated" pig played cards, a saltwater bathing emporium, and a place where visitors could try to climb a greased pole and claim a $5 gold piece on top.

In spite of its flamboyance, or perhaps because of it, Fisherman's Wharf has been ranked in some surveys as the number-one tourist destination in San Francisco, even beating out the world-famous Gold Gate Bridge. PN

Information about Fisherman's Wharf is posted at http://www.fishermanswharf.org Information about the Ferry Building is poste at http://en.wikipedia.org/wiki/San_Francisco_Ferry_Building. City guides, a nonprofit volunteer organization, gives free walking tours of the Ferry Building. See http://www.sfcityguides.org/desc.html?tour=25 .

Cathy Brown

Treasure

continued from page 11

psychological-spiritual treasure was to follow during the 1970s as San Franciscans exercised a prominent role in the vanguard of the national gay-rights movement. During that time, San Francisco Supervisor Harvey Milk became California's first openly gay elected official and one of the first anywhere in the country. Today San Francisco remains a mecca for gays and lesbians from all across the globe.

But the search in San Francisco for financial treasure was not over. Real-estate moguls built an array of skyscrapers during the 1980s. The dot-com boom exploded in San Francisco during the late 1990s as newly minted millionaires and billionaires became legion. Although the boom ended in 2001 when tech stocks crashed, new Internet and software companies were launched in the city beginning in 2003. Last year, still more high-tech companies such as Twitter moved there.

In 2011, San Francisco elected Edwin Lee as mayor. He is the first Chinese-American mayor in San Francisco's history as well as the first Asian American elected to the office. His election is yet another example of San Franciscans' embrace of diversity and openness to people from a wide variety of backgrounds. PN

More information about San Francisco's history is posted at www.zpub.com/sf/history/sfh2.html

Alcatraz

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museum. But the occupation dwindled when its leadership faltered, and some of the island's buildings were vandalized and damaged. The government's patience grew thin, and President Richard Nixon ordered the last few residents removed, an event that was accomplished peacefully.

Today, Alcatraz Island's facilities are managed by the National Park Service as part of the Golden Gate Recreational Area, and its rocky shores are important nesting sites for numerous species of wild birds, including pigeon guillemots, cormorants, Heermann's Gulls, Western Gulls, and night herons. PN

DSM-5 Updates

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symptoms of mania but who do not meet criteria for bipolar disorder and severity ratings for anxiety. Guidance for assessing suicide risk will also be provided.

Fawcett said these changes reflect an effort to move the depressive disorders away from a strictly categorical designation to a more dimensional approach in which depressive disorders can present with different degrees of severity and in the company of comorbid symptoms of anxiety or mania. "This is a first step toward seeing mood disorders as a spectrum with different degrees of severity rather than pure categories, which is an artificial way of slicing them up," he said.

Obsessive-Compulsive Disorders Grouped

A major change that clinicians will notice is the creation of a separate chapter for obsessive-compulsive and related disorders, bringing together OCD, body dysmorphic disorder, and trichotillomania, which had been scattered in other areas of *DSM-IV,* and adding new diagnoses for hoarding disorder and excoriation (skin picking) disorder. (The chapter also adds new diagnostic categories for obsessive-compulsive disorders related to substance abuse or to a medical condition, reflecting an effort throughout the new manual to recognize symptoms attributable to substance abuse or other medical conditions).

In an interview with *Psychiatric News,* Katharine Phillips, M.D., chair of the Anxiety, Obsessive-Compulsive Spectrum, Posttraumatic, and Dissociative Disorders Work Group, said that the creation of a separate chapter for obsessive-compulsive disorders reflects evidence of the interrelatedness of these disorders in terms of diagnostic validators, as well as the clinical utility of grouping these disorders in the same chapter.

"The intention throughout *DSM* is to group together disorders that are similar to one another across a range of validators, including symptoms, neurobiological substrates, familiality, course of illness, and treatment response," Phillips said. "These disorders have similarities in clinical features, such as driven, repetitive behaviors. Many tend to run in families, and some are comorbid. Our hope is that by bringing them together in one chapter, it will remind clinicians to look for a family history of the other disorders and comorbidity with other disorders when a patient presents with one of them."

The addition of the distinct diagnoses of hoarding disorder and excoriation (skin picking) disorder grew out of research over the last several decades showing that they are both prevalent and clinically significant. Criteria for hoarding disorder include persistent difficulty discarding or parting with possessions, regardless of actual value, in a way that causes clinically significant distress or impairment in functioning. For example, a bedroom may be so cluttered with hoarded possessions that sleeping in the bed is impossible.

Phillips said that in the past, patients with hoarding disorder were liable to be diagnosed as having OCD, though most do not exhibit key features of OCD and may have a different response to treatment.

Key symptoms of excoriating (skin picking) disorder include persistent picking at skin resulting in lesions and sometimes infections and clinically significant distress. Phillips said the disorder has a prevalence of between 1 percent and 2 percent.

Finally, clinicians will note that all of the disorders with a cognitive component (OCD, hoarding disorder, and body dysmorphic disorder) have an "insight" specifier for rating patients' insight into their disorder-related beliefs. For example, some patients with OCD may know that their house won't burn down even though they feel compelled to check multiple times that the stove is off before leaving ("good or fair" insight); others may believe that the house probably will burn down ("poor" insight); and still others may be absolutely convinced that the house will burn down ("absent insight/delusional" beliefs).

"Clinical experience suggests that patients with delusional beliefs as a symptom of one of these disorders are sometimes diagnosed with a psychotic disorder, which may lead to inappropriate treatment with antipsychotic medication only," Phillips told *Psychiatric News*. "The specifier will emphasize that patients with delusional beliefs that may occur as a symptom of these disorders do have OCD or body dysmorphic disorder or hoarding disorder. Those with OCD and body dysmorphic disorder should be treated with an SSRI rather than antipsychotic monotherapy." PN

↗ Additional information, including fact sheets on related topics and video interviews with David Kupfer, M.D., and Katharine Phillips, M.D., can be accessed at http://www.psychiatry.org/dsm5. *DSM-5* and related titles also may be pre-ordered from this site.

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Psychiatry

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ACADEMIC DEPARTMENT CHAIR OF PSYCHIATRY
AND MEDICAL DIRECTOR OF CENTER FOR BEHAVIORAL MEDICINE

The Missouri Department of Mental Health (DMH) and the School of Medicine at the University of Missouri-Kansas City (SOM) has initiated a national search for the next Chair of the Department of Psychiatry. The Chair position includes responsibilities as Medical Director for the Center for Behavioral Medicine, a 65 bed DMH inpatient facility and a 68 bed residential program in Kansas City. The successful applicant will oversee and provide leadership for all academic, clinical and research activities of the department, reporting directly to the Dean. There are currently over 40 full-time faculty members and 24 trainees in a general psychiatry residency program. Minimum qualifications are board certification in psychiatry and a distinguished record of clinical excellence, teaching and scholarly activity. We are seeking a Chair who has strong leadership skills in an academic setting and experience in research administration and program development.

Faculty members are employed by a number of health care organizations in the metro area, but report directly to the Chair regarding their academic appointment and service to the Department and the School of Medicine. The ability to work collaboratively with community partners in fulfilling the clinical, teaching and research missions of the department and expanding opportunities for these activities will be a crucial skill. The Center for Behavioral Medicine serves a diverse population and maintains partnerships with a wide array of provider systems in the community. The Medical Director provides leadership in fostering these important clinical and academic linkages. UMKC is an equal access, equal opportunity, affirmative action employer that is fully committed to achieving a diverse faculty and staff. Applications will be accepted until the position is filled.

Contact Information: Interested parties should combine all application materials (personal letter of interest with accompanying curriculum vitae and a list of references) into one PDF or Microsoft Word document; upload as an attachment in the UMKC career opportunities application at:

http://www.umkc.edu/hr/career-opportunities/job-posting-search-academic.aspx

Search # PS0712V
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Job Description: Department of Psychiatry Faculty Position

The Department of Psychiatry, in collaboration with the White River Junction VAMC is seeking a Psychiatrist to join our faculty in the Mental Health and Behavioral Science Service at the White River Junction VAMC .

The position, Outpatient Psychiatrist will be part of a 96 member department including a 10 bed inpatient service, multiple outpatient programs, 6 community based outpatient clinics, a growing telemental health presence, and vital research partnerships with the Geisel School of Medicine, the National Center for PTSD and other research entities. A variety of clinical opportunities are available for the successful applicant in multiple outpatient settings according to interest and experience including telehealth medication management, management of dual diagnosis conditions and participation in an Open Access Clinic.

Academic duties include teaching and supervision of medical students and residents. Research opportunities are available and encouraged.

The ideal candidate will be a skilled clinician and enthusiastic teacher. Candidates should be Board Eligible or Certified in Psychiatry. Academic rank and salary will be consistent with experience.

Dartmouth College and the White River Junction VAMC are Equal Opportunity/ Affirmative Action Employers and encourage applications from women and members of minority groups.

A recruitment and/or relocation incentive may be authorized.

Contact Information:

The applicant should apply online at
USAJOBS.gov

A letter of interest, curriculum vitae and three letters of reference should be addressed to

William C. Torrey MD
Vice Chair for Clinical Services for the Department of Psychiatry, and sent to
Maureen Ostertag at **psychiatry.jobs@Dartmouth .edu.**

The University of Louisville School of Medicine
Department of Psychiatry and Behavioral Sciences
Clinician-Educator Positions Available

General Psychiatry • Geriatric Psychiatry
Depression Center • Women's Mental Health • Addiction Psychiatry
Ambulatory Behavioral Medicine • Med/Psych • Collaborative Clinical Neuroscience
Hospitalist: Inpatient, Consultation-liaison, or Emergency Psychiatry

The Department of Psychiatry and Behavioral Sciences, Allan Tasman, MD, Chair is seeking dynamic, academically oriented Assistant or Associate Professor psychiatrists to join our expanding faculty in a rapidly growing medical center complex. In addition, a new joint operating agreement between the University hospital and a 14 hospital statewide network is bringing substantial new opportunities and resources. The city of Louisville is a metropolitan area with nearly one million people. The cost of living is low, cultural amenities are extensive, schools are excellent, and outdoor and family oriented activities abound. Responsibilities for these faculty positions include clinical assignments and medical student/resident teaching outside the primary clinical assignment. In addition, there are opportunities to collaborate in ongoing clinical and basic science research. Candidates should be Board Certified or Board Eligible in Psychiatry. These positions are full-time faculty appointments in the Department of Psychiatry and Behavioral Sciences at the University of Louisville School of Medicine. Competitive compensation and a comprehensive benefits package is included.

Christy Castle-Greenwell, Faculty Affairs Coordinator
Department of Psychiatry and Behavioral Sciences
401 E. Chestnut Street, Suite 600, Louisville, KY 40202
P: (502) 588-4424; F: (502) 588-4427
christy.castle-greenwell@ulp.org

The University of Louisville is an Affirmative Action, Equal Opportunity, Americans with Disabilities Employer, committed to diversity and in that spirit, seeks applications from a broad variety of candidates.

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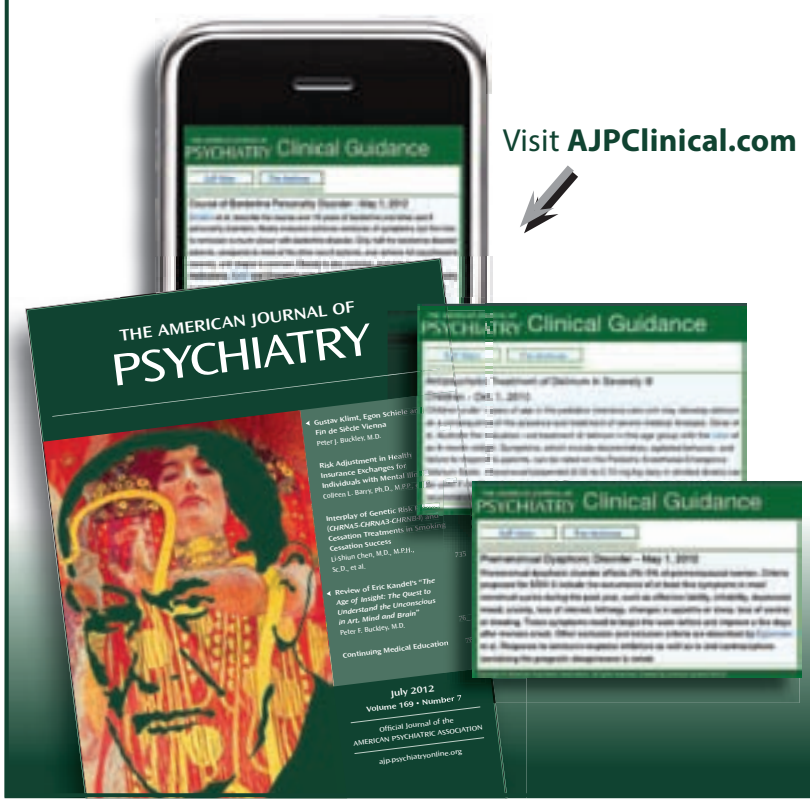
The Editors of *The American Journal of Psychiatry* have developed a special mobile-optimized website that displays a single bit of *Clinical Guidance* every day gleaned from research published on the pages of the *Journal*. Users can click through to the main article or explore an archive of all previously prepared *Clinical Guidance* pieces arranged by topic.



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- **ARKANSAS**- Fayetteville
- **CALIFORNIA** - Fremont (Bay Area)
- **COLORADO**-Colorado Springs and Boulder
- **DELAWARE**- Wilmington & Dover
- **FLORIDA**- Panama City
- **GEORGIA**- Atlanta-St. Simons-Moultrie
- **ILLINOIS**- Chicago & Springfield
- **KENTUCKY**- Hopkinsville
- **MASSACHUSETTS**-BOSTON city & suburbs
- **MISSISSIPPI**-Olive Branch (Memphis area) & Meridian
- **MISSOURI**- Kansas City & Nevada
- **NEW JERSEY**-Summit
- **NEW MEXICO**- Las Cruces
- **NORTH DAKOTA**-Fargo
- **OHIO**-Cleveland-Mansfield-St. Clairsville-Toledo
- **OREGON**- Portland
- **PENNSYLVANIA**-Philadelphia-State College-Clarion-Pittsburgh Area
- **SOUTH CAROLINA**-Myrtle Beach-Aiken-Greenville-Columbia
- **TENNESSEE**- Nashville & Memphis
- **TEXAS**- Austin-Sherman-McAllen-Dallas
- **UTAH**- Provo/Orem
- **VIRGINIA**-Portsmouth (VA Beach)
- **WASHINGTON**- Seattle area
- **WEST VIRGINIA**- Huntington

Universal Health Services, Inc. (UHS) www.uhsinc.com is the largest facilities based behavioral health provider in the country. Our nearly 200 facilities operate independently and develop programs that satisfy the needs of each community. Our services touch more than 350,000 lives each year - from youth and adult programs to dedicated services for the military.

For more information about all locations and positions contact: Joy Lankswert, UHS In-house Physician Recruitment @866-227-5415 ext: 222 or email joy.lankswert@uhsinc.com. See all UHS positions and facilities at www.physicianpracticeopportunities.com.

TELEPSYCHIATRIST

Pathways, Inc., a pioneer in telepsychiatry services in Maryland is seeking a licensed, board certified/board eligible Psychiatrist for our growing outpatient clinic. We will assist the interested applicant in arranging for a secure video-conferencing connection and will structure compensation to cover its cost. For excellent service interface we utilize a web-based EMR with e-prescribing capability. We are interested in adding up to 20 hours of psychiatric time so if you are interested in providing quality treatment from your existing location please submit your C.V. and letter of interest to: Jack Dent, Administrative Officer, Pathways, Inc., P.O. Box 129, Hollywood, MD 20636, 301- 373-3065 ext. 208, Fax 301-373-3265, e-mail: jdent@pathwaysinc.org.

Psychiatrists/APNs: Join the Telehealth Revolution. Earn $145-$200/hr doing Telepsychiatry from home or office. Fully supported. No special techskills needed. Join our nationwide network of professionals connecting to rural facilities with Forefront TeleCare. Six hrs/wk-full time. Contact: Merritt Widen,CEO 510-201-0190 or send CV to Merritt@ForefrontTelecare.com.

ALABAMA

Horizon Health seeks a **Medical Director** for a new Geriatric Inpatient Psychiatric Program in **Baldwin County.** Excellent practice opportunity and income for 3 day per week coverage, while living on beautiful Gulf Coast. For more information contact: Mark Blakeney, Voice: 972-420-7473, Fax: 972-420-8233; email: mark.blakeney@horizonhealth.com EOE.

CALIFORNIA

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.

Adult In-Patient, Outpatient Adult and Child psychiatric positions available with Butte County Behavioral Health Department. Both contracted and full/half time positions. $150/hour for contracted positions. We are a HPSA/NHSC-designated County. Please contact Dr. Carolyn Kimura, Medical Director, at 530-891-2850.

UC DAVIS SCHOOL OF MEDICINE DEPARTMENT OF PSYCHIATRY AND BEHAVIORAL SCIENCES

Health Sciences Assistant/Associate Clinical Professor – Jail Psychiatric Services. The University of California, Davis, Department of Psychiatry and Behavioral Sciences is recruiting for a Health Sciences Assistant/Associate Clinical Professor in the clinician/teaching series to serve as teaching attending at the Sacramento County Jail. The Jail Psychiatric Service provides inpatient and outpatient clinical services at the Sacramento County Jail. General psychiatry residents and medical students rotate at these sites. Interest and experience in teaching and supervision of medical students, residents, and other mental health professional is highly desirable. The successful candidate should be board eligible or certified in general psychiatry and be in possession of or eligible for a California Medical license. The successful candidate will provide group and individual supervision of clinical cases for general psychiatry residents, psychology fellows, medical students and other mental health professionals (including timely and appropriate evaluation of trainee performance) as well as have the opportunity to lead small group seminars and case conferences. The Department provides a stimulating teaching and research academic environment and serves a culturally diverse population. See www.ucdmc.ucdavis.edu/psychiatry.

For full consideration, applications must be received by March 31, 2013. However, the position will remain open until filled through May 31, 2013.**Interested candidates should email a curriculum vitae and letter of interest in response to Position #PY-02R-13 to Nicole Prine at Nicole.prine@ucdmc.ucdavis.edu.** For more information concerning these positions, please contact the search committee chair, Dr. Robert Hales at rehales@ucdavis.edu. In conformance with applicable law and University policy, the University of California, Davis, is an equal opportunity/affirmative action employer.

http://www.ucdmc.ucdavis.edu/psychiatry

Adult Psychiatrists

County of San Diego's Health & Human Services Agency needs psychiatrists for key components in the Behavioral Health Division's continuum of care. Our Psychiatrists work with a dynamic team of medical and nursing professionals to provide outpatient treatment, telepsychiatry, inpatient and emergency services and crisis intervention.

For more information or to apply online, go to www.sdcounty.ca.gov/hr. Interested candidates can contact Gloria Brown at 858-505-6525 or email CV & cover letter to Gloria.Brown@sdcounty.ca.gov, and you may also email Marshall Lewis, MD, Beh. Health Clinical Director, @ marshall.lewis@sdcounty.ca.gov. Please state clinical area of interest.

Link to Annual Meeting Microsite:
http: //annualmeeting.psychiatry.org/

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UC DAVIS SCHOOL OF MEDICINE DEPARTMENT OF PSYCHIATRY AND BEHAVIORAL SCIENCES

Health Sciences Assistant/Associate Clinical Professor – Outpatient Clinic. The University of California, Davis, Department of Psychiatry and Behavioral Sciences is recruiting for two Health Sciences Assistant/Associate Clinical Professors in the clinician/teaching series to serve as teaching attendings at one of the Sacramento County clinics staffed by UC Davis Faculty. General psychiatry residents and medical students rotate at these sites. Interest and experience in teaching and supervision of medical students, residents, and other mental health professional is highly desirable. The successful candidate should be board eligible or certified in general psychiatry and be in possession of or eligible for a California Medical license. The successful candidate will provide group and individual supervision of clinical cases for general psychiatry residents, psychology fellows, medical students and other mental health professionals (including timely and appropriate evaluation of trainee performance) as well as have the opportunity to lead small group seminars and case conferences. The Department provides a stimulating teaching and research academic environment and serves a culturally diverse population. See www.ucdmc.ucdavis.edu/psychiatry.

For full consideration, applications must be received by March 31, 2013. However, the position will remain open until filled through May 31, 2013. **Interested candidates should email a curriculum vitae and letter of interest in response to Position #PY-03R-13 to Nicole Prine at Nicole.prine@ucdmc.ucdavis.edu.** For more information concerning these positions, please contact the search committee chair, Dr. Robert Hales at rehales@ucdavis.edu. In conformance with applicable law and University policy, the University of California, Davis, is an equal opportunity/affirmative action employer.

http://www.ucdmc.ucdavis.edu/psychiatry

COLORADO

Horizon Health seeks a **Medical Director** and **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

Adult/ Child Psychiatrist
Fairfield, CT

Group Psychiatry practice is seeking a full-time Psychiatrist. Excellent salary and benefits. Email CV to:doctorbeach52@gmail.com or fax to Attn: Melissa B. 203-255-3126.

PSYCHIATRISTS

The State of Connecticut Department of Mental Health & Addiction Services has rewarding opportunities for BE/BC psychiatrists to work with multi-disciplinary staff to provide a variety of behavioral health care services for adults ages 18 and above. For directions and to learn more about DMHAS, visit: http://www.ct.gov/dmhas. Employment Opportunities available:

- **Connecticut Valley Hospital** - A 615 bed public inpatient, behavioral health facility, Middletown, CT (between New York and Boston) nearby cultural and sports activities typical of a New England setting. The hospital is composed of three divisions: General Psychiatry, Addiction Services and Forensics. These positions provide competitive salaries, a comprehensive benefits package and there is opportunity to increase compensation through optional on-call duties. For information please call or email: Dr. Thomas Pisano at 860-262-7030, Thomas.Pisano@ct.gov or Dr. Sabita Rathi 860-262-5493, Sabita.Rathi@ct.gov.
- **Western Connecticut Mental Health Network** - Currently at Western a part-time, 24 hour position exists for a Psychiatrist interested in joining a new Young Adult Services Program in Danbury, Connecticut. You will be part of a dynamic community based multidisciplinary team, providing evidence-based, trauma sensitive, recovery oriented services to clients ages 18-25. Danbury ideally located, is in one of the most desirable counties in the United States, and is just a short drive from New York City. To speak to the Medical Director contact Dr. Cynthia Conrad at (203) 805-6400.
- **Southeastern Mental Health Authority** - Principal Psychiatrist, FT- a position currently exists for our Community Based Programs in Norwich, CT. These programs provide essential psychiatric clinical care to community clients with high risk behaviors and serious psychiatric issues and maintaining individuals safely in the community while overseeing clinical issues through transition from an inpatient setting back into the community. For more information please contact Dr. Robert Zepf, SMHA, Medical Director at (860)859-4723.

The State of Connecticut is an equal opportunity/affirmative action Employer. Qualified H1B VISA Candidates encouraged to apply.

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.

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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.

GEORGIA

Geriatric Psychiatrist

WellStar Medical Group is seeking Board Certified Psychiatrist with Geriatric Fellowship training for full-time position. Will provide services in Gero Psych Unit at WellStar Cobb Hospital, located in Austell, northwest of Atlanta, GA. Competitive salary with comprehensive benefit package.

To apply please do online application www.wellstarcareers.org or contact 770-792-7539 for additional information.

ATLANTA: General & Child Psychiatrists for Staff Positions - Inpatient OR Residential Treatment settings. Hospital Medical Director – Inpatient & Partial Services. **MOULTRIE:** General/Addiction Psychiatrist: Outpatient & Inpatient Services. **SAINT SIMONS:** General Psychiatrist – Inpatient & Partial services. All positions offer salary, benefits, bonus opportunities. Full time & Part-time position options. Contact Joy Lankswert, In-house recruiter @ 866-227-5415; OR email joy.lankswert@uhsinc.com.

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)

ILLINOIS

Chicago
Faculty Child and Adolescent Psychiatrist.

The Northwestern University Feinberg School of Medicine and the Ann & Robert H. Lurie Children's Hospital of Chicago are seeking a child psychiatrist to join a multidisciplinary child psychiatry department in a nationally ranked freestanding children's hospital located on the medical school campus. Duties are primarily outpatient and consultation/liaison-emergency psychiatry clinical care and teaching. C/L and ED clinical experience (especially pediatric hospital-based) and ABPN certification (or eligibility) in child and adolescent psychiatry required. Training in Pediatrics desirable and fluency in Spanish would be a plus. Instructor or Assistant Professor. Position is full-time continuing appointmentfaculty, requiring experience and excellence in teaching and an interest in an academic environment. Rank and salary commensurate with qualifications and experience. Research pilot funding available. NU and the Lurie Children's Medical Group are Affirmative Action/Equal Opportunity Employers. Women and minorities are encouraged to apply. Hiring is contingent upon eligibility to work in the United States and licensure in Illinois. Start date immediate after licensure in Illinois and Lurie Children's medical staff membership. Applications will be evaluated as received. To assure full consideration, must be received by March 15, 2013, but positions open until filled. Send CV with a letter describing clinical and academic interests to Mina Dulcan, MD, Head, Lurie Children's Department of Psychiatry mdulcan@lurieehildrens.org.

Attending Psychiatry Positions – South Chicago - Seeking psychiatrists in private practice who want to follow inpatients on a new inpatient geropsychiatric unit in the South Shore Hospital as fee-for-service independent contractors. Great opportunity to grow one's practice, increase revenue, and capture a larger market share. Please contact **Terry B. Good at 1-804-684-5661,** Fax #: 804-684-5663; Email: terry.good@horizonhealth.com.

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www.MentalHealthChicago.com wants you to practice with us in the Chicago suburbs. BC/BE psychiatrist for inpt/PHP/consults/outpt/detox/clinical research/pain control/ full or part time. Some call. IC status lets you design your own pension and benefits plan. Keep more of what you earn. Upwards of 300K for those willing to work. (847) 895-4540/ c.v. to **ASEN@mentalhealthchicago.com.**

Psychiatrist; full time, IL license required; Private practice located in south suburbs of Chicago, children/adolescent/adult/geriatric pts; outpts/inpts/NH pts. email CV to psychsolutions96@gmail.com.

KANSAS

Full-time Psychiatrist for Community Mental Health Center

Johnson County Mental Health Center (located in a suburb of Kansas City) is looking for a full-time General Psychiatrist to work with adults in an outpatient setting. Req. a medical degree; (M.D. or D.O.); successful completion of ACGME accredited General Psychiatry Residency Program; must be eligible for licensure to practice in KS. Must have board eligibility or certification through the ABPN; compensation commensurate with experience. The position is posted as open until filled. For the current recruitment status, please visit our website.

Interested applicants should apply online at http://hr.jocogov.org/jobs-open-public or contact: Dr. Jane Lauchland. Johnson County Mental Health Center, 6000 Lamar, Suite 130, Mission, KS 66202; 913-831-2550; FAX to 913-826-1594; Jane.Lauchland@jocogov.org. EOE M/F/D

KENTUCKY

One Hour from Lexington!

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.

MARYLAND

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

BOARD CERTIFIED
CLINICAL DIRECTOR
ASSOCIATE CLINICAL DIRECTOR
FORENSIC PSYCHIATRIST
STAFF PSYCHIATRIST

Spring Grove Hospital Center, a progressive, publicly funded, freestanding psychiatric hospital is currently seeking to hire several full-time board certified Psychiatrists. Spring Grove Hospital Center is a 388 bed complex that provides a broad 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 200 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

PSYCHIATRIST/MEDICAL DIRECTOR

BE/BC Child/Adolescent Psychiatrist/Medical Director needed 20-40 hours a week for outpatient community mental health facility on Maryland's scenic Eastern Shore, one hour, 15 minutes from Baltimore-Washington area. The clinic is located in a Professional Shortage Area, is a National Health Service Corps site and is eligible for loan repayment. Send resume/vitae with cover letter to Michael Campbell. LCSW-C, Director, Caroline Co. Mental Health Clinic, P.O. Box 10 Denton, Md. 21629, phone 410-479-3800, ext. 117, fax 410-479-0052 or e-mail mike.campbell@maryland.gov - EOE.

FORENSIC PSYCHIATRIST

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, risk assessment, 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).

Faculty Position
Assistant Professor (Tenure Track)
Department of Psychiatry

The Department of Psychiatry at the Uniformed Services University of the Health Sciences, Bethesda, MD is seeking to fill an Assistant Professor, tenure-track, teaching and research position. The Department is comprised of twenty full-time faculty and has active research interests in PTSD, disaster psychiatry, mental health services in primary care, neurobiological and behavioral aspects of stress response and substance abuse. The successful candidate will teach medical students and residents, provide clinical care and join the department's Center for the Study or Traumatic Stress research team.

Individuals who hold an M.D., have completed an approved psychiatric residency, are board eligible/certified and have present matching research interests or interest in developing research skills are invited to apply. Previous research experience is desirable, but not required. Send curriculum vitae, description of current and anticipated research interests and the names and addresses of four references to: Robert J. Ursano, M.D., Chairman, Department of Psychiatry, Uniformed Services University, 4301 Jones Bridge Road, Bethesda, MD 20814 (psychiatry@usuhs.edu). Review of applications is ongoing. The university is an affirmative action/equal opportunity employer.

MASSACHUSETTS

PSYCHIATRIST, Boston–Part-time position in our Behavioral Health Department. Responsibilities will include evaluation and treatment of adult or pediatric patients, and coordination of care with our mental health and primary care providers. Please send letter of interest and CV to Executive Director, Upham's Corner Community Health Center, 500 Columbia Road, Dorchester, MA 02125; e-mail uphamsctr@msn.com. Affiliate of Boston Medical Center.

Outpatient Psychiatrist
Outpatient Psychologist
BRIGHAM AND WOMEN'S HOSPITAL

Our vibrant Department of Psychiatry is seeking an academic psychiatrist and psychologist for outpatient psychiatry faculty positions. The department has numerous specialty programs in Women's Mental Health and Neuropsychiatry, provides care to a diverse population with high medical co-morbidity, and is a major teaching site for the Harvard Longwood Residency Training Program. The successful psychiatrist candidate will be exceptionally skilled at complex diagnostic assessment, psychopharmacologic management and focused psychotherapy, collaborative with a multidisciplinary team, inspiring to trainees, and interested in engaging with care innovation and clinical research. Likewise, the psychologist candidate will be skilled at cognitive-behavioral therapy, dialectical behavioral therapy and short-term evidence based psycho-therapeutic techniques.

Academic rank at Harvard Medical School will be commensurate with experience, training and achievements.

If interested, please send CV by 3/1/2013 to: Arthur Barsky, MD, Vice-Chair for Psychiatric Research, Department of Psychiatry, Brigham and Women's Hospital, 75 Francis Street, Boston, MA 02115; abarsky@partners.org.

Harvard Medical School and Brigham and Women's Hospital are Affirmative Action/Equal Opportunity Employers. We strongly encourage applications from women and minorities.

Berkshire Health Systems

Massachusetts. Consult-Liaison Psychiatrist Needed.
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 a consultation-liaison 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 alentine@bhs1.org.

CLASSIFIEDS

CAMBRIDGE HEALTH ALLIANCE: Outpatient Child/Adolescent Psychiatry Position

Cambridge Health Alliance, Division of Child and Adolescent Psychiatry, Harvard Medical School. Community based outpatient position in collaboration with local and regional agency partners. Role involves direct psychiatric care and consultation with multidisciplinary clinical teams at agency sites. Part time, 20-30 hours/week. Position also includes opportunities for teaching child psychiatry fellows, general psychiatry residents, medical students, and other trainees as well as participation in academic department activities. Academic appointment, as determined by the criteria of Harvard Medical School, is anticipated.

Qualifications: BE/BC, demonstrated commitment to public sector populations, strong clinical skills, strong leadership and management skills, team oriented, problem solver. Bilingual and/or bicultural abilities are desirable. Interest and experience with dual diagnosis and/or substance use disorders preferred. Competitive compensation, excellent benefit package. Cambridge Health Alliance is an Equal Employment Opportunity employer, and women and minority candidates are strongly encouraged to apply. **CV & letter to Joel Goldstein, MD, Dept. of Psychiatry, 1493 Cambridge Street, Cambridge, MA 02139. Fax 617-665-1204. Email: JoGoldstein@challiance.org** (email preferred).

Chief of Psychiatry BRIGHAM AND WOMEN'S FAULKNER HOSPITAL

Our vibrant Brigham and Women's Hospital academic Department of Psychiatry is seeking a Chief of Psychiatry for its Brigham and Women's Faulkner Hospital (BWFH) campus. BWFH has outstanding inpatient partial hospital and outpatient programs in adult psychiatry and addictions. The department has specialty programs in Medical Psychiatry, Women's Mental Health, Geriatric Psychiatry, Addictions and Neuropsychiatry, provides care to a diverse population with high medical comorbidity, and is a major teaching site for the Harvard Longwood Residency Training Program as well as for Harvard Medical students. Academic rank at Harvard Medical School will be commensurate with experience, training and achievements.

If interested, please send CV by 3/15/13 to: David Silbersweig, Chairman, Department of Psychiatry, Brigham and Women's Hospital, 75 Francis Street, Boston, MA 02115; dsilbersweig@partners.org.

Harvard Medical School and Brigham and Women's Hospital are Affirmative Action/Equal Opportunity Employers. We strongly encourage applications from women and minorities.

Medical Director - Boston/Cape Cod. Pembroke Hospital is seeking a full time Medical Director to become an integral member of this 115-bed psychiatric facility's Leadership Team. The ideal candidate will be Board Certified with Medical Director level experience and must have 5 or more years of experience in an inpatient behavioral health setting. This experienced, dynamic physician leader will oversee our Joint Commission and other regulatory processes, our PI/Quality program, utilization review committee, and actively work with the CEO in physician recruitment/retention for medical staff. The successful candidate will have excellent interpersonal, written and verbal communication skills and a passion for providing excellent care in a cost effective, changing healthcare environment. The Medical Director will oversee our Physician staff and have both administrative and clinical duties. Our excellent team of practitioners, clinicians, nurses and support staff provide quality care for adolescents, adults, and older adults in both inpatient and PHP levels of care. Because we have physicians on site 24/7, **there is no routine weeknight or weekend call requirement.**

The Medical Director position comes with a very competitive compensation package of salary and benefits including paid time off, CME, malpractice reimbursement and opportunity to earn additional income.

Pembroke Hospital is part of the Arbour Health System and a subsidiary of Universal Health Services, Inc (UHS). We are located in Pembroke, MA only 8 miles from the coast in a beautiful suburban community within easy reach of Boston and Cape Cod.

Contact Will DeCuyper, In-house Recruiter @ 866-227-5415 OR email will.decuyper@uhsinc.com.

PSYCHIATRIC ATTENDING POSITION AVAILABLE AT MARLBOROUGH HOSPITAL, MEMBER HOSPITAL OF UMASS MEMORIAL HEALTH CARE

The Department of Psychiatry at UMass Memorial Health Care is actively seeking an Attending Physician for its affiliated program at Marlborough Hospital. The position primarily involves the provision of inpatient psychiatric care, leading an interdisciplinary treatment team and participating in medical student education on the service. The unit at Marlborough involves 0.8 FTE, although full time employment is available for interested candidates. The ideal candidate will possess strong clinical abilities and a commitment to providing patient centered care in a collaborative environment. The physician will receive a highly competitive benefits package as part of our UMass Memorial Group Practice and academic appointment at the medical school commensurate with experience.

For consideration and/or additional details, or to learn about other opportunities affiliated with UMass, please send your CV and letter of introduction to: psychiatryrecruitment@umassmemorial.org.

Applicants are also encouraged to visit the UMass Department of Psychiatry's web site: www.umassmed.edu/psychiatry.

CAPE COD HEALTHCARE

We're taking good care of you.™

Cape Cod Healthcare Out-Patient Psychiatrist Opportunity

Cape Cod Healthcare (www.capecodhealth.org) in Hyannis, MA is looking for a BC/BE psychiatrist. This opportunity allows the applicant to work weekdays-only in an outpatient setting and then enjoy the beaches, recreational activities, and beauty of Cape Cod each weekend. Boston and Providence are both an hour's drive away. Responsibilities include performing new evaluations and monitoring medications at the largest outpatient clinic on Cape Cod. Competitive salary and benefit package. For additional information, email Jolia Georges, Director of Physician Recruitment, jgeorges@capecodhealthcare.org, or call 508-862-5481.

The Department of Psychiatry at Mount Auburn Hospital, affiliated with Harvard Medical School, is recruiting for a full-time position as attending psychiatrist on our geriatric psychiatry inpatient unit. The 15 bed unit, fully accredited by DMH, provides acute treatment to geriatric patients with a variety of psychiatric disorders. The full medical resources of our general hospital are utilized in the care of our patients. Responsibilities include attending patients on the unit, consultation to the medical/surgical services of the hospital, and participation in the teaching activities of the Department. A clinical appointment in psychiatry at Harvard Medical School is anticipated.

Please send letter of interest and cv to: Joseph D'Afflitti, M.D., Chair, Department of Psychiatry, Mount Auburn Hospital, 330 Mount Auburn Street, Cambridge, MA 02138; tel: 617 499-5054; email:jdafflit@mah.harvard.edu.

MICHIGAN

Child/Adolescent Psychiatrist Salary + Benefits

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, for this position and all other salaried full time opportunities (adult/geriatric psych) located in the state of Michigan, to Diane Odom-Horizon Health diane.odom@horizonhealth.com Fax 972-499-1842, Office Phone: 972-921-9707. EOE

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.

MISSOURI

One of the Midwest's Best Kept Secrets – St. Joseph, MO – Close to Kansas City – Wonderful city to live and work, great schools, and so close to the metro area. Full-time salaried position with benefits & bonus on a 24-bed adult inpatient psychiatric unit based in a very impressive general hospital. Position is inpatient and outpatient; Call 1:5. Offering attractive student loan repayment if needed. Come join our incredible behavioral health team on this growing psych service. **This is a "must see" opportunity if you looking for a quality Psychiatry program; and the area is wonderful!** Please **call Terry B. Good** at 1-804-684-5661, Fax #: 804-684-5663; Email: terry.good@horizonhealth.com.

NEW HAMPSHIRE

PSYCHIATRIST Portsmouth, NH

Beautiful Seacoast area with four seasons, 55 minutes from Boston. Expanding private, non-profit community mental health center seeks to fill two positions. We are seeking a Child and Adolescent Psychiatrist and an Adult Psychiatrist to join a staff of ten psychiatrists, for outpatient care. Vibrant collegial atmosphere with competitive salary.

Interested candidates should send cover letter and C.V. to W.M. Hanna, M.D., Medical Director.

Seacoast Mental Health Center, Inc.
1145 Sagamore Avenue
Portsmouth, NH 03801
Fax: 603-433-5093

NEW JERSEY

General Psychiatrist, Assistant Professor/Clinical Assistant Professor.UMDNJ-School of Osteopathic Medicine (SOM) Department of Psychiatry seeks two full time, board eligible or board certified MD or DO to provide services on an In-Patient psychiatric unit located in Southern New Jersey. We are an academic department with a mission dedicated to education, practice and research. There are opportunities for teaching residents and medical students. We offer a competitive salary and exceptional benefits to our faculty. If you are interested in joining our team, please forward your CV and cover letter to: Renee McNeece, Administrator, Department of Psychiatry at: mcneecrc@umdnj.edu. UMDNJ is an Equal Opportunity Employer.

CLASSIFIEDS

CHILD & ADOLESCENT PSYCHIATRIST
Montclair, NJ

Child/Adolescent Psychiatrist for our Montclair, New Jersey location, to join our private fee-for-service comprehensive child, adolescent and adult therapy Center. Candidate will be part of a multi-disciplinary team and will provide psychiatric evaluation, medication management and, if desired, psychotherapy, in a supportive collegial atmosphere. He/She will also clinically oversee treatment at the Center. Salary and benefit package are generous, and include excellent medical and dental insurance benefits, generous vacation and CME time, retirement plan and more. Opportunities for growth also exist. Candidate must be board certified or board eligible in child/adolescent psychiatry. **E-mail cv to abbazn@aol.com.**

NEW YORK CITY & AREA

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.

Psychiatrists
Per Diem & Full Time Permanent

The Psychiatric Recovery Center (PRC) at St. Luke's-Roosevelt Hospital in Manhattan has a new opening for a full-time attending Psychiatrist who has special interest in clinical research.

The PRC strives to deliver recovery-oriented services for people with serious mental illnesses. Attending psychiatrists partner with masters- (or doctoral-) level therapists and patients to formulate and carry our treatment plans in a clinic setting with a range of intensity of services. This is an innovative program with high competence in co-occurring mental illness and chemical dependency that incorporates on-site primary care, and focuses on psychiatric rehabilitation in a highly collegial atmosphere.

In addition to direct service responsibilities, we are seeking a psychiatrist who is committed to teaching and supervising residents and fellows and has interest and aptitude in clinical research, for which time would be allotted. The site has National Health Service Corps accreditation; the salary is competitive; private practice opportunities are available; there is no night call; and faculty appointment at Columbia is included.

For consideration, please forward CVs to: Dr. Hunter McQuistion Director, Div. of Outpatient & Community Psychiatry, Department of Psychiatry and Behavioral Health, The St. Luke's & Roosevelt Hospitals, Associate Clinical Professor of Psychiatry, Columbia University College of Physicians & Surgeons, 1090 Amsterdam Ave, 13th Floor, New York, NY 10025. EOE

New Alternatives for Children, a NYC child welfare agency, seeks P/T Child, Adolescent & Adult Psychiatrist for Art. 31 clinic. Requires MD, DEA, NYS license & Board Certification. Exp. with children & families in child welfare system pref. Biling. (Eng-Span) pref. Send cover letter/resume with salary requirements to hr@nackidscan.org. EOE

Jamaica Hospital Medical Center is pleased to announce the opening of our Comprehensive Psychiatric Emergency Program in the near future. We are recruiting for the following positions: Psychiatrists, Program Coordinator, Social Workers, Creative Arts Therapists and an Executive Secretary. Please fax CV to Seeth Vivek, MD, Chairman, Department of Psychiatry to 718-206-7169 or email Svivek@jhmc.org.

NEW YORK STATE

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 DAKOTA

Sanford Clinic North
Fargo, North Dakota
Seeking BC/BE Adult Psychiatrists

Medical Director, In-Patient and Partial Hospitalization Programs—Join a team of inpatient hospitalists covering a 24 bed inpatient unit and a partial hospitalization unit with a 16 bed capacity.

General Adult Psychiatrist—This position provides the opportunity to practice outpatient and in-patient psychiatry.

Sanford's Behavioral Health Sciences 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 the highly regarded Eating Disorders Institute. Responsibilities include teaching psychiatry resident and medical students through the University of North Dakota School of Medicine.

Sanford Health is the largest, rural, not-for-profit, health care system in the nation, serving 126 communities in seven states plus children's clinic services expanding into several countries.

Fargo, ND, a community of 190,000, offers excellent schools, a wonderful blend of cultural and recreational activities, low crime and affordable and upscale living.

Jean Keller, Physician Recruiter
Phone: (701) 280-4853
Email: Jean.Keller@sanfordhealth.org
www.sanfordhealth.org

OHIO

SOUTHERN OH – OUTPATIENT POSITION with some on-call duties for the geropsych unit. Salaried position with production & performance bonuses; medical school loan repayment plan up to $200k. Portsmouth is close to Ashland, KY, an hour from Huntington, WV; it is 80 miles from Columbus and 110 miles from Cincinnati. The hospital was named 10th in the Top 100 Best Places to Work by Modern Healthcare and 36th on Fortune's top 100 Best Companies to Work For. Join our top notch team at this beautiful, impressive hospital and enjoy working every day with a great group of people. H1/J1s welcome. **Also need someone to help with some weekend coverage.** Please **call Terry B. Good, Horizon Health, at 1-804-684-5661,** Fax #: 804-684-5663; Email: terry.good@horizonhealth.com.

PENNSYLVANIA

PHILADELPHIA: General Psychiatrist - Inpatient Services. Call only 5x per year! Child Psychiatrist—Day Treatment. **CLARION:** Child Psychiatrist—Inpatient/Partial Services. **STATE COLLEGE:** General or Child Psychiatrists–Inpatient, Partial or all O/P programs. All positions offer salary, benefits, bonus opportunity. Contact Tiffany Crawford, In-house recruiter @ 866-227-5415 OR Tiffany.Crawford@uhsinc.com.

We have exciting full and part-time positions in a rapidly expanding department. Opportunities include responsibilities in and outside our five-hospital health system. There are immediate openings for **Child/Adolescent, Adult, Geriatric and Addictions psychiatrists**. We also seek psychiatric leadership to run our Pain Management and ECT services.

Psychiatric Hospitalist positions are also available. Excellent salaries and exceptional benefits 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.

ESCAPE THE TRAFFIC AND HASSELS OF LIVING IN A METRO AREA BUT HAVE AN EASY DRIVE TO SEVERAL– Lancaster is a lovely area and it is only about an hour to Philadelphia, 1½ hours to Baltimore, 2 hours to Washington DC and 3 hours to NYC. Inpatient position; adult and geriatric; attractive salary w/benefits plus bonus, or independent contractor arrangement if desired. Plans under way to open outpatient and other services. Grow with this program; join a great team and enjoy a great quality of life! Please **call Terry B. Good at 1-804-684-5661,** Fax #: 804-684-5663; Email: terry.good@horizonhealth.com.

RHODE ISLAND

Rhode Island Hospital and
The Miriam Hospital
Affiliated Hospitals of the
Warren Alpert Medical School of
Brown University
Positions in Psychiatry

We are recruiting for a number of full-time clinical positions which are part of an academic medical center program, with opportunities for Brown University Clinical Faculty appointments. There are possibilities for research participation for applicants with the appropriate background.

Outpatient Psychiatrist(s)to work with general psychiatry populations and to interface with primary care.

Inpatient Psychiatrist(s)to join our multidisciplinary treatment team providing care for 46 inpatients beds located in a general medical teaching hospital.

Emergency Psychiatrist(s): As the largest emergency psychiatry facility in the region, we are seeking to augment psychiatrist staffing with scheduled weekend coverage that includes some inpatient psychiatry coverage. The position(s) will be part of a team which includes psychiatry residents, nurses, and social workers.

Applicants must be Board Certified in Psychiatry or Board eligible (within three years of training completion). Salary and benefits are competitive and commensurate with level of training and experience.**To learn more, visit www.lifespan.org.** Please send CV's along with a letter of interest to Richard J. Goldberg, M.D., Psychiatrist-in-Chief, APC-9, Rhode Island Hospital, 593 Eddy Street, Providence, RI 02903 and/or email: rjgoldberg@lifespan.org.

SOUTH CAROLINA

COLUMBIA – MYRTLE BEACH - AIKEN – GREENVILLE: General, Geriatric and Child Psychiatrists. Fulltime positions offering very competitive salary, benefits & bonus opportunity. Student loan assistance negotiable. Inpatient & Partial program services. Contact Joy Lankswert, In-house recruiter @ 866-227-5415; OR email joy.lankswert@uhsinc.com.

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 one in four. Rounding on weekends is not necessary unless there is an admission on Friday or Saturday which is rare. Fantastic group of people to work with; huge amount of support. Located in northeast SC, easy drive to Florence, SC and Fayetteville, NC; 2 hours from Columbia, Myrtle Beach, Charlotte, Raleigh, and Wilmington. 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.** 1 or 2 weekends per month. For more information contact: Mark Blakeney, Voice: 972-420-7473, Fax: 972-420-8233; email: mark.blakeney@horizonhealth.com. EOE.

CLASSIFIEDS

TENNESSEE

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

SCHOOL OF MEDICINE
VANDERBILT UNIVERSITY

INPATIENT PSYCHIATRIST
Vanderbilt University School of Medicine, Department of Psychiatry

The Department of Psychiatry is recruiting psychiatrists to provide inpatient services at the Vanderbilt Psychiatric Hospital located on the campus of Vanderbilt University Medical Center. The hospital offers specialized inpatient programs for children & adolescents and for adults with mood, psychotic, and substance abuse disorders. Successful BE/BC candidates will receive a faculty appointment with rank and salary commensurate to experience.

Applicants should email or send a letter of interest with an updated CV to Harsh K. Trivedi, MD, Executive Medical Director and Chief of Staff, Vanderbilt Psychiatric Hospital, 1601 23rd Avenue South, Nashville, TN 37212. Interested and eligible candidates may obtain further information by contacting Dr. Trivedi at 615-327-7024 or harsh.k.trivedi@vanderbilt.edu.

VIRGINIA

PORTSMOUTH: Child or General Psychiatrist – Adolescent Residential Treatment. Salary & benefits. Full or part-time schedule. Contact Tiffany Crawford, In-house recruiter @ 866-227-5415 OR email tiffany.crawford@uhsinc.com.

WEST VIRGINIA

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. Seeking C/A Psychiatrist to work on a children's unit and adolescent unit (new pavilion) in a very impressive general hospital that offers a full continuum of psychiatric care. 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

Psychiatrist for outpatient position in multidisciplinary Community Health Center 90 minutes from DC/Baltimore. Behavioral Health department has 2 psychiatrists, 13 therapists. Experience/training in addictionology a plus. Salaried position, incentive compensation, standard benefits. Federal Loan Repayment site. Dynamic community rich in recreational & cultural resources. Contact Tina Burns 304-596-2610, ext 1066; tburns@svms.net FAX 304-263-0984. Visit our website www.svms.net.

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.

Fellowships

OREGON HEALTH & SCIENCE UNIVERSITY/PORTLAND VA MEDICAL CENTER

OHSU/PVAMC in Portland, Oregon is recruiting Addiction Psychiatry, Geriatric Psychiatry, and Psychosomatic Medicine Fellows for the academic year beginning July 1, 2012. Fellowships are ACGME-accredited at the PGY5 level. These are OHSU fellowships based primarily at the PVAMC, with teaching provided by OHSU faculty. Portland is a beautiful and livable city with easy access to many outdoor recreational activities. Detailed information for fellowships may be found on-line at http://www.ohsu.edu/psychiatrytraining.

Addiction Psychiatry Fellowship. OHSU offers 2 Addiction Psychiatry fellowship positions. The fellowship is based at the Portland VA and includes rotations in the Opioid treatment and Buprenorphine programs, general substance abuse treatment programs [including co-occurring disorders], smoking cessation, pain/addiction, consult/liaison, and child/adolescent. OHSU is the site of the Methamphetamine Research Center, and the One Sky Center for Native American Addiction and Mental Health. A 2nd year devoted to research in the addictions is possible for selected candidates. Contact Marian Fireman MD, V3-SATP, P.O. Box 1035, Portland, OR 97207; Marian.Fireman@va.gov.

Geriatric Psychiatry Fellowship. OHSU offers two geriatric psychiatry fellowship positions. Training sites include both VA and OHSU geriatric psychiatry outpatient clinics; a private, dedicated geropsychiatry inpatient unit; a dementia clinic and geriatric medicine clinic; consultation to inpatient med/surg unit and a long-term care unit. Research strengths in health services research, dementia, ethics and end of life care. Contact Linda Ganzini MD, MPH at Portland VA Med. Ctr., R and D 66, P.O. Box 1034, Portland, OR 97207; Linda.Ganzini@va.gov.

Psychosomatic Medicine Fellowship. Flexible program with clinical, research, and teaching opportunities. Training sites include consultation to med/surg, ambulatory care, and specialty services. Research and clinical strengths are health services, mental disorders in primary care, pain, end-of-life/palliative care, ethics, Parkinson's disease, and substance abuse. Contact Todd Eisenberg MD, Portland VA Med. Ctr., P.O. Box 1034 (P3MHDC), Portland, OR 97207; Todd.Eisenberg2@va.gov.

UMASS
Addiction Psychiatry Fellowship

The UMass Addiction Fellowship in collaboration with the Bedford Veterans Center for Addiction Treatment (VCAT) has positions available for fellows to start on July 1, 2013. This fellowship program has affiliations with different private, public and federal sectors such as Adcare Hospital, Spectrum Health Systems, Community Healthlink and Bedford VA Hospital, that not only offers the fellow exposure to patients with a broad range of substance use disorders, but also prepares the fellow to be competent to succeed in highly demanding settings. Interested candidates should contact: Gerardo Gonzalez, MD, Director of Addiction Psychiatry Fellowship Program, Department of Psychiatry, University of Massachusetts Medical School, 365 Plantation Street, Worcester, MA 01605 or email gerardo.gonzalez@umassmed.edu. AA/EOE

Addiction Psychiatry Fellowship: 1 ACGME-accredited position remains for July 1 start @ U. of Cincinnati/Cincinnati VA Nat'l Center of Excellence. Wide array of addiction training sites, NIDA Clinical Trials Node, nationally prominent mentors. Contact christi.banks@va.gov.

Miscellaneous

TMS MACHINE for sale. Neuronetics TMS machine, 3 years old, almost new cond., only used on 22 pts. $27,000 OBO. Will need to hire Neuronetics to train your staff (they provide exc. support). Larry Robbins, M.D. (Chicago). 847-480-9399 lrobb98@aol.com.

American Psychiatric Publishing

New Titles in Psychiatry

The Mental Health Professional in Court
A Survival Guide

Thomas G. Gutheil, M.D., and Eric Y. Drogin, J.D., Ph.D.

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