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APA OKs Position on Right to Treatment

ALTHOUGH APA has previously published several position statements implying endorsement of a right to treatment, as of December 1976, with the approval of the Board of Trustees, the Association added to its record a position statement on "The Right to Adequate Care and Treatment for the Mentally Ill and Mentally Retarded."

APA published a "Position Statement on the Question of Adequacy of Treatment" in 1967 and one on "Involuntary Hospitalization of the Mentally Ill" in 1972 (revised in 1973), but the newly approved statement is the first to speak specifically to the need for adequate funding and staffing, especially in public facilities, in order to provide the desired level of care and treatment.

The newly endorsed position statement reads: ". . . The American Psychiatric Association, whose membership has always implicitly recognized and worked to implement the right to adequate care and treatment, now joins and endorses efforts toward this goal by stating its explicit support of this right. While the legally enunciated right to treatment applies only to involuntarily committed patients, we as physicians believe that adequate care and treatment should be available to all those requiring it, both in the hospital and in the community."

The statement continues: "Even when adequate medical care and treatment have been mandated as a right, there has often been specific discrimination against the mentally disabled. Such discrimination has been rationalized by statements about the need for cost containment but actually may be more reflective of our society's discomfort with and prejudice against the seemingly unpredictable behavior of the mentally disordered."

The Task Force on the Right to Treatment, which formulated the position, listed several steps required in the development of a right to treatment: definition, recognition, implementation, enforcement, and authorization for treatment.

The statement, separating care and treatment for purposes of definition, notes: "Indices of adequate care can be objectively stated with reasonable ease and precision—but the problem

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Trustees Divided on DB Cost-Sharing Issue

IN A CLOSELY divided vote, the APA Board of Trustees, at its December meeting, defeated a motion to affirm an Assembly action allowing the APA Commission on Judicial Action, when it believes a legal matter originating in a district branch is of sufficient national importance, to recommend to the Board that APA incur a portion of the total legal costs, with the remainder assumed by the local branch and other amici (according to their capacity to so contribute).

The issue arose largely as a result of the *Tarasoff* case in California, which the California district branches supported with both money and manpower from the outset and which APA joined in name only without contributing funds only when the case reached the state supreme court level.

The commission's guidelines since its formation in 1974 have limited its sphere of action to the federal level. Chairman Alan A. Stone, M.D., explained the rationale in *Psychiatric News* [August 6, 1976] as follows: "The Commission on Judicial Action ordinarily limits itself to considering cases in the federal courts of appeals and the Supreme Court. We limit our participation to the federal system because of the broader significance of

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Trustees Protest N.Y. Order Limiting Outside Practice

By Jim Johnson

IN AN ACTION unanimously ratified by the Board of Trustees, APA President Robert W. Gibson has written New York Governor Hugh L. Carey urging him to rescind or modify an executive order, which, among other things, limits the amount of time psychiatrists in the New York state system can spend in private practice and other remunerative activities when not on state duty.

While admitting that a psychiatrist who allows his or her outside activities to interfere with state duties is acting improperly, Gibson pointed out that engaging in private activities during off-duty hours is not by definition a conflict of interest and noted that "if the best qualified psychiatrists in the state systems are arbitrarily barred from engaging in private practice on their own time, they will leave the system for more satisfying employment. Their places will be taken by less qualified physicians and non-medical personnel without the expertise to deal competently with the majority of mental illnesses. In some areas of the state, where psychiatrists are few in number, the citizenry may be deprived of psychiatric services altogether. Further, it would discourage recruitment of new psychiatrists into the system." Gibson stated that while some administrative methods are called for in the case of psychiatrists who do abuse their employment prerogatives, executive order 10.1 "throws out the baby with the bath."

Governor Carey referred the matter to William Cabin, executive secretary of the New York Board of Public Disclosure, for reply. Cabin enclosed a copy of a letter he had written to Lester Shapiro, M.D., who had also written Governor Carey, and stated: "As I am sure you understand, we base our judgments on empirical data and have in fact relied in several cases on APA and AMA data. We also have found a totally inequitable and administratively untenable system for screening [department of mental hygiene] employees' outside activities. That is why we have promulgated

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News Digest

What patients should know about the medicines prescribed for them, what effect the information will have on them, and how the information can best be communicated were the topics of a recent FDA-sponsored symposium on patient package inserts. *Story on page 3.*

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Commitment proceedings involving their patients are a source of anxiety to psychiatric residents. New laws either enacted or in the process confront them with special difficulties. *See* Residents' Forum *on page 5.*

* * *

A relatively new treatment of intractable asthma in children, one that focuses on the family system and its organization and functioning, has proven effective over a one-to-five-year follow-up period, according to Ronald Liebman, M.D., and his colleagues, speaking at a recent Texas Research Institute of Mental Sciences Symposium. *Story on page 27.*

* * *

Voting rights of the mentally ill are in an indifferent state in many parts of the country. *Story on page 31.*

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The ECT Controversy—Part II

By Margaret McDonald

The first half of this article, which appeared in the January 21 issue of Psychiatric News, *detailed the provisions of California's AB 1032, which provides rigorous and specific informed consent provisions that must be followed before ECT or psychosurgery can be performed on any patient, voluntary or involuntary, in California. This concluding article on the legislation, which went into effect January 1, 1977, discusses the arguments pro and con taken by groups and individuals supporting or opposing AB 1032. (Because psychosurgery is acknowledged to be a rare and hazardous treatment, and one with an extremely restricted use for which review procedures are generally deemed essential, this article will not focus on the psychosurgery provisions of AB 1032.)*

SUPPORT for AB 1032 was widespread and came from organizations that would rarely be united on an issue—the Citizens Commission on Human Rights, a "public service organization" sponsored by the Church of Scientology; the American Civil Liberties Union; the National Organization of Women; the Friends Committee on Legislation; and various individuals. Most of these groups were united by the common denominator of reliance on the same sources of information, particularly the writings of Thomas Szasz, M.D., and John Friedberg, M.D.

Opposition to the legislation came almost too late; it was only after AB 4481, a more stringent informed consent provision than AB 1032 that was ultimately declared unconstitutional, had been passed into law that active and forceful opposition grew, and all of it was from the medical community—the Northern California Psychiatric Society, the American Psychiatric Association, the California Association of Mental Health, the California Medical Association, and other medical societies.

Arguments on both sides ranged from near fanatic to genuinely convincing.

Favoring the legislation, the Friends Committee on Legislation wrote in its January 1976 newsletter: "The medical profession is split on the question of the effectiveness of

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Letters

Psychiatric News invites readers to send letters, preferably not more than 500 words in length. Submission of a letter implies consent for publication unless otherwise indicated. All letters are subject to customary editing to meet style, clarity, and space requirements. Receipt of letters is not ordinarily acknowledged.

This is *Schizophrenia?*

DR. ROBERT SEIDENBERG'S letter in the December 3, 1976, issue of *Psychiatric News* expresses a view about drug advertisements that I also share.

I recently wrote to Royal Doulton concerning showing some of their ceramic figurines with captions provided by the pharmaceutical firm Boehringer Ingelheim (Serentil).

This ad appears regularly in *Psychiatric News* and in various psychiatric journals. A popular one is the figurine of a young woman titled, "Romance." The pharmaceutical firm "interprets" this sculpture as follows: "There is a brooding quality to the figure. She seems lost in her world, cut off from reality, perhaps suspicious, withdrawn and anxious . . . suggestively schizophrenic in demeanor."

I wrote to Royal Doulton wondering what the artists' interpretation might be. The reply came from the advertising and promotion manager of Boehringer Ingelheim. In part he said: "We felt the imagery of the figurine, as well as its inherent charm, were sufficiently appropriate to warrant our taking some small poetic license and relating it to Serentil. So many advertisements seem dull and banal that we frankly hoped to provide some special measure of beauty and distinction. But if we have failed, it will be our share in the common lot of poets."

I, as did Dr. Seidenberg, also hope you will publish this, and with him, urge our membership to offer their feelings about such advertising.

Irving J. Farber, M.D.
Jamaica, N.Y.

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Moral Therapy

IN THE October 15 issue of *Psychiatric News*, Dr. Harold Goldman states in the article, "What About CMHCs?" that Dr. John G. Park found that the moral therapy era "claims of curability had been greatly overstated by Worcester's first superintendent, Samuel Woodward." This is in error.

In fact, Dr. Park reported that nearly 50 percent of discharged patients showed no evidence of relapse. (Bockoven JS: Moral treatment in American psychiatry. *J Nerv Ment Dis* 124:295, 1956). This is an impressive record of curability and one that clearly stands in support of the moral therapy movement.

Perhaps Dr. Goldman's account of the past is related not, as Freud wrote, to ". . . objective curiosity but a desire to influence [his] contemporaries, to encourage and inspire them, or to hold a mirror up before them" rather than letting history speak for itself.

Lloyd Sederer, M.D.
Boston, Mass.

2A-17

Lithium Failure

I READ with great pleasure Dr. Michael H. Stone's review of his experience, "Manic Depression is Found in Subtle Forms." He describes the clinician's confusion when presented with a non-classical and possibly unfamiliar set of symptoms and recommends that the clinician think in terms of manic-depressive illness before the patient exhibits full-blown symptoms. He did not mention whether lithium should be used early in therapy.

He recommends combined psychotherapy and chemotherapy during the psychotic episode but did not state that psychotherapy was indicated following recompensation. I have outlined the importance of follow-up psychotherapy to prevent regression, restriction, and further relapse (Benson R: The forgotten treatment modality in bipolar illness: psychotherapy. *Dis Nerv Syst* 36:634-638, 1975).

The patient must fully understand that his illness is not moral weakness, demon possession, or neurosis. If lithium is started too early in therapy, the patient loses and forgets (or denies) the discomforting symptoms. If he does not adequately understand the cause of the symptoms through psychotherapy, he will always remain frightened of himself (Benson R: Posttraumatic neurosis, *Am J Psychiatry* 133:862, 1976) or will discontinue the lithium. When his symptoms return, his denial or repression of his earlier symptoms will not allow him to recognize what is happening and will project on to his therapist the failure to totally cure his "demon possession, moral weakness, or neuroses." He becomes demotivated, hopeless, and either regresses or suicides.

Dr. Stone sees stress in explaining the enigma of why the bipolar II decompensates to a bipolar I. I have reported three cases in which I saw stress as a possible explanation for lithium prophylaxis failure (Benson R: Psychological stress as a cause of lithium prophylaxis failure, a report of three cases. *Dis Nerv Syst* In press).

Robert Benson, M.D.
Seattle, Wash.

2A-16

". . . In sickness and in health, real or imaginary?"

Another View of 'Rights'

AS REPORTED in the November 5, 1976, issue of *Psychiatric News*, Mr. Robert Plotkin fails to include among "public rights" the right to be treated when one is mentally ill. (He mentions "right of access to quality services" but is clearly referring to the geographical distribution of doctors.) It is the right to be treated that is being most consistently violated at the hands of libertarian legislators, whose work now stands in the way of bringing an ill person simply into a place that may shortly restore his health. To distort the commitment process so that it functions to protect society from "dangerous" persons completely overlooks its more basic role as a necessary tool in the process of helping many people whose judgment is so impaired that they are unable to accept needed treatment. Were the "public's" plight diabetic coma or stupor induced by renal failure, I wonder if Mr. Plotkin would so easily overlook one's right to be quickly transported to a place for effective medical care.

Duncan D. Burford, M.D.
Billings, Mont.

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Historical Footnote

JUST AN HISTORICAL footnote to your article in the December 3 issue of *Psychiatric News* describing abnormal EEG patterns for schizophrenia, including low *alpha* wave activity. I would like to mention that low *alpha* activity in schizophrenia was first reported by me when I was working under Sir Adrian at the Cavendish Laboratory in Cambridge, England, in 1936 (*Brain* 59:366-375, 1936).

A Russian by the name of Ivanovich Propper and I carried our primitive EEG on bicycles to the Cambridgeshire Mental Hospital and for the first time that we know of recorded EEGs on a series of mental patients. Our crude electroencephalograph was built by us under Sir Adrian's tutelage from parts purchased from the local wireless shop. Needless to say we were lucky to obtain any kind of a recording but I did observe and document a "poor" *alpha* rhythm in schizophrenia.

I speculated at the time that this represented a basic defect in cerebral neuron synchronization that is reflected at higher levels in the carrying out of smooth eye pursuit movements and the affective and cognitive dissociation so characteristic of this disorder (*J Neurophysiol* 1:590-595, 1938).

It is rewarding to finally have my early observations confirmed by the modern sophisticated EEG techniques that Dr. Turan Itil has been using, especially in identifying children "at-risk" for schizophrenia.

Frederick Lemere, M.D.
Seattle, Wash.

Foundations' Fund Prize

THE BOARD OF TRUSTEES of the American Psychiatric Association approved at its December meeting a proposal to establish the Foundations' Fund Prize for Research in Psychiatry to replace the Hofheimer Prize Award, which will be discontinued. The Foundations' Fund for Research in Psychiatry has offered to make one grant to APA of $30,000 to establish the prize. The first award (of approximately $1,500) will be made at the Convocation of the 1978 annual meeting. All subsequent awards will be made at annual meetings. Applications for this award may be received from a single investigator or a team of not more than three investigators. Any qualified investigator in psychiatry and its basic sciences is eligible if he is a U.S. or Canadian resident and not older than 50 years at the time of application. If a team applies, the mean age of the investigators must be under 50. Applications must be received before December 31 of the year prior to the annual meeting in which the prize will be awarded. A curriculum vitae, bibliography, proof of age, and residency must be presented to the award committee, which will be appointed by APA.

2A-10M

Patient Package Inserts— How Much to Reveal?

By B. S. Herrington

This is the last of two articles devoted to a recent FDA-sponsored symposium on patient package inserts.

REPRESENTATIVES from medicine, the law, the pharmaceutical industry, consumer groups, and pharmacology recently addressed from the podium at the Shoreham Americana Hotel in Washington, D.C., four major concerns pinpointed by outgoing Food and Drug Administration (FDA) Commissioner Alexander M. Schmidt: What ought patients to know about medicines prescribed for them? What effect will such information have on patients and on the practice of medicine? How can the information best be communicated and best be delivered?

Trying to find a path through the maze of opinions and recommendations offered by numerous speakers, the director of clinical practices of the American Pharmaceutical Association, Pierre S. Del Prato, Pharm.D., urged the FDA, consumer groups, and health professions first to come to a consensus on what they see as the prime objectives of patient package inserts (PPIs). He maintained that this decision would resolve other questions of content and distribution.

For instance, he explained, if the objective is improved compliance, "then the document should contain more specific information with regard to administration, plus considerable information regarding the disease condition . . . and the specific rationale why the patient must comply with therapy for the prescribed length of time." Similarly, if the objective is to satisfy the patient's rights to know and to consent to use of the drug in an informed way, "it seems illogical to provide a patient with a list of potential short- and long-term side effects, toxicities, and indications for use after [he] has obtained and paid for a prescription medication. . . . The time for that knowledge to be conveyed is when the physician is considering whether or not drug therapy is indicated and what drug is to be prescribed."

Course of Action Stressed

A researcher in clinical pharmacology and the only psychiatrist on the symposium program, Gerald L. Klerman, M.D., indicated, however, that agreeing on objectives would not necessarily determine how best to carry them out.

"I'm in favor of patients' having more information . . .," he said, "but I think we ought to question the assumption that the patient is a passive complier and all we ought to do is give them more information and they will be better patients. I think that's not true. . . .I don't think information is the only thing that changes behavior."

He instead advocated transforming the debate over the content of PPIs into "questions which are capable of being resolved by empirical investigation." Likening the difference over the content to a difference of opinion

Gerald L. Klerman, M.D.

as to the "dosage of information," Klerman proposed designing a series of investigations in which this "dosage" would systematically be increased while the effects on patients and physicians were monitored.

His stance was supported further by Mary Ann Swain, Ph.D., professor of nursing at the University of Michigan, who underscored the importance of practice to supplement information in PPIs.

"The evidence for the success of information alone (at least information as it is given to patients) in achieving behavioral changes, is discouraging at best. . . . The problem lies not with the information itself but with the fact that [PPIs] do not themselves provide for either practice or feedback in the learning process."

In several recent studies she cited involving nurses, patient compliance improved when practice was combined with information. One 1973 study by two nurses, Hunter and Strodtman, who were teaching diabetics about diet and medication showed that "the group given an opportunity to practice applying the information in a variety of simulated settings knew more about how to apply the information and also made fewer errors in planning diet and figuring medications for the first few weeks following hospitalization." She herself has achieved success with hypertensive patients using "contingency contracting" to influence adherence.

Results of this research, she maintained, "suggest that nurses should be given a comprehensive role in counseling and otherwise assisting patients to adopt health behaviors," including distribution of drug information to patients.

Klerman also took the opportunity to expound what he clearly views as a major problem of drug use in this country—the "major gap between research and the rate of prescription," particularly of minor tranquilizers. "Considering what's known about the value of tricyclics for the prevention of suicide and depression, they should be more widely used . . . [but] data indicate that the tricyclics are very seldom used for people who are depressed compared to Librium and Valium. [The latter] are very good drugs for short-term use but don't lend themselves to four, five, or six months."

Continuing, he pointed out that barbiturates are the most used mode of suicide in this country. There are better sedatives now for sleep, he opined. "There's no reason for the continued high rate of prescription for

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Package Inserts

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barbiturates, but they're widely used." He suggested PPI labeling might read: "If you have sleep trouble after two weeks consult your physician for other ways of treating the sleep disturbance."

"The PPI, I think, is one, but not the only, way to bring some change to bear to improve the quality of health care." He added that since the majority of physicians finished medical school before wide use of psychoactive drugs, "there's the whole issue of continuing education."

Since the American Medical Association (AMA) is concerned about benefiting patients and avoiding costly and unnecessary "frills," it also advocates "an introduction of the PPI to a limited number of products that can be monitored in such a fashion as to determine the impact. . . ," according to staff representative William R. Barclay, M.D., editor of *JAMA*.

Barclay said that although AMA has no official position on PPIs, the staff favors inclusion of patient information with selected drugs, providing it would help the patient understand the importance of taking the drug as prescribed, and it would warn against concomitant use of other drugs that might result in adverse drug reactions or nullify the effects of the prescribed agent.

Questioned further in a panel session, he identified the "selected" drugs as those, such as digitalis, that require careful compliance; those in which there is a narrow margin between the therapeutic and toxic dose; and those that interfere with the reaction of other drugs.

Barclay said inserts should, in a "relatively simple style," describe major adverse reactions, indicate their frequency and list their energy signs and symptoms and action the patient should take to minimize the reactions. "Reactions that occur rarely or are of doubtful association with the drug should be omitted from the printed information," he said. He also called for an option that, in rare instances, would allow the physician to have the PPI withheld.

Although his survey of oral contraceptive patient labeling suggested a positive impact on patient knowledge, Lawrence Fleckenstein, Pharm.D., director of the drug information service at Alta Bates Hospital in Berkeley, said "there is nearly a complete lack of sound data to predict the probable effects of an extensive labeling program." He recommended gradual development and monitoring of additional labeling.

Fleckenstein is not convinced of the need for labeling all drugs. His list of priorities is similar to Barclay's, with the addition of drugs, such as amphetamines, whose "prescription or consumption is abused," and drugs, such as estrogens, in which "political and emotional issues have taken over and where logic and perspective into benefit-risk considerations have become lost."

Regarding content, Fleckenstein said he found that nearly two thirds of physicians and pharmacists he surveyed favored summarized information, contrasting with Joubert and Lasagna's study, which found 81 percent of patients want to know the possibilities of even rare side effects. He favors limited disclosure, however, explaining that most patients "have little basis to put the information in perspective." In cases "where detailed information is justified and desirable," he said patients could receive the physician's insert.

One of the few, if only, persons unquestioningly convinced of the need for patient package inserts was consumer lawyer Joseph Onek, J.D. "Marcus Welby is not alive and well, except maybe on television," he told the audience at the symposium to illustrate his point that physicians don't have time to inform patients about the drugs they take. In fact, he noted, writing the prescription often signals the end of the visit, rather than the beginning of dialogue.

The possibility of patients' misunderstanding or forgetting instructions, the frequent transfer of drugs among family and friends, the bad consequences of patients' not being warned, for instance, about combining alcohol and barbiturates, or of being prescribed drugs before a patient knows she is pregnant, all build a solid case for having patient package inserts, Onek said.

One of the two attorneys at the Center for Law and Social Policy who submitted the petition calling for PPIs to the FDA on behalf of consumer groups, Onek rejected voiced objections to inserts. Rather than disturb the patient-physician relationships they could initiate dialogue, he said. Even if patients don't read them, although he believes they will, they have the right to such information, "just as in our society people have the right to vote even though some people don't use that."

Patient 'Overreaction'

He parried the charge that patients might overract to the information by cautioning it is better for such patients to get information from their physician rather than from an ill-informed neighbor or friend. Even so, he agreed to rare exemptions for certain patients.

The consumer groups he represents opt for the high dosage of information, spelling out in their petition comments six categories of mandated information for PPIs: *a*) general warnings for safe drug use, *b*) indications, *c*) instructions for use, (including shelf-life), *d*) remedies for overdose, *e*) side effects and contraindications (including common, relatively harmless side effects and more severe risks, and those are random or identified with certain patient characteristics), and *f*) symptoms requiring immediate physician attention. They also recommend a label attached to the drug container highlighting the most important warnings contained in the PPI.

Varying assessments of the legal impact of PPIs by both Onek and Marien Evans, J.D., proved only that the legal questions are far from settled.

"As far as physicians are concerned, there's no increase in liability," Onek claimed. "Physicians are liable today if they don't give this information." He said liability for the pharmacist could rise should he or she forget to include a PPI, adding that the pharmacist is already liable for filling the prescription incorrectly. His position on manufacturer liability for limited disclosure is, "If that is a real problem the manufacturers have the strength to take care of it in Congress. But I don't think that's the case. It's not the case with the pill, . . . which is a limited disclosure."

"The [physician's] package insert

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may be used as evidence of malpractice," Evans observed, citing two court cases in which the manufacturer's instruction sheet was considered prima facie proof of proper use, although both courts agreed it did not provide conclusive evidence of the standard of medical practice or that departure from instruction is negligent," she said.

Extrapolating to PPIs, Evans said, "It is not unreasonable to assume that a brochure containing information regarding the effects, side effects, adverse reactions, or the effects of combining medications could set the standard for the type and amount of information to be provided to any and all patients. Negligence would then be found in the failure to provide the patient at least all of the information contained within the patient package insert."

Continuing, Evans noted that physicians are obligated to inform their patients about risks entailed by the contemplated therapy. The modern view of the amount of information to be disclosed is that which "a reasonable person in the particular circumstance would need in order to come to a decision," she said, usually a matter of jury discretion.

But the PPI "could conceivably supplant court-imposed standards, . . . resulting in an administratively determined standard of what the reasonable man needs to know," or even lead to the physician's "attempting to *abdicate* his responsibilities." Evans added, "It would seem reasonable, therefore, to suggest that if the FDA or any other governmental agency undertakes to set standards for disclosure, it should also be subject to suit for failure to set adequate standards. . . ."

Evans also complained that a PPI would not prepare the patient to make a reasoned decision whether to take the drug.

She proposed that the dispensing pharmacist be assigned the task of educating and counseling patients in the proper use of medications, using the PPI as a guideline for the amount and type of information to give the patient.

Residents' Forum

Sponsored by the APA Committee of Residents

By Michael Egger M.D., and Lillian Stoller M.D.

COMMITMENT PROCEEDINGS involving their patients have always been a source of anxiety to psychiatric residents. The new commitment laws recently enacted or currently in the mill in virtually every state have provided safeguards for patients' rights, psychiatrists applaud, but which confront residents with special difficulties. Our experience is based on the application of Nebraska's new commitment process in Omaha, where a large portion of committed patients in Nebraska are sent. Given the basic similarity of most new commitment statutes, the problems we have encountered are likely to confront residents across the nation.

Nebraska's new law (LB-806-1976), like most, changes the commitment process from a medical review to a series of judicial hearings before a county board of lawyers and mental health professionals, with counsel for the defense (patient) and prosecution (the county attorney representing whoever is distressed by the defendant's behavior) examining and cross examining witnesses to the alleged "mental illness" and offenses. The offenses cited must be acts or threats of acts dangerous to the patient or someone else. With the legal definition of dangerousness up in the air in Nebraska as elsewhere, what is interpreted as dangerousness is as much due to the preferences and idiosyncrasies of the individual board as due to law or reason.

The psychiatric resident is unlikely to sit on such a board but is quite likely to end up testifying for or against committing a patient, who is probably unwilling to remain hospitalized or he wouldn't be before such a board in the first place. The first or second year resident's credentials are unlikely to be regarded by commitment boards with much respect. His testimony is likely to establish only an account of an event he observed: that patient A struck patient B with object C on day D, and will not be accepted as expert testimony of the existence of mental illness. If he is a chief resident or holds a faculty appointment he may be accepted as a psychiatrist, but overall residents testifying feel that they share with their patients the social status of cockroaches.

The resident about to appear before a commitment board would do well to be acquainted with how it is functioning currently. Most boards seem to go through a slow process of collective ego maturation roughly as follows: A new board with members unfamiliar with application of the new law that gave them life usually opt for ruling based on common sense. But common sense and unfamilarity with a new statute breed inconsistency, and the alert defense counsel will quickly make legal mincemeat of the process, particularly if he is better prepared than his prosecuting adversary. This inevitably leads to obsessing by all, and given the cognitive style of the legal and medical professions, is quickly transformed into intellectualization. We have witnessed several minor debates on constitutional law, English common law, the philosophical implications of dangerousness, incarceration, and assorted rights, constitutional and otherwise. Unfortunately, most commitment board members are not constitutional scholars—perhaps with the exception of a few panels in major urban areas and even then high powered and priced experts are unlikely to deal with the mundane day-to-day commitment proceedings—so the quality of such debates is rarely edifying.

This frustrates the resident, all the more so as he views his patient who is likely to become more anxious as the judicial debate continues. Occasionally the patient-defendant becomes so frustrated by the proceedings or the personal conduct of the board members that he strikes out, and that is sure to get him committed however appropriate it might have been. If the resident feels the board members' conduct is offensive—e.g., abrasive manner, cavalier quips, discussing football scores, reading magazines, etc.—he is also likely to feel obligated

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It is also indicated for the control of tics and vocal utterances of Gilles de la Tourette's syndrome.

Contraindications: HALDOL haloperidol is contraindicated in patients who are severely depressed, comatose, have CNS depression due to alcohol or other centrally-acting depressants, have Parkinson's disease or are hypersensitive to this drug.

Warnings: ***Usage in Pregnancy:*** Safe use of HALDOL haloperidol in pregnancy and lactation has not been established; therefore, its use in pregnancy, in nursing mothers, or in women of childbearing potential requires that the possible benefits of the drug be weighed against the potential hazards. A case of phocomelia in an infant whose mother received haloperidol along with a number of other medications during the first trimester of pregnancy has been reported (a causal relationship was not established in this case). Animals receiving 2 to 20 times the maximum human dose of haloperidol orally and/or parenterally showed increased incidence of resorption, reduced fertility, delayed delivery, dose-related pup mortality (presumably due to lack of maternal care reflecting CNS depression).

Usage in Children: Safety and effectiveness in children have not been established; therefore, this drug is not recommended for use in the pediatric age group.

General: Cases of bronchopneumonia, some fatal, have followed the use of major tranquilizers, including haloperidol. It has been postulated that lethargy and decreased sensation of thirst may lead to dehydration, hemoconcentration and reduced pulmonary ventilation. If these signs and symptoms appear, especially in the elderly, the physician should institute remedial therapy promptly. Although not reported with HALDOL haloperidol, decreased serum cholesterol and/or cutaneous and ocular changes have been reported in patients receiving chemically-related drugs. HALDOL haloperidol may impair the mental and/or physical abilities required for the performance of hazardous tasks such as operating machinery or driving a motor vehicle. The ambulatory patient should be warned accordingly. The use of alcohol should be avoided due to possible additive effects and hypotension.

Precautions: HALDOL haloperidol should be administered cautiously to patients: (1)—with severe cardiovascular disorders, because of the possibility of transient hypotension and/or precipitation of anginal pain. Should hypotension occur and a vasopressor be required, epinephrine should not be used since HALDOL haloperidol may block its vasopressor activity and paradoxical further lowering of blood pressure may occur. (2)—receiving anticonvulsant medication, because HALDOL haloperidol may lower the convulsive threshold. Adequate anticonvulsant therapy should be maintained concomitantly. (3)—with known allergies, or with a history of allergic reactions to drugs. (4)—receiving anticoagulants, since an isolated instance of interference occurred with the effects of one anticoagulant (phenindione).

If concomitant antiparkinson medication is required, it may have to be continued after HALDOL haloperidol is discontinued because of the difference in excretion rates. If both are discontinued simultaneously, extrapyramidal symptoms may occur. Intraocular pressure may increase when anticholinergic drugs, including antiparkinson agents, are administered concomitantly with HALDOL haloperidol. When HALDOL haloperidol is used to control mania in cyclic disorders there may be a rapid mood swing to depression.

Adverse Reactions: ***CNS Effects:*** *Extrapyramidal Reactions*—Neuromuscular (extrapyramidal) reactions have been reported frequently, often during the first few days of treatment. Generally they involved Parkinson-like symptoms which usually were mild to moderately severe and reversible. Other types of neuromuscular reactions (motor restlessness, dystonia, akathisia, hyperreflexia, opisthotonos, oculogyric crises) have been reported far less frequently, but were often more severe. Severe extrapyramidal reactions have been reported at relatively low doses. Generally extrapyramidal symptoms are dose-related since they occur at relatively high doses and disappear or become less severe when the dose is reduced. Administration of antiparkinson drugs may be required for control of such reactions. Persistent extrapyramidal reactions have been reported and the drug may have to be discontinued in such cases. *Persistent Tardive Dyskinesia*—Tardive dyskinesia may appear during long-term therapy or after therapy has been discontinued. The risk appears to be greater in elderly patients on high-dose therapy, especially females. The symptoms are persistent and in some patients appear irreversible. There is no known effective treatment. All antipsychotic agents should be discontinued. The syndrome may be masked by reinstitution of drug, increasing dosage, or switching to a different antipsychotic agent. *Other CNS Effects*—Insomnia, restlessness, anxiety, euphoria, agitation, drowsiness, depression, lethargy, headache, confusion, vertigo, grand mal seizures, and exacerbation of psychotic symptoms including hallucinations. ***Cardiovascular Effects:*** Tachycardia and hypotension. ***Hematologic Effects:*** Reports have appeared of mild and usually transient leukopenia and leukocytosis, minimal decreases in red blood cell counts, anemia, or a tendency toward lymphomonocytosis. Agranulocytosis has rarely been reported and then only in association with other medication. ***Liver Effects:*** Impaired liver function and/or jaundice have been reported, although a causal relationship has not been established. ***Dermatologic Reactions:*** Maculopapular and acneiform skin reactions and isolated cases of photosensitivity and loss of hair. ***Endocrine Disorders:*** Lactation, breast engorgement, mastalgia, menstrual irregularities, gynecomastia, impotence, increased libido, hyperglycemia and hypoglycemia. ***Gastrointestinal Effects:*** Anorexia, constipation, diarrhea, hypersalivation, dyspepsia, nausea and vomiting. ***Autonomic Reactions:*** Dry mouth, blurred vision, urinary retention and diaphoresis. ***Respiratory Effects:*** Laryngospasm, bronchospasm and increased depth of respiration.

Complete dosage information available in insert which accompanies each package (or on request).

The use of the injectable form is intended for the acutely agitated psychotic patient with moderately severe to very severe symptoms.

IMPORTANT: Full directions for use should be read before HALDOL haloperidol is administered or prescribed. 9/74

A Dosage Form for Every Need:

5 tablet strengths for convenience in individualizing dosage: ½ mg., 1 mg., 2 mg., 5 mg. and 10 mg.

A tasteless, odorless, colorless liquid concentrate for better patient acceptability: 2 mg. per ml.

A rapid-acting injection for psychiatric emergencies: 5 mg. per ml., with 1.8 mg. methylparaben and 0.2 mg. propylparaben per ml., and lactic acid for pH adjustment to 3.4±0.2.

McNEIL

McNeil Laboratories, Inc.
Fort Washington, Pa. 19034

Washington Beat

By Caesar A. Giolito

THE SENATE Labor and Public Welfare Committee revealed some of its basic concerns in health for the 95th Congress during the course of the confirmation hearing of HEW Secretary Joseph Califano.

Califano was responsible for drafting and implementing a number of important social programs during the Johnson Administration in his position at the time as a top White House advisor.

One of the primary questions asked was about the managability of HEW; that the escalating problem of managing HEW is being continually exacerbated by the proliferation of new programs in this behemoth agency that consumes $140 billion a year of the annual federal budget. Califano expressed optimism over the prospects of this department when he replied that it was "not unmanagable." A few weeks before former HEW Secretary David Mathews had graphically stated, "You can't expect an elephant to do ballet."

The new Secretary asserted before this powerful committee that he would have to study the HEW structure more thoroughly in looking for ways to improve its management through administrative steps that could require congressional authority. This means that at least some kind of re-organization is a distinct possibility but is not likely to be imminent. The establishment of a separate department of health could eventually result.

On the perennial subject of national health insurance, the new Secretary said that although he agreed that it was needed, nothing was settled at this time as to the type of phase-in or other features of the plan to be proposed, and that more input was invited from the private sector.

Concern was expressed by some committee members that with the emergence of dominant federal regulations, the states have very limited decision-making power in federal-state programs and are being relegated to administrative roles. Sentiments were voiced that the past Administration had demonstrated little trust of the states through its administration of categorical programs.

How HEW can and will be more responsive to state and local governments was asked of Califano. It is therefore likely that we may see an expanded state and local role in health affairs in the Carter Administration. The 94th Congress resisted President Ford's bloc grant proposal to the states for health programs. The Congress and many health advocates appeared wary at that time of weaker health programs through the diminution of categorical federal grants and greater control over general funding by the states. President Ford expressed disappointment in his last State of the Union message when he alluded to his proposed bloc grant program. Whether a Democratic Congress is likely to alter its view on this subject with the presence of a Democratic Administration remains to be seen, as does the vehicle that the Administration would propose to bring about greater state and local participation in these programs.

The committee asked for more emphasis on the general area of aging, which President Carter has also expressed great interest in, and in the further development of health maintenance organizations, which were characterized by the committee as one of the building blocks for national health insurance.

Dramatic growth of the number of general practitioners in medicine, already initiated through the recently enacted health manpower assistance act, and a solution to the geographic maldistribution of physicians was asked for. The field of medicine was urged to participate in helping to solve these problems.

Disappointment was expressed by the committee that insufficient resources were being allocated to health planning, which it favored, and to the development of HMOs, including their installation in rural as well as metropolitan areas.

These programs may eventually alter the present-day operation of the health care delivery system. The question is how quickly and how badly the Congress wishes to do so through a heavy infusion of funds during a high priority period for other domestic as well as defense programs.

2A-25

Sigmund Freud Chair

THE HEBREW UNIVERSITY of Jerusalem has plans to create a Sigmund Freud Chair in Psychoanalysis to be inaugurated at the 30th Congress of the International Psychoanalytical Association to be held August 1977 in Jerusalem. The minimum amount necessary for the establishment of the Sigmund Freud Chair in Psychoanalysis is $250,000. The "Friends of the Hebrew University" everywhere and in the United States, the American Friends of the Hebrew University, an officially recognized charitable organization, will be the receiving organization of the fund. In the United States, donations are tax deductible. Checks or bonds should be made out to or assigned to the American Friends of the Hebrew University (or "Friends of the Hebrew University" in the respective country) and clearly earmarked for the Sigmund Freud Chair in Psychoanalysis. They should be sent to American Friends of the Hebrew University, University House, 11 E. 69th St., New York, N.Y. 10021, (212) 472-9800.

Die Traumdeutung

A RARE first edition of Freud's *Die Traumdeutung* (*The Interpretation of Dreams*) was recently presented to the Library of Congress by the Baltimore-District of Columbia Society and Institute for Psychoanalysis. The gift was made possible through the initiative of Dr. George W. Roard and Dr. Zelda Teplitz and the contributions of more than 30 members of the society. The Baltimore-District of Columbia Society for Psychoanalysis is a professional association dedicated to the education of its members and the advancement of psychoanalysis as a science. The institute is one of the educational institutions in the United States approved by the American Psychoanalytic Association and selects and trains physicians in the theory and practice of psychoanalysis. 2A-100

Cost Sharing

Continued from page 1

precedents established in this area and, perhaps more significantly, because of our limited resources. . . . Many very crucial decisions for psychiatry are reached outside the federal system in the local state courts. Unfortunately, at this time we are simply unable to participate in all that litigation, and the Assembly and Board of Trustees have both passed resolutions encouraging the local district branches to develop their own local commissions on judicial action to monitor and deal with litigation in their own state and federal district courts. . . . The commission may be asked to consider APA participation as an amicus in cases below the federal appellate level, and, where the situation is of sufficient importance, that can be done. However, that does not mean that the commission and its attorney can write an independent brief. Rather, what is involved is a review of the brief and a decision whether the name of APA should be added to the name of the local branch [as was done in the *Tarasoff* case]. Although the commission can entertain requests to have APA's imprimatur added to an amicus brief, it does not have the funds to support local district branches in preparation of such briefs. . . ."

Indeed, the commission's budget has probably varied too much to be used as a baseline for fixing what should be a reasonable appropriation. The commission was given no fixed budget during its first year of operation until the Budget Committee and Board could get some idea of what a feasible allocation might be; the commission actually spent $16,762 in 1974–75. In 1975–76, the commission's budget was $10,000, but it spent only $3,389; and the budget for the current fiscal year is $18,000, which includes $15,000 for APA's amicus brief in the *Kremens v. Bartley* case, heard at the Supreme Court level, plus $3,000 for participation in other cases. The 1977–78 APA budget contains an appropriation of $5,300 for the Commission on Judicial Action.

During discussion of the motion, which was subsequently defeated,

Although the vote was closely divided, the Board defeated a motion to affirm an Assembly recommendation that the Commission on Judicial Action financially support certain lawsuits below the federal level.

Vice-President Alan Stone, who also chairs the commission, expressed his concern about negotiating with different lawyers in different locations in terms of being able to judge their merits and possibly having committed APA to paying a portion of the costs when the quality of the brief might not be up to standards. Trustee Irving Philips expressed the need for some appeal mechanism for the commission's decisions. Stone replied that the commission has a built-in appeal process by virtue of its mandate to report all decisions, both positive and negative, directly to the Board of Trustees. When cases arise within the jurisdiction of a district branch, the commission consults with the district branch as to appropriate responses. When a conflict arises in determining such a response, the commission reports the conflict to both the Board and Assembly.

When the motion to affirm the Assembly's action was defeated by voice vote, Assembly representatives on the Board called for a recorded vote by name. Those in favor of the motion to support the Assembly were President-elect Jack Weinberg, Secretary Jules Masserman, Speaker Irwin Perr, and Trustees Harry Brunt, Nancy Roeske, and Irving Philips. Against the motion were Vice-President Alan Stone, Treasurer Charles Wilkinson, and Trustees John Spiegel, Judd Marmor, Bruce Alspach, David Starrett, Lewis Robbins, Ben Feather, and Louis Linn. Vice-President Daniel Freedman, Past President Alfred Freedman, and Trustees Charles Pinderhughes and William Spriegel abstained. President Robert Gibson did not vote.

In later Board action under new business, Philips moved, and the Board approved, to instruct the Budget Committee to consider the allocation in the 1978–79 budget of $30,000 to the Commission on Judicial Action to be used exclusively to assist district branches to implement judicial actions originating in local areas but which have national significance.

2A-22

Co-Authors Honored

JAMES J. STRAIN, M.D., director of the liaison division of the department of psychiatry at Montefiore Hospital and Medical Center, and STANLEY GROSSMAN, M.D., recently shared the combined second- and third-place awards with two other authors in competition for the Henry L. Moses Award at Montefiore for the best papers published by staff or alumni during the preceding year. Strain and Grossman co-authored the book *Psychological Care of the Medically Ill—A Primer in Liaison Psychiatry*.

Books

***Play: Its Role in Development and Evolution*, edited by Jerome S. Bruner, Alison Jolly, and Kathy Sylva. New York: Basic Books, 1976, 716 pages, $20.** This volume offers a selection of literature defining the crucial roles of play in the development of the human child and its importance in the evolution of primates. Its four parts examine play in an evolutionary context, play in the world of objects and tools, play and the social world, and play in the world of symbols. Contributors are such familiar scientists and researchers as Jean Piaget and Jane van Lawick-Goodall, as well as the unexpected names of Simone de Beauvoir, W. H. Auden, and Dylan Thomas.

***The Annual of Psychoanalysis, Volume III*, edited by the Chicago Institute of Psychoanalysis. New York: International Universities Press, Inc., 1976, 442 pages, $17.50.** The 1975 annual volume from the Chicago Institute, the book contains 22 essays on theoretical and clinical studies, psychoanalytic education and history, applied psychoanalysis, and psychoanalysis as science. Among the distinguished list of Chicago contributors are Heinz Kohut, who examines the future of psychoanalysis as well as the psychoanalyst's place in the community of scholars; and George H. Pollack.

***Marital and Family Therapy*, by Ira D. Glick and David R. Kessler. New York: Grune and Stratton, 1974, 181 pages, no price given.** Theodore Lidz, in his foreword, pronounces this book the first proper introductory text in a relatively new field. Educators rather than advocates, the authors, Lidz points out, offer a balanced and carefully planned approach, writing clearly and concisely. Although they focus on conjoint family therapy, they also take a broader view, seeking to instruct the student in three basic therapeutic strategies, which Lidz outlined: facilitating communication of thoughts and feelings among family members, attempting to shift disturbed inflexible roles and coalitions, and the therapist's use of himself or herself as the family role model, educator, and demythologizer. Resting temporarily on the conservative side, the authors advise students to be "scientifically skeptical regarding the diverse basic hypotheses of family therapy and evaluation of its methods and results," as the field is in its infancy.

***Narcolepsy*, edited by Christian Guilleminault, William C. Dement, and Pierre Passouant. New York: Spectrum Publications, Inc., distributed by Halsted Press, 689 pages, $40.** Volume three in the series of advances in sleep research, this large monograph comprises the proceedings of the First International Symposium on Narcolepsy, held in July 1975 in Montpelier, France. The publishers characterize the book as "the most comprehensive volume on narcolepsy available," adding that it is "broad-based" and "integrated." Its contents cover clinical and polygraphic aspects, etiology, evolution of the daytime sleep attack and auxiliary symptoms of cataplexy, hypnagogic hallucinations, sleep paralysis, possible interrelationship of age and inversion of the two sleep states, frequency of behavioral changes and socioeconomic impact, its induced disorganization of the circadian rhythm of sleep and wakefulness and of the sleep-related endocrine secretions, and the neuropharmacological approach of possible therapeutic agents and their action on REM sleep and the cerebral bioamines.

***Psychophysiology*, edited by Stephen W. Porges and Michael G. H. Coles. New York: Halsted Press, 1976, 365 pages, $25.** Volume six of the Benchmark Papers in Animal Behavior, this book covers methodology, arousal theory, orienting reflex and attention, and emotion and autonomic conditioning. The aim, according to the authors, is "to provide psychophysiologists with a chance to become familiar with their rich heritage and to give the reader with no previous knowledge of the area the opportunity to trace the development of modern psychophysiology from the late 19th and early 20th centuries to the present."

***Human Memory: The Processing of Information*, by Geoffrey R. Loftus and Elizabeth F. Loftus. New York: John Wiley and Sons, Inc., 1976, 179 pages, $10 (cloth) $4.95 (paper).** This text introduces the current information-processing approach to human memory. It includes relevant data and theory and practical applications.

APA Annual Meeting
Register Early!

HOTELS

	SINGLES	DOUBLE/ TWIN	SUITES 1-bedrm	SUITES 2-bedrm
1. Sheraton Centre	$33–43	$43–53	$85–154	$128–194
2. Royal York	$34–37	$43–45	$70–125	
3. Harbour Castle	$35	$42	$95	$137
4. King Edward	$23	$28		
5. Lord Simcoe	$20	$25		
6. Hotel Toronto	$35–47	$45–57	$92	$132
7. Holiday Inn (Downtown)	$32	$44		
8. Chelsea Inn	$24.50	$29	$36–41	
9. Park Plaza	$34	$40		
10. Hyatt Regency	$38	$45		
11. Plaza II	$34	$40		

Rates are in Canadian Currency.

INSTRUCTIONS:

1. *ALL* reservations must be sent directly to the APA Housing Bureau (see below). The APA Central Office DOES NOT make your hotel reservations.
2. Indicate THREE (3) choices for your protection in obtaining desired accommodations. Should requested hotel(s) be booked, comparable accommodations will be assigned by the Housing Bureau. Reservation requests will be processed on a DATE RECEIVED basis.
3. Reservations CANNOT be made by phone. Form below must be used.
4. Reservations WILL NOT BE HELD beyond 6 p.m. unless late arrival is specified.
5. CANCELLATIONS and/or CHANGES IN ARRIVAL MUST be made through the APA Housing Bureau.
6. RESERVATIONS WILL BE CONFIRMED TO YOU DIRECTLY BY THE HOTEL TO WHICH YOU HAVE BEEN ASSIGNED. PLEASE CHECK YOUR CONFIRMATION VERY CAREFULLY, AS IT MAY REQUEST A DEPOSIT TO GUARANTEE YOUR RESERVATION.
7. Prices quoted in Canadian Currency.

REQUEST FOR HOTEL RESERVATIONS

RETURN TO: **APA HOUSING BUREAU**
85 Richmond Street, Suite 300
Toronto, Canada M5H 1H9

Hotel	Single	Twin or Double	Parlor Suite 1 bedroom	Parlor Suite 2 bedroom
1.	$	$	$	$
2.	$	$	$	$
3.	$	$	$	$

ARRIVAL DATE ..... **DEPARTURE DATE** .....

ARRIVAL TIME (approximate) .....

NAMES OF OCCUPANTS .....
(If sharing please indicate name of additional occupants)

.....

.....

.....

Print or type name .....
Mailing Address .....
City.....**State**.....**Zip**.....

APA PLACEMENT SERVICE
FOR EMPLOYERS AND POSITION APPLICANTS

Those wishing to announce either position openings or their availability for employment may register in advance by requesting a LISTING FORM from the APA Central Office, Membership Services Division, 1700 18th Street, N.W., Washington, D.C. 20009, or by calling the Division at (202) 232-7878. Please designate either APPLICANT or EMPLOYER when requesting the placement form.

The completed forms, accompanied by the appropriate listing fee, must be received before April 8th, 1977.

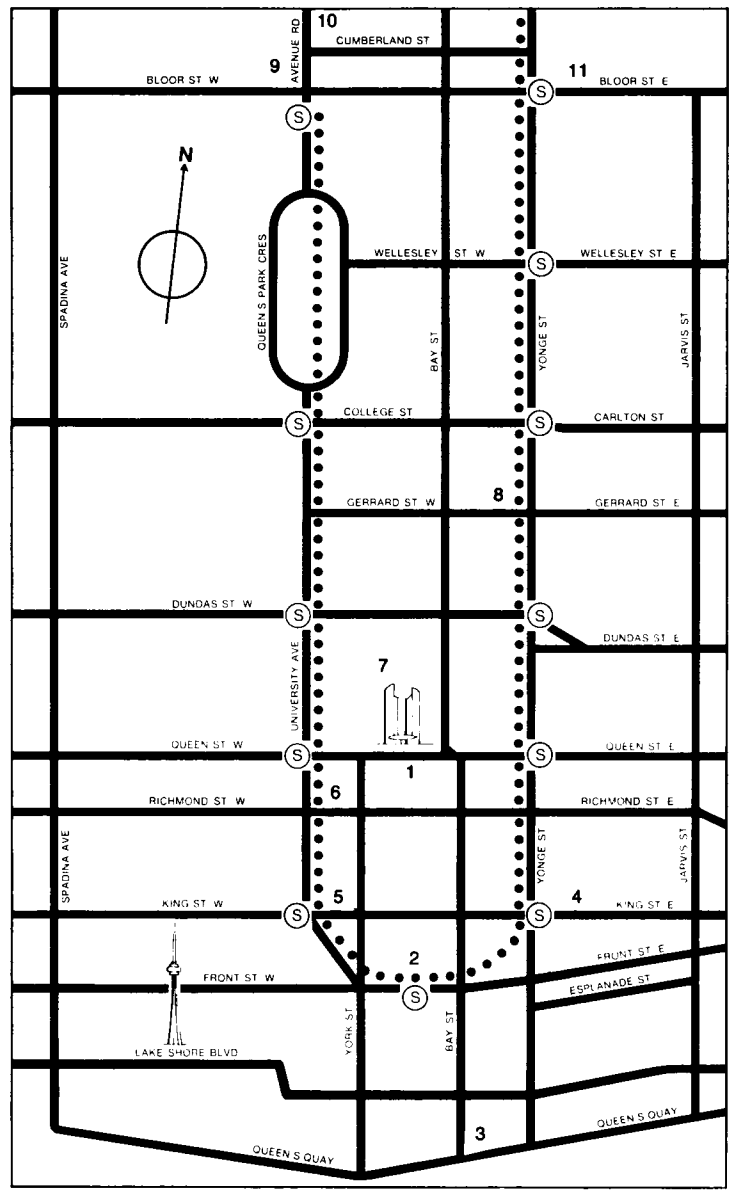
On-site listings will also be accepted. However, listings received at the APA *prior to April 8th* will be available from the very beginning of the Annual Meeting.

There will be a Placement booth and an interviewing area located in the registration area at the Sheraton Centre. Listings will be accepted for any mental health related position vacancy/position availability.

APPLICANTS—$3 for listing availability

EMPLOYERS—$5 for listing job description

Complete sets of all applicant and position listings will be available at the close of the meeting at $15 per set.



REGISTRATION INFORMATION

All registration will take place in the Sheraton Centre Hotel.

Hours: Saturday, April 30, 9am–4pm, Sunday, May 1–Thursday, May 5, 8am–5pm, Friday, May 6, 8am–10am

Fees: Exempt: All APA Members, their spouses, and dependents living in same household. All Nonmember program participants who are presenting papers, session officers, discussants, and panel members for both the morning and evening panels, and their spouses and dependents living in the same household.

Nonmembers: Nonmembers—$60 for the week, or $15 per day.

Foreign visitors and military personnel on active duty—$20 for the week.

Medical students, interns, residents, mental health chaplains, nursing students, students in the mental health professions including foreign students—$15 for the week. (Residents and students only must have their registration card signed by the instructor of the training program, as certification of their enrollment as a resident/student).

Spouses and dependents, living in the same household of all of the above categories (with the exception of APA members and nonmember program participants) $10 for the week.

Your check is to be made payable to the American Psychiatric Association and returned to: APA, Meetings Management Department, 1700 18th Street, N.W., Washington, D.C. 20009.

Toronto, Canada
ADVANCE REGISTRATION FORM

Non-members $60
APA Members & Spouses: No Fee **All non-member spouses $10**
Residents & Students: $15 **Active Duty Military $20**
COMPLETE THE FOLLOWING INFORMATION:

1. _____
Last Name **First Name** **MI** **Degree**
2. _____
Address **Street** **City** **State** **Zip Code**
3. _____
Spouses Last Name **First Name** **MI**
4. _____
Child's Last Name (must be over 12 years old) **First Name** **MI**

Residents & Students only: I hereby certify that the above is a resident/student in my training program.

_____
Instructors Signature

_____
Name of Institution

LEISURE TIME ACTIVITIES PROGRAM

	Tour No.		No. of Tickets	Cost per Ticket	Total Cost
SUNDAY, MAY 1					
9:00am–6:00pm **Niagara Falls.** An exciting trip to breath-taking Niagara Falls. Lunch in the clouds atop the Skylon Tower, with its spectacular view of the Falls. You will also stop at a charming Canadian Homestead. Under 12—$19.00; Adults—$24.00	S-1	19.00	.....	.....	.....
		24.00	.....	.....	.....
10:15am–1:45pm **Toronto Highlights.** A tour of Toronto's historical areas, includes outstanding architecture, residential neighborhoods, downtown, castles, and towers. Brunch at the rooftop restaurant of Manulife Centre. $14.50.	S-2		.....	.....	.....
2:00–4:00pm **Art Gallery of Ontario Tour.** "Who Killed the Image?" Traces the disappearance of the image in this gallery's outstanding collection of old masters, French impressionists, and contemporary international artists. Time allowed to browse or visit the renowned Henry Moore Sculpture Centre. $6.50	S-3		.....	.....	.....
MONDAY, MAY 2					
9:30am–11:45am **Downtown Walking Tour.** Visit restored Campbell House, Osgoode Hall, city halls old and new, and Bay Street's banking monuments. Tour concludes with a view of the city from atop the Commerce Court. $5.50	M-4		.....	.....	.....
10:15am–3:45pm **Metro Toronto Zoo Safari.** A safari by bus to Toronto's new zoo set in 710 acres of beautiful forest. a 3½ mile train ride helps you to view many of the 3,000 animals in a natural setting. Lunch on your own. Under 12—$6.00; Students (12-17 yrs)–$7.50; Adults–$9.00	M-5	6.00	.....	.....	.....
		7.50	.....	.....	.....
		9.00	.....	.....	.....
12:30–4:00pm **Shoppers Potpourri.** A special shopping expedition to intriguing shops selected for the originality of their merchandise. $9.00	M-6		.....	.....	.....
1:00–4:00pm **Toronto Highlights and Tea.** A tour of Toronto's historical areas, includes outstanding architecture, residential neighborhoods, downtown, castles, and towers. You will stop at the Courtyard Cafe for tea, a favorite rendez-vous for Torontonians. $9.50	M-7		.....	.....	.....
TUESDAY, MAY 3					
9:45am–1:15pm or 3:00–6:00pm **Ontario Science Centre.** A place to discover the wonders of science with exhibits for you to see, hear, and touch. A science display unlike any you have seen. Children and Students—$5.50; Adults—$6.50	T-8(9:45)	5.50	.....	.....	.....
		6.50	.....	.....	.....
	T-9(3:00)	5.50	.....	.....	.....
		6.50	.....	.....	.....
10:00am–4:00pm **Discerning Eye on Toronto.** Offers two of Toronto's outstanding attractions. 1) Art Gallery of Ontario: "Walk Through Art History." Time to browse or visit the Grange, a gentleman's home of 1817. A talk on Tiffany glass will be given enroute to lunch. Dine at your own expense (at a modest price) amid the Victorian splendour of the antique-filled Ed's Warehouse. 2) Your tour continues with browsing through the shops of Yorkville. You may request a talk on oriental carpets, Staffordshire blue and white, art gallery shows, or an architectural-historical walk through the area. $14.50	T-10		.....	.....	.....
12:00N–2:00pm **Champagne Luncheon.** In honor of the families of the APA Officers, offers an interlude that will be relaxing and enjoyable. In the setting of the beautiful ballroom of the Harbour Castle Hotel, you will be treated to an exciting view of Toronto's waterfront, browse through a specially selected Native Canadian Art Exhibit, and lunch with old and new friends to the strains of Chamber Music. $13.50	T-11		.....	.....	.....
2:30–4:45pm **Downtown Walking Tour.** Visit restored Campbell House, Osgoode Hall, city halls, old and new, and Bay Street's banking monuments. Tour concludes with a view of the city from atop the Commerce Court. $5.50	T-12		.....	.....	.....
WEDNESDAY, MAY 4					
9:30am–4:30pm **Canadian Heritage Day**—McMichael Gallery and Pioneer Village. Explore the charmingly restored Black Creek Pioneer Village, which recreates life among the early settlers. Lunch in an early Canadian atmosphere, after which you will visit the beautiful McMichael Collection of the celebrated Canadian landscapists. Children and students—$18.00; Adults—$21.00	W-13	18.00	.....	.....	.....
		21.00	.....	.....	.....
10:00am–3:00pm **A Taste of China.** A guided tour through the Royal Ontario Museum's world famous collection of ancient Chinese art objects. A luncheon of unusual dishes from favorite Chinese culinary traditions followed by a talk on contemporary China by an outstanding authority and also includes a visit to Toronto's colorful Chinatown. $17.50	W-14		.....	.....	.....
1:15–3:45pm **Gallery Hopping.** Toronto is one of the outstanding art centres of North America. New Realism, Eskimo art, electric art and the New Abstractions are all to be found in many private galleries. An expert will escort you and time will be allowed for browsing in Yorkville. Limited to 75. $6.50	W-15		.....	.....	.....
1:00–4:00pm **Toronto Highlights.** A tour of Toronto's historical areas, includes outstanding architecture, residential neighborhoods, downtown, castles, and towers. Tea will be served. $9.50	W-16		.....	.....	.....
7:30 pm **Dinner Dance**—Grand Ballroom, Sheraton Centre. $22.00	WA		.....	.....	.....
THURSDAY, MAY 5					
7:45–9:45am **Breakfast in the Sky.** Begin your day with breakfast in the world's highest revolving restaurant, the CN Tower. Twice as high as the Eiffel Tower. $11.00 (Contingent on minimum 200 registrants.)	TH-17		.....	.....	.....
9:00am–6:00pm **Niagara Falls.** An exciting trip to breath taking Niagara Falls. Lunch in the clouds atop the Skylon Tower, with its spectacular view of the Falls. You will also stop at a charming Canadian Homestead. Under 12—$19.00; Adults—$24.00	TH-18	19.00	.....		
		24.00	.....	.....	.....
10:00am–12noon **Casa Loma Castle.** A visit to this splendid 98 room medieval-style castle. The home of Sir Henry and Lady Pellat. Boasts of its secret staircase, hidden panels, and luxurious furnishings. Coffee will be served in the conservatory. $7.00	TH-19		.....	.....	.....
12:30–4:00pm **Shoppers Potpourri.** A special shopping expedition to intriguing shops selected for the originality of their merchandise. $9.00	TH-20		.....	.....	.....
1:30–4:00pm **Gallery Hopping.** Toronto is one of the outstanding art centres of North America. New Realism, Eskimo art, electric art, and the New Abstractions are all to be found in many private galleries. An art expert will escort you and time will be allowed for browsing in Yorkville. $6.50 Limited to 75.	TH-21		.....	.....	.....
5:00–7:30 **Art Gallery of Ontario.** A gallery talk "What Ever Happened to Beauty?" An opportunity to relax over cocktails (cash bar) in the private members lounge. Limited to 120. $7.00	TH-22		.....	.....	.....
FRIDAY, MAY 6					
9:30am–1:00pm **McMichael Gallery.** A scenic trip to a delightful gallery in nearby rural Ontario. The beautiful McMichael Collection of the celebrated Canadian Landscapists, as well as Native Indian and Eskimo art. $11.00	F-23		.....	.....	.....
9:30am–1:00pm **The Ardent Antiquer.** By bus you may seek out the old, rare and beautiful in Toronto's antique shops. A knowledgeable guide will be in attendance. $7.50	F24		.....	.....	.....

RECREATION ACTIVITIES

TENNIS: Bring your racquet to Toronto! A round-robin program for men and women has been arranged by a tennis pro at the downtown tennis club. Limited to 40 players per day and you must register before April 1. Can of balls will be provided for each player. $13.00 per day.

Tuesday, May 3 Indoor Singles a.m. ..... /p.m. .....

Wednesday, May 4 Indoor Doubles a.m. ..... /p.m. .....

FISHING: Excellent rainbow trout fishing available within an hour from Toronto. Bring your own tackle. Transportation and luncheon arranged. Limited to 35 persons per day. $25 per day. All day.

Tuesday, May 3 Fishing .....

Wednesday, May 4 Fishing .....

Grand Total _____

Orders and payment *must be received by April 1.* Make check payable to: American Psychiatric Association. Enclose entire leisure time activities program along with payment indicating chosen activities.

Name (Please Print) _____

Street Address _____

City _____ State _____ Zip Code _____

Credit: Toronto Convention Bureau © CN Tower Ltd., 1973

Golfers American Psychiatric Association
GAPA 6th ANNUAL GOLF TOURNAMENT

GOLF: The Sixth Annual Golf Tournament will be held on Wednesday, May 4, at the Toronto Board of Trade Country Club under the auspices of the "Golfers American Psychiatric Association." Prizes will be awarded at the luncheon following the tournament. New member inquiries should be directed to the Secretary-Treasurer, Dr. H. Moorhead, 170 Maple Ave., White Plains, New York, 10602.

ADVANCE REGISTRATION for DAY CARE CENTER

General Information

1. Age group 3 to 12 years old.
2. Full-day registration only.
3. Charge: $10 per child per day, or part of day.
4. Hours: 7:00 a.m. to 5:30 p.m., Monday–Friday.
5. Location: Royal York Hotel. Within walking distance of Sheraton Centre, Hotel Toronto, and Holiday Inn.
6. Have the child bring his/her favorite toy, clearly labelled.
7. Limited facilities will not permit on site registration for your children. All children must be advanced registered by April 15.
8. Return coupon with payment to APA Meetings Management Office, APA, 1700 18th St., N.W., Washington, D.C. 20009.

Please register the following for day care services:

1. Child's Name _____ Age _____
2. Child's Name _____ Age _____
3. Child's Name _____ Age _____

Parent's Name _____

Home Address _____

Please note any special health problems for each child: _____

Please note medication taken on a regular basis: _____

Day	No. of Children
Mon.	_____
Tues.	_____
Wed.	_____
Thurs.	_____
Fri.	_____
Total:	_____

I hereby consent to emergency medical treatment for each of the above registered children at the discretion of the director.

Signature _____

Enclosed is my check in the amount of $ _____

Courses at the Annual Meeting, Toronto

THE 130th APA annual meeting in Toronto, May 2–6, will offer one-half day, one-day, and two-day APA/AMA Category I continuing medical education courses. Since the CME courses will be presented simultaneously with other formal activities of the annual meeting, prospective course participants may want to consider possible conflicts with other activities. *Psychiatric News* will publish a complete listing of simultaneous annual meeting presentations in February. Brief course descriptions appear below.

Pre-registration for all CME courses is open only to APA members, APA members-in-training, and Canadian Psychiatric Association members (except as noted below; see courses 2 and 48). The maximum number of participants for each course is noted in the course description, and requests will be processed on a first-come, first-served basis. Participants may pre-register for a maximum of three CME courses using the coupon below.

Fees for the courses are: one-half day courses—$25; one-day courses—$45; two-day courses—$80; specific fees are given with the course description. To facilitate processing of any necessary refund due to closed courses, pre-registrants are requested to include a *separate* check for each course selection. No other refunds will be available. If a registrant finds he or she cannot use a ticket, he or she is free to sell the ticket to another participant.

Pre-registration will close March 1. Tickets for CME courses which have not been filled by March 1 will be on sale to all registrants of the annual meeting beginning at 11:00 a.m., Sunday, May 1, in the Hotel Toronto. No one will be able to purchase course tickets until registered for the general meeting.

Many course directors have provided reading lists which will appear in *Psychiatric News* in April. Participants are urged to take advantage of this opportunity for advance preparation.

Courses

Course #1 Workshop on Ethics. Dir: Robert A. Moore, M.D.; Faculty: Allen Dyer, M.D., Raymond W. Waggoner, Sr., M.D., Hallie Elizabeth Moore, M.D., Henry U. Grunebaum, M.D., John R. Saunders, M.D., William P. Camp, M.D., Herbert Klemmer, M.D. A participant workshop with specific topics designed to improve communication on matters of ethics and to increase procedural conformity, thereby guaranteeing ready access for complainants and due process protection to defendants. The course will also seek to determine what modifications are necessary to accommodate variations in size and complexity of district branches. Monday, May 2, 2-5 PM, Fee $25, Spaces Available 55, Registration Guidelines: Primarily for members engaged in handling complaints of ethical violations at the district branch level.

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Course #2 Differences between Men and Women: Real or Imagined? Dir: Maryonda Scher, M.D.; Faculty: Elissa Benedek, M.D., Albert Globus, M.D., Arthur Shuller, M.D., Virginia Davidson, M.D. This course will discuss common perceptions that men have of women and that women have of men and the judgments, reactions, and responses that result from them. Film presentations of common life situations encountered by men and women will be used as illustrative material. Monday, May 2, 2-5 PM, Fee $25, Spaces Available 90, Registration Guidelines: *Advance* registration is available to members and *spouses* for this course only.

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Course #3 Marital Therapy. Dir: Clifford J. Sager, M.D. A method (marriage contracts) of gathering and organizing data about the marital relationship will be discussed. Marriage contracts developed by participants will be used to elucidate underlying concepts and their use in therapy. Monday, May 2, 2-5 PM, Fee $25, Spaces Available 125.

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Course #4 Competency to Stand Trial. Dir: Elissa P. Benedek, M.D.; Faculty: Angela Wallenbrock, M.D., Lynn W. Blunt, M.D. This course will demonstrate innovative teaching methods used in interdisciplinary staff training in forensic skills, specifically, competency to stand trial. A series of relevant video tapes will be shown and discussed. Participants will role-play the forensic evaluators, the patients, attorneys and expert witnesses. Monday, May 2, 2-5 PM, Fee $25, Spaces Available 70.

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Course #5 Medical Audit-Its Workings-An Update. Dir: Jack Greenspan, M.D.; Faculty: Robert Polishook, M.D., Allan B. Wells, M.D. This course on psychiatric medical audit will teach methods of accountability as well as principles and philosophy. The steps of the medical audit will be discussed, including choosing a topic, constructing criteria, analysis of an audit report, and the implementation of appropriate actions using staff. Participants should have had experience with at least one medical audit. Monday, May, 2-5 PM, Fee $25, Space Available 65. Participants should have had experience with at least one medical audit.

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Course #6 Techniques of Psychiatric Peer Review. Dir: Donald G. Langsley, M.D.; Faculty: Henry Altman, M.D., Richard Dorsey, M.D., Frederick J. Stoddard, M.D., Alan Bateman. The techniques of psychiatric peer review will be presented, oriented to the practical needs of members of peer review committees and practicing psychiatrists. The special problems of community mental health centers, psychoanalysts, child psychiatrists and others will be discussed. The basic text will be the APA Manual of Psychiatric Peer Review. Monday, May 2, 2-5 PM, Fee $25, Space Available 70.

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Course #7 *DSM-III* on Trial in the Office. Dir: Michael Sheehy, M.D.; Faculty: Robert L. Spitzer, M.D., Donald F. Klein, M.D., Nancy Andreasen, M.D., Dennis Cantwell, M.D. This course will describe and illustrate the innovative concepts of diagnosis contained in DSM-III and include a practical exercise in their application. After a review of the function of psychiatric diagnosis and its historical development, the rationale of the operational criteria, multiaxial approaches to diagnosis, and the use and misuse of diagnosis in psychiatry will be presented. Monday, May 2, 2-5 PM, Fee $25, Spaces Available 95, Registration Guidelines: Psychiatric clinicians in private practice who are interested in the development of DSM-III and who make a commitment to apply its criteria to 10 cases in evaluation or treatment within their practice. Participants are expected to complete and return forms which will be distributed at the course.

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Course #8 The Psychiatrist as Expert Witness. Dir: Richard T. Rada, M.D.; Faculty: Melvin Goldzband, M.D., John Torrens, M.D., Robert Sadoff, M.D., Gene Usdin, M.D., Michael Perlin, J.D., Jonas Rappeport, M.D. This course will address the general issues involved in being an expert psychiatric witness including preparation and problem areas, and specifically, the issue of psychiatric testimony involving insanity at the time of commission of an offense. There will be an opportunity to discuss selected films with an attorney and to participate in a mock trial. Monday, May 2, 2-5 PM, Fee $25, Spaces Available 50, Registration Guidelines: For the psychiatrist with introductory or intermediate level familiarity with forensic psychiatry and courtroom testimony.

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Course #9 The Psychiatric Halfway House and Beyond. Dir: Richard D. Budson, M.D.; Faculty: Rona Klein, M.D., Mary Theresa Lynch, M.S.S.S., Vincent Lynch, M.S.S.S., Constance Johannesen, M.A., Cheryl Jolley, M.A.T., Robert Jolley, M.S.S.S. This course will review the basis elements of the psychiatric halfway house with a specific focus on legal issues, milieu management of the program, a review of specific diagnostic groupings, and the development of an ex-resident program. Monday, May 2, 2-5 PM, Fee $25, Spaces Available 70, Registration Guidelines: All levels and disciplines of human service workers, including psychiatrists, social workers, nurses, and mental health workers.

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Course #10 Diagnosis and Treatment of Affective Disorders. Dir: David J. Kupfer, M.D.; Faculty: Thomas P. Detre, M.D., F. Gordon Foster, M.D., Duane Spiker, M.D. This course will present an update on the differential diagnosis of major depressive disorders, with a focus on available techniques and procedures used in the assessment. Attention will be devoted to a review of objective indicators used in differential diagnosis. Treatment strategies, with a focus on drug and ECT therapy, will be discussed. Monday, May 2, 2-5 PM, Fee $25, Spaces Available 100.

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Course #11 New Concepts in Medical Student Teaching. Dir: David W. Preven, M.D.; Faculty: Hilliard Jason, M.D., Mary Ann Cohen, M.D., Herbert Fox, M.D., Marian Galewitz, B.A., Sidney Hart, M.D. Sylvia Lesser, B.A., Jerrold S. Maxmen, M.D., Leon McGahee, M.D., Maj-Britt Rosenbaum, M.D., Robert Steinmuller, M.D., Jane Waters, M.S.W., Michael Zales, M.D. This course will present an alternative approach to the "mini-psychiatry residency" model; namely, a "psychiatry for general medicine" model. This model will aim at enhancing the psychiatric skills needed by the non-psychiatric physician. Monday, May 2, 2-5 PM, Fee $25, Spaces Available 100.

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Course #12 Psychodynamics of Administration. Dir: Milton Greenblatt, M.D.; Faculty: Walter Barton, M.D., Garrett O'Connor, M.D., Frederick Redlich, M.D., Harold Visotsky, M.D., L. Jolyon West, M.D. This course will focus on basic administrative principles; the effect of management on therapeutic organizations; the psychopathology of the administrator; and the handling of administrative conflicts, both interprofessional and with the community. Monday, May 2, 2-5 PM, Fee $25, Space Available 70.

American Psychiatric Association
130th Annual Meeting
Toronto, Canada May 2–6, 1977

PRE-REGISTRATION FORM
APA/AMA Category I Continuing Medical Education Courses

Please read pre-registration information at the beginning of the course descriptions before completing this coupon.

Please indicate the course number(s) of the CME courses in which you would like to pre-register. You may pre-register for a maximum of three courses.

1st selection _____ 2nd selection _____ 3rd selection _____

In the event that you have selected three, and one or more is not available, please indicate alternate selections, if any: _____

Enclose a *separate* check for each course selection. If one of the courses you have selected is not available and no alternate choice is available, your check(s) will be returned to you. Checks may be made payable to: "APA Continuing Medical Education." Please indicate the total amount of the checks you are enclosing: $_____

Please print:
Name _____
Address _____
City _____ State _____ Zip _____

Please circle one: APA Member; APA Member-in-training; CPA Member; Spouse of above (course # 2 only)

Return to: APA Continuing Medical Education
P.O. Box 3323
Washington, D.C. 20009

Course #13 The Legal Regulation of Psychiatric Practice. Dir: Robert L. Sadoff, M.D.; Faculty: Richard G. Lonsdorf, M.D., Irwin Perr, M.D., Jonas Rappeport, M.D., Michael L. Perlin, J.D. This course will review the traditional issues involved in recent court decisions including confidentiality, privileged communications, informed consent, commitment procedures, the rights of patients, the right to treatment, the right to refuse treatment, the legal regulation of hospital care of patients, the prediction of violence or dangerousness in patients, and other considerations regulating the practice of psychiatry. Tuesday, May 3, 9-12, Fee $25, Spaces Available 50.

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Course #14 Treatment of Sexual Dysfunctions. Dir: Helen S. Kaplan, M.D.; This course will address methods of treating six sexual dysfunctions, regarded by the instructors as psychomatic, and the new sex therapy will be discussed; its nature and causes, evaluation procedure, and first stages of treatment, will be covered. Tuesday, May 3, 9-12, Fee $25, Spaces Available 125.

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Course #15 Sexual Options and Rehabilitation of Paraplegics. Dir: James C. Folsom, M.D.; Faculty: Bert Pepper, M.D., Christine Lamburscati, J. F. Lyttle, Jr., W. J. Lynch. This course will provide an overview of the psychological aspects of rehabilitating paraplegic patients immediately after an accident and the secondary psychological responses to survival. The area of sexual options will be thoroughly covered since this is the most problematic rehabilitation area facing the paraplegic individual. Tuesday, May 3, 9-12, Fee $25, Space Available 75.

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Course #16 Issues in Aging: Overview Diagnosis and Therapy. Dir: Eric Pfeiffer, M.D.; Faculty: Jack Weinberg, M.D., Carl Eisdorfer, M.D., Bernard Stotsky, M.D., Alvin Goldfarb, M.D. An overview of the basic concepts in the biology, psychology and social aspects of aging will be presented. A discussion of multidimensional screening of the aged with emphasis on the diagnostic concepts involved, followed by a more detailed discussion of treatment modalities. Tuesday, May 3, 9-12, Fee $25, Spaces Available 175.

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Course #17 Assessment and Management of Adolescent Patients. Dir: Max Sugar, M.D.; This course will enhance the general psychiatrist's ability to diagnosis and utilize various treatment approaches with adolescent patients and will update their knowledge of current concepts of adolescent psychopathology and treatment. Topics to be presented include development phases involved in normal adolescence, development theory, physiology, normality studies, and family group and network therapy. Tuesday, May 3, 9-12, Fee $25, Spaces Available 70.

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Course #18 Psychiatric Education for Primary Care Physicians. Dir: Nancy A. Roeske, M.D.; Faculty: C. L. Bowden, M.D., Paul J. Fink, M.D., R. Froelich, M.D., Brian Hennen, M.D., F. Marion Bishop, Ph.D., M.S.P.H. This course will present a variety of models for the psychiatric education of the primary care physician. The models include curriculum for medical students, primary care residents, non-psychiatric faculty and primary care specialities. The systems approach to curriculum conceptualization, development and implementation will be demonstrated. Tuesday, May 3, 9-12, Fee $25, Spaces Available 50.

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Course #19 How to do Psychiatric Research. Dir: John M. Davis, M.D.; Faculty: Herbert Meltzer, M.D., Stephen Ericksen, M.D., David Garver, M.D., Harry Dekirmenjian, Ph.D., Regina Casper, M.D., David Janowsky, M.D. This course will train psychiatrists in the practical aspects of doing clinical research, starting with how research ideas are conceived and ending with the tactics of getting papers published. Tuesday, May 3, 9-12, Fee $25, Spaces Available 40, Registration Guidelines: Oriented toward the young psychiatrist who is anticipating a career in research.

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Course #20 Hysterical Personality: Style and Nuances in Therapy. Dir: Mardi J. Horowitz, M.D.; Faculty: David Allen, M.D., Kay Blacker, M.D., Joe Tupin, M.D., Clifford Attkisson, Ph.D., Lydia Temoshok, Ph.D., Allen Skolnikoff, M.D. This course will present a review of diagnostic dilemmas, themes of treatment, epidemiology including interaction of social roles and incidence, style and communcation patterns, nuances of brief and extended therapy including treatment strategies related to closeness and distance in a relationship and issues of symptom release and substitution. Tuesday, May 3, 9-12, $25, Spaces Available 50.

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Course #21 Women's Studies in Psychiatric Education. Dir: Anne M. Seiden, M.D.; Faculty: Elissa Benedek, M.D., Teresa Bernardez-Bonesatti, M.D., Malkah Notman, M.D., Carolyn Robinowitz, M.D., Alexandra Symonds, M.D., Martha Kirkpatrick, M.D., Elaine Hilberman, M.D. This course will be directed at psychiatrists who are teaching in the areas of psychology of women, sex roles, gender identity, and related issues, or to psychiatrists who wish to incorporate this information in their clinical supervision. Tuesday, May 3, 9-12, Fee $25, Spaces Available 80.

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Course #22 Psychiatric Problems and their Legal Implications. Dir: William D. Weitzel, M.D.; Faculty: Joseph C. Finney, M.D., LL.B., Ruth Jens, M.D., Harvey L. Ruben, M.D., M.P.H., Nathan T. Sidley, M.D. This course will present material on the right to treatment and the right to refuse treatment; how to minimize malpractice risks; the concept of dangerousness and the concepts of privileged communication. Tuesday, May 3, 9-12, Fee $25, Space Available 75, Registration Guidelines: General Psychiatrists who work in either inpatient or outpatient settings.

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Course #23 Dying and Grieving: The Psychiatrist's Role. Dir: John E. Fryer, M.D.; Faculty: Akos Beszterczey, M.D., Samuel C. Klagsburn, M.D., Alan Lyall, M.D., Eddy Pakes, M.D., Joy Rogers, R.N., Mary L. S. Vachon, M.A. This course will present a basic understanding of the role of the psychiatrist in handling the dying patient and his survivors. Research data will be presented and cases will be discussed in small groups. Tuesday, May 3, 9-12, Fee $25, Spaces Available 100.

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Course #24 Clinical Aspects of Peer Review. Dir: Alex Richman, M.D.; Faculty: Henry Pinsker, M.D., Marlin Mattson, M.D., David Tilley, M.A., M.P.H. This course will be directed toward psychiatrists who wish to develop clinically sound peer review procedures which enhance patient care and satisfy administrative requirements. It will provide instruction on integrating utilization and quality review activities within the clinical care systems; selection of topics for patient care evaluations studies; and how to succeed in developing review activities relevant and appropriate to psychiatric care. Wednesday, May 4, 9-5PM, Fee $45, Spaces Available 100, Registration Guidelines: Psychiatrists who are familiar with the basic requirements for peer review, but want help in implementing these procedures in their clinical work.

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Course #25 The Resident Becoming a Psychiatric Teacher. Dir: David W. Cline, M.D.; Faculty: Carol Nadelson, M.D., F. Patrick McKegney, M.D., Carolyn B. Robinowitz, M.D., Hazel Mrazek, M.D., Alan Barnes, M.D. This course will describe multiple aspects of the psychiatric teacher's experiences and will provide the participant with an opportunity to develop teaching skills. Emphasis will be on case oriented, problem solving approaches to teaching medical students, psychiatrists, non-psychiatrist physicians, and other health professionals. In an experiential setting, simulation, audio-visual, and role play techniques will be used to cover curriculum planning, program implementation and evaluation. Wednesday, May 4, 9-5 PM, Fee $45, Spaces Available 30, Registration Guidelines: Psychiatric Residents interested in choosing teaching as a career.

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Course #26 Primary Prevention in Psychiatry—Myth or Reality? Dir: Ruth P. Kane, M.D.; Faculty: Russell Scott, Ph.D., Miriam Sturgeon Hartner, M.D., Barbara Vandivier, M.D., Ann Holzner, M.S.W., Regina Jones, Gwen Medonis, M.S.W., Carrie Knox, Ann Hutchinson, M.S.W., Pauline Johnson, Allen Handford, M.D., Ralph Meador, M.S.W. The course will present a definition of primary prevention and a description of adaptive vs. maladaptive behaviors of children and families. A description of the psychiatrist's role as a consultant to health care givers and human service agencies, focusing on medical, educational, social and judicial system intervention, will be presented. Audio-visual, role play, case presentation and group discussion techniques will be used. Wednesday, May 4, 9-5 PM, Fee $45, Spaces Available 60.

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Course #27 Basic Course in Psychodrama. Dir: Neville Murray, M.D.; Faculty: Dean Elefthary, M.D., James M. Enneis, M.A., Ann Hale, M.A., Tobi Klein, M.S.W., Robert Siroka, Ph.D., Ellen Siroka, Ed.D., Adaline Starr, B.F.A., Jean Wyckoff, R.N.M.L., Zerka Moreno, Lewis Yablonsky, Ph.D. This course will provide instruction in psychodramatic therapeutic process, how to take auxiliary roles, and how to assist with the direction of psychodrama groups. Wednesday, May 4, 9-5 PM, Fee $45, Spaces Available 75, Registration Guidelines: Previous experience in group processes preferred, but not essential.

Course #28 The Approaches to Violent Psychiatric Patients. Dir: John Petrich, M.D.; Faculty: Joseph Tupin, M.D., Louis J. West, M.D., Russell R. Monroe, M.D., Morton Levitt, Ph.D., Dennis Madden, Ph.D., Dietrich Blumer, M.D. This course will focus on the practical treatment of psychiatric patients in whom violence is a symptom. The course will include a discussion of verbal, physical, and non-specific pharmacological restraints for violent patients as well as differential diagnosis, ethical considerations, long-range treatment, neurological evaluation, and long-term chemical treatment of the violent. Wednesday, May 4, 9-5 PM, Fee $45, Spaces Available 75.

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Course #29 Developing Competency—Based Instruction. Dir: Harvey M. Weinstein, M.D.; Faculty: Michael L. Russell, Ph.D., Jeffrey L. Houpt, M.D., Brian S. Gould, M.D. This course will describe a competency-based residency educational model which attempts to specify prior to the educational experience those areas of knowledge, skills, and attitudes to which a resident must be exposed and in which he must demonstrate mastery. The course will cover guidelines for competency-based instruction; the application of competency-based education to consultation-liaison psychiatry, inpatient psychiatry, and interviewing; and provide methods for the evaluation of the competency-based model. Wednesday, May 4, 9-5 PM, Fee $45, Spaces Available 35, Registration Guidelines: Designed for mental health professionals who are actively involved in residency education.

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Course #30 Family Systems Therapy: Theory and Practice. Dir: David Berenson, M.D.; Faculty: Philip J. Guerin, Jr., M.D., Thomas Fogarty, M.D., Kenneth Terkelsen, M.D., Elizabeth A. Carter, M.S.W. This course will provide an introduction to the concepts and techniques of family systems therapy. It will include a discussion of similarities and differences between family systems therapy, family group therapy, and psychodynamic psychotherapy; the theory and practice of working with nuclear family problems; the theory and practice of working with extended families; and the integration of biological and social network interventions with family systems therapy. Wednesday, May, 9-5 PM, Fee $45, Spaces Available 100.

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Course #31 Opiate Dependence: Concepts and Treatments. Dir: Richard B. Resnick, M.D.; Faculty: John Chappel, M.D., Edward Kaufman, M.D., Edward C. Senay, M.D., Abraham Wikler, M.D., Elaine Schuyten-Resnick, M.S.W. This course will provide an overview of basic concepts with an emphasis on teaching differential diagnosis and treatment skills. Patient interviews will be conducted with audience participation. Wednesday, May 4, 9-5 PM, Fee $45, Spaces Available 60.

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Course #32 Management of the Suicidal Patient. Dir: Gerald L. Klerman, M.D.; Faculty: M. Weissman, Ph.D., M. Kovacs, Ph.D., C. Eisdorfer, M.D., Ph.D., John Davis, M.D., A. T. Beck, M.D., J. Rush, M.D., M. Mandel, M.D., M. Dickens. This course will review recent knowledge from the basic sciences, epidemiology, psychopathology, psychopharmacology, and sociology which contribute to the recognition and treatment of suicidal patients. Wednesday, May 4, 9-5 PM, Fee $45, Spaces Available 90, Registration Guidelines: Clinicians as well as administrators responsible for treatment program planning.

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Course #33 Human Sexuality. Dir: Harry A. Croft, M.D.; Faculty: Oliver Bjorksten, M.D., Sheryl Bjorksten, M.S.W., Benay Croft, B.A., Lawrence Jackman, M.D., Sheila Jackman, M.A. This course will offer participants current information about sexual anatomy and physiology, solitary sexuality, heterosexual behavior, homosexuality, and a brief sexual counselling techniques. Wednesday, May 4, 9-5 PM, Fee $45, Spaces Available 60.

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Course #34 Recent Advances in Intensive Psychotherapy. Dir: Richard D. Chessick, M.D. This course will clarify and discuss the basic assumption and principles of modern intensive psychotherapy. The overall aim is to enable the participant to decide which aspects of these psychotherapeutic procedures are useful in his personal style of psychotherapy. The course will also present the premises and conflicting and complementary notions in intensive psychotherapy, a discussion of opposing views on object relations and their consequences for practical psychotherapeutic technique, and selected case material. Wednesday, May 4, 9-5 PM, Fee $45, Spaces Available 100.

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Course #35 Psychosexuality: Problems in Sexual Identity. Dir: Betty W. Steiner, M.D.; Faculty: J. Hoenig, M.D., Susan Bradley, M.D., Joseph T. Glaister, M.D., John A. Satterberg, Ph.D., Kurt Freund, D. Sc. This course will provide the clinical psychiatrist with necessary foundations for the adequate diagnosis and management of patients presented with problems associated with the formation and development of themselves as a man or a woman The course will focus on the taking of a complete psychosexual history, an analysis of problems connected with gender confusion, and the ability to make rational decisions concerning the diagnosis and future management of these patients. Wednesday, May 4, 9-5 PM, Fee $45, Spaces Available 45.

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Course #36 Understanding Hypnosis and its Clinical Uses. Co-Dirs: Fred H. Frankel, M.B., Ch.B., D.P.M.; Martin T. Orne, M.D. This course will focus on data evolving from experimental work, both clinical and laboratory, in regard to uses of hypnosis. The course will provide the basic science and clinical theory necessary for an intelligent understanding of any encounter with hypnosis, ranging from appropriate referral to actual use of the technique. Instruction in the actual practice of hypnosis will not be included. Wednesday, May 4, 9-5 PM, Fee $45, Spaces Available 35.

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Course #37 Group Therapy Methodology for Chronic Schizophrenics. Dir: Jerome Steiner, M.D.; This course will present a discussion of conceptualizations of group dynamics and processes with specific emphasis on the schizophrenic in treatment. Problems in group formation and utilization will be emphasized. Wednesday, May 4, 9-5 PM Fee $45, Spaces Available 25, Registration Guidelines: A minimum of one year of experience (post-residency) with groups and schizophrenic patients.

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Course #38 Uses of Transactional Analysis by Practicing Psychiatrists. Dir: John M. Dusay, M.D.; Faculty: Michael Dubriwny, M.D., Katherine M. Dusay, M.A., Richard Abell, M.D., William Holloway, M.D. This course, designed for the practicing clinician as a basic introduction to theory and technique, will present an overview of transactional analysis as a psychotherapy model for individuals, families and groups. Following demonstration, participants will have opportunity to practice these techniques. Wednesday, May 4, 9-5 PM, Fee $45, Spaces Available 50.

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Course #39 Psychotherapy of Schizophrenia. Dir: Silvano Arieti, M.D.; Faculty: Harry D. Albert, M.D., David V. Forrest, M.D., Michael H. Stone, M.D. This course will address itself to the basic concepts that make psychotherapy with the schizophrenic different from that practiced with other patients. These concepts will be reviewed and critically evaluated. Wednesday, May 4, 9-5 PM, Fee $45, Spaces Available 50.

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Course #40 Behavior Therapy Techniques for the Psychiatrist. Dir: Joseph Wolpe, M.D.; Faculty: Gerald Groves, M.D. This course will acquaint the participant with basic behavior therapy techniques. Theory and methods will be discussed. Practicums, focusing on systematic desensitization and assertive training, will be offered. Wednesday, May 4, 9-5 PM, Fee $45, Spaces Available 40.

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Course #41 Current Concepts in Clinical Psychopharmacology. Dir: Steven Lipper, M.D., Ph.D.; Faculty: John M. Davis, M.D., Leo E. Hollister, M.D., David Janowsky, M.D., Richard I. Shader, M.D. This course will review current concepts concerning the clinical psychopharmacology of the major and minor tranquilizers, lithium, and the tricyclic antidepressants. Wednesday, May 4, 9-5 PM, Fee $45, Spaces Available 125.

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Course #42 Skills in Consultation to Human Service Agencies. Dir: Maurice Banderpol, M.D.; Faculty: Harvey S. Waxman, Ph.D., Jean K. Mason, M.A. This course will focus on what is involved in the basic shift from clinician to consultant. After an outline of the conceptual framework and dynamics of the consultative relationship, techniques to be covered include entering into a contract, developing the alliance, evaluation and termination. Thursday, May 5, 9-5 PM, $45, Spaces Available 25.

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Course #43 Intergenerational Family Therapy: Fact or Fiction? Dir: Edwrad W. Beal, M.D.; Faculty: Ivan Boszormeny-Nagy, M.D., Murray Bowen, M.D., Michael Kerr, M.D., David Musto, M.D. This course will acquaint the general psychiatrist with the theory of family process and its application to clinical situations. It will specifically address the issue of intergenerational family theory and therapy and will contrast it with conventional theory which approaches family relationship processes as symbolic phenomena appearing in the transference relationship between patient and therapist. Two different family theoretical perspectives will be presented as they relate to intergenerational relationship problems and symptomatology. Thursday, May 5, 9-5 PM, Fee $45, Spaces Available 90.

* * *

Course #44 The Diagnostic Assessment of Sexual Disorders. Dir: Anne C. Redmond, M.D.; Faculty: Emile Bendit, M.D., Lois Blum, M.M.H., Leonard Derogatis, Ph.D., Ellen Halle, M.M.H., Jane Lucas, R.N., Jon Meyer, M.D., Chester Schmidt, Jr., M.D., Elaine Smith, R.N., M.P.H., Thomas Wise, M.D. This course will focus on the factual information needed for an adequate sexual history; the examination and tests necessary for a complete diagnostic assessment of a sexual disorder; the manifest clinical syndromes which comprise the sexual disorders; and the techniques for making a differential diagnosis. Thursday, May 5, 9-5 PM, Fee $45, Spaces Available 50, Registration Guidelines: Practicing Psychiatrists and Third-Year Residents.

* * *

Course #45 Administration in Psychiatric Practice. Dir: Walter E. Barton, M.D.; Faculty: Gail M. Barton, M.D., M.P.H. This course will describe a model for a sequence on administration in the third year of psychiatric residency for directors of training and offer an overview of the more important applications of administration to psychiatric practice. Topics include teaching administration, management function, administrative theory, organization structure, power and politics, accountability, and quality control and administrative practice. Thursday, May 5, 9-5 PM, Fee $45, Spaces Available 100.

* * *

Course #46 TA/Script Analysis for Psychoanalytic Therapists. Dir: William H. Holloway, M.D.; Faculty: Robert C. Drye, M.D., Robert L. Goulding, M.D. This course is designed to familiarize participants with *advanced* TA theoretical concepts. Methods for establishing treatment contracts will be demonstrated. Effective confrontation of the patient's life script patterns, which serve as an effective short-term psychotherapy technique will be taught. Thursday, May 5, 9-5 PM, Fee $45, Spaces Available 35.

* * *

Course #47 Diagnosis of Treatment and Sleep Disorders. Dir: Ismet Karacan, M.D.; Faculty: William C. Dement, M.D., Milton Kramer, M.D., David J. Kupfer, M.D., David C. Kay, M.D., Elliot Weitzman, M.D., Robert L. Williams, M.D. This course will provide a basic knowledge about the psychobiological aspects of sleep and sleep related disorders, including dream disturbances. Thursday, May 5, 9-5 PM, Fee $45, Spaces Available 35.

* * *

Course #48 Identity Crisis for Women in a Changing Society. Co-Dirs: Elizabeth Metcalf, Ph.D. and Mariamne Brauzer, ACSW; This course will utilize seminars and small groups to focus on historical, personal, educational, vocational, legal, financial, social, and sexual factors which contribute to the identity crisis. Methods for assistance in the resolution of these identity crises will be presented. Thursday, May 5, 9-5 PM, Fee $45, Spaces Available 45, Registration Guidelines: For spouses only. No advance registration. Registration available on a first-come, first-serve basis at the convention.

* * *

Course #49 Brief Dynamic Psychotherapy. Dir: Peter E. Sifneos, M.D.; The course will emphasize brief psychodynamic psychotherapy as a treatment of choice for selected patients. The criteria for candidate selection, specialized techniques, the utilization of transference, and early termination will be described in detail. The criteria for scientific evaluation of psychotherapeutic outcome will also be presented. Video tapes will be presented with discussion. Thursday, May 5, 9-5 PM, Fee $45, Spaces Available 100, Registration Guidelines: For participants with psychodynamic training and some experience in brief dynamic psychiatry.

* * *

Course #50 Principles & Practice of Behavior Therapy. Dir: Robert P. Liberman, M.D.; Faculty: Murray Brown, M.D., Richard Heinrich, M.D., Gene Moss, M.D., Michael Pertschuk, M.D., George Saslow, M.D. This course will inculcate skills in the use of selective behavior therapy techniques and bring about cognitive mastery of the principles of behavior analysis. The areas to be covered include disorders of self-control, anxiety disorders, social skill deficits, psychomatic disorders, and psychotic symptoms. Thursday, May 5, 9-5, PM, Fee $45, Spaces Available 50.

* * *

Course #51 Gestalt Therapy for the Practicing Psychiatrist. Dir: Robert W. Resnick, Ph.D.; Faculty: Arnold R. Beisser, M.D., Gary M. Yontef, Ph.D. This course will provide a description of Gestalt Therapy and how it purports to work. Participants will also be able to experience directly, via a small group experience, the actual work of Gestalt Therapy.

Continued on page 37

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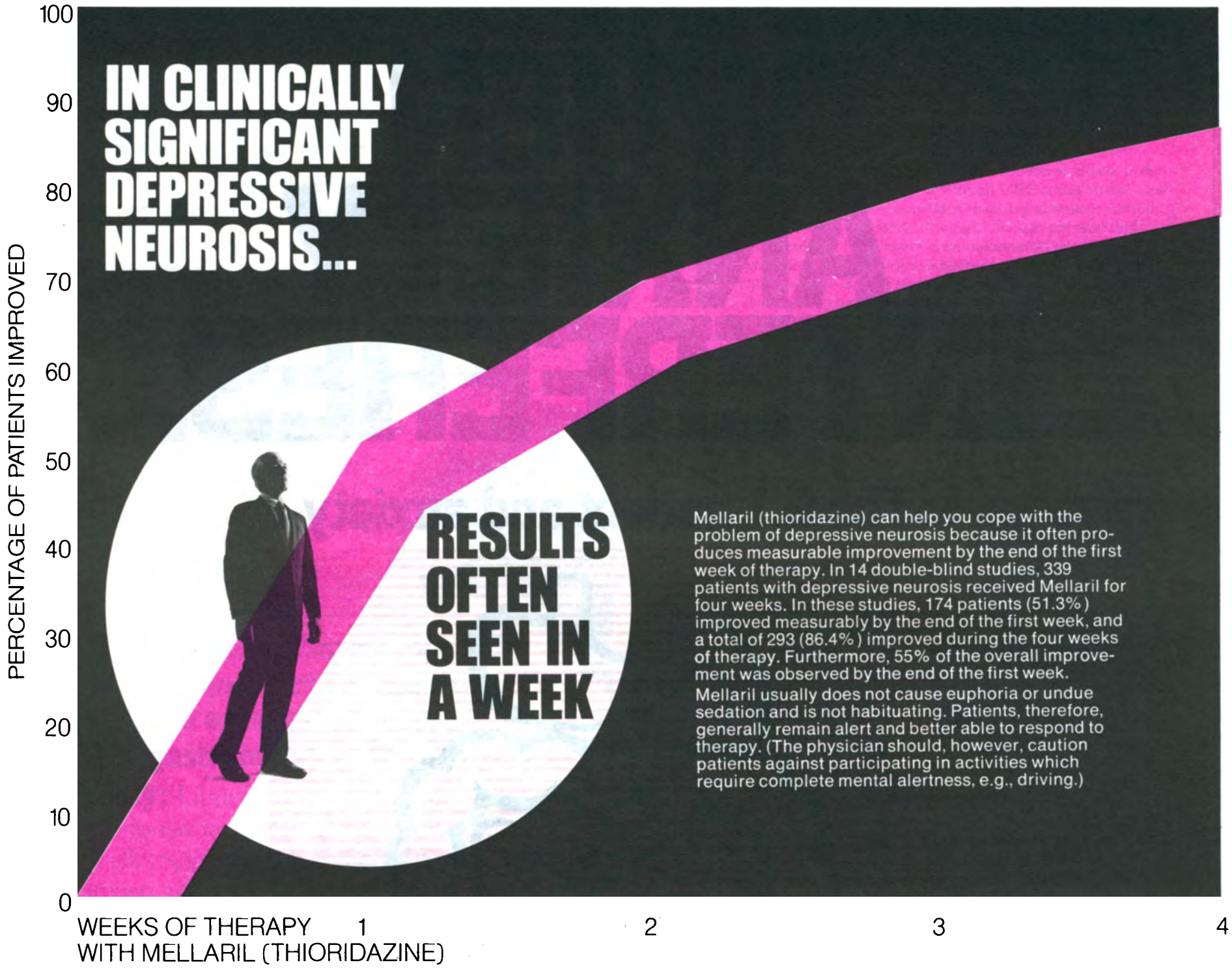

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Before prescribing or administering, see Sandoz literature for full product information. The following is a brief summary.

Contraindications: Severe central nervous system depression, comatose states from any cause, hypertensive or hypotensive heart disease of extreme degree.

Warnings: Administer cautiously to patients who have previously exhibited a hypersensitivity reaction (e.g., blood dyscrasias, jaundice) to phenothiazines. Phenothiazines are capable of potentiating central nervous system depressants (e.g., anesthetics, opiates, alcohol, etc.) as well as atropine and phosphorus insecticides; carefully consider benefit versus risk in less severe disorders. During pregnancy, administer only when the potential benefits exceed the possible risks to mother and fetus.

Precautions: There have been infrequent reports of leukopenia and/or agranulocytosis and convulsive seizures. In epileptic patients, anticonvulsant medication should also be maintained. Pigmentary retinopathy, observed primarily in patients receiving larger than recommended doses, is characterized by diminution of visual acuity, brownish coloring of vision, and impairment of night vision; the possibility of its occurrence may be reduced by remaining within recommended dosage limits. Administer cautiously to patients participating in activities requiring complete mental alertness (e.g., driving), and increase dosage gradually. Orthostatic hypotension is more common in females than in males. Do not use epinephrine in treating drug-induced hypotension since phenothiazines may induce a reversed epinephrine effect on occasion. Daily doses in excess of 300 mg. should be used only in severe neuropsychiatric conditions.

Adverse Reactions: *Central Nervous System*—Drowsiness, especially with large doses, early in treatment; infrequently, pseudoparkinsonism and other extrapyramidal symptoms; rarely, nocturnal confusion, hyperactivity, lethargy, psychotic reactions, restlessness, and headache. *Autonomic Nervous System*—Dryness of mouth, blurred vision, constipation, nausea, vomiting, diarrhea, nasal stuffiness, and pallor. *Endocrine System*—Galactorrhea, breast engorgement, amenorrhea, inhibition of ejaculation, and peripheral edema. *Skin*—Dermatitis and skin eruptions of the urticarial type, photosensitivity. *Cardiovascular System*—ECG changes (see *Cardiovascular Effects* below). *Other*—Rare cases described as parotid swelling.

The following reactions have occurred with phenothiazines and should be considered: *Autonomic Reactions*—Miosis, obstipation, anorexia, paralytic ileus. *Cutaneous Reactions*—Erythema, exfoliative dermatitis, contact dermatitis. *Blood Dyscrasias*—Agranulocytosis, leukopenia, eosinophilia, thrombocytopenia, anemia, aplastic anemia, pancytopenia. *Allergic Reactions*—Fever, laryngeal edema, angioneurotic edema, asthma. *Hepatotoxicity*—Jaundice, biliary stasis. *Cardiovascular Effects*—Changes in terminal portion of electrocardiogram, including prolongation of Q-T interval, lowering and inversion of T-wave, and appearance of a wave tentatively identified as a bifid T or a U wave have been observed with phenothiazines, including Mellaril (thioridazine); these appear to be reversible and due to altered repolarization, not myocardial damage. While there is no evidence of a causal relationship between these changes and significant disturbance of cardiac rhythm, several sudden and unexpected deaths apparently due to cardiac arrest have occurred in patients showing characteristic electrocardiographic changes while taking the drug. While proposed, periodic electrocardiograms are not regarded as predictive. Hypotension, rarely resulting in cardiac arrest. *Extrapyramidal Symptoms*—Akathisia, agitation, motor restlessness, dystonic reactions, trismus, torticollis, opisthotonus, oculogyric crises, tremor, muscular rigidity, and akinesia. *Persistent Tardive Dyskinesia*—Persistent and sometimes irreversible tardive dyskinesia, characterized by rhythmical involuntary movements of the tongue, face, mouth, or jaw (e.g., protrusion of tongue, puffing of cheeks, puckering of mouth, chewing movements) and sometimes of extremities may occur on long-term therapy or after discontinuation of therapy, the risk being greater in elderly patients on high-dose therapy, especially females; if symptoms appear, discontinue all antipsychotic agents. Syndrome may be masked if treatment is reinstituted, dosage is increased, or antipsychotic agent is switched. Fine vermicular movements of tongue may be an early sign, and syndrome may not develop if medication is stopped at that time. *Endocrine Disturbances*—Menstrual irregularities, altered libido, gynecomastia, lactation, weight gain, edema, false positive pregnancy tests. *Urinary Disturbances*—Retention, incontinence. *Others*—Hyperpyrexia; behavioral effects suggestive of a paradoxical reaction, including excitement, bizarre dreams, aggravation of psychoses, and toxic confusional states; following long-term treatment, a peculiar skin-eye syndrome marked by progressive pigmentation of skin or conjunctiva and/or accompanied by discoloration of exposed sclera and cornea; stellate or irregular opacities of anterior lens and cornea; systemic lupus erythematosus-like syndrome.

Dosage: Dosage must be individualized according to the degree of mental and emotional disturbance, and the smallest effective dosage should be determined for each patient. In adults with depressive neurosis the usual starting dosage is 25 mg t.i.d. and the dosage ranges from 10 mg b.i.d. to q.i.d. in milder cases to 50 mg t.i.d. or q.i.d. for more severely disturbed patients; the total daily dose ranges from 20 mg to a maximum of 200 mg.

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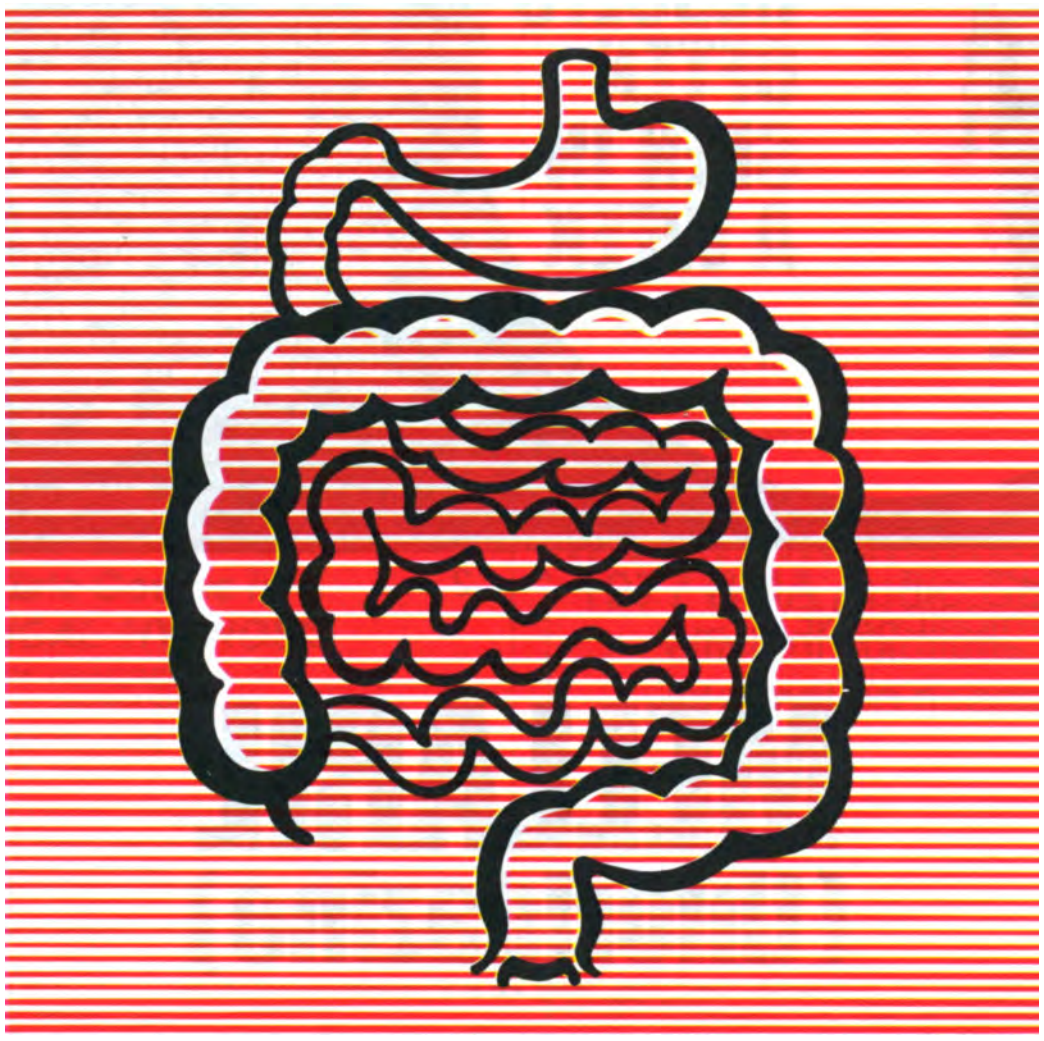
WHEN ANXIETY INTERFERES.

The G.I. patient and anxiety.



"Most patients find the doctor's implicit or explicit interest in their emotional state very reassuring. The doctor's statement that the patient is demanding too much of himself can be viewed as permission or a direction to take things easier."*

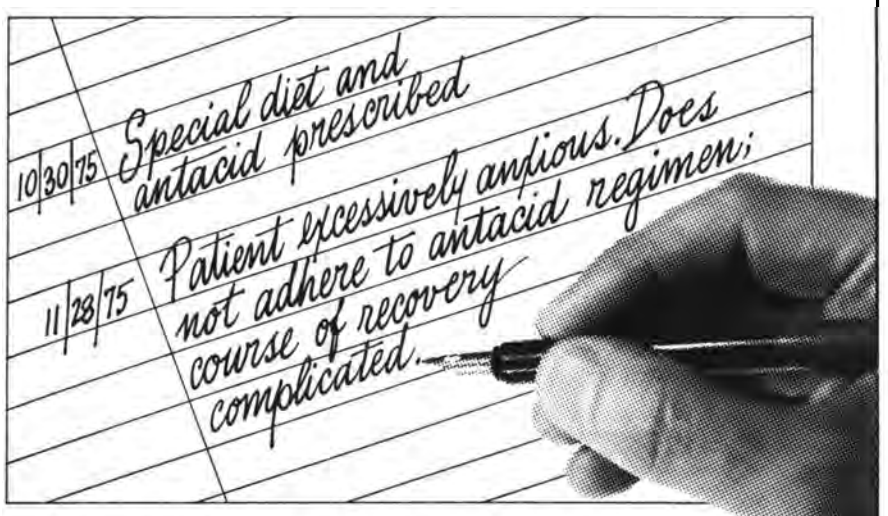
The acute attack is under control. Your ulcer patient is home. How fully he complies with your prescribed regimen (diet, medication, reduced physical and mental stress) depends on his frame of mind—for instance, whether and to what degree he is anxious.

Anxiety can be a natural reaction to the stress of a gastrointestinal disorder. In fact, the G.I. patient with a realistic concern about getting better is often more motivated to adhere to your treatment guidelines. But when anxiety becomes excessive, it can interfere with patient management.

Counseling and reassurance are often enough

When anxiety interferes with your patient's rehabilitation, it may be helpful to intervene with supportive counseling or, possibly, to advise that

he give up "excesses" — be they physical or emotional. Sometimes, however, the G.I. patient may remain anxious and noncompliant despite all the reassurance you can give. At such times you may wish to consider the adjunctive use of an antianxiety agent — to reduce the excessive anxiety that interferes with the management of the G.I. patient.



Librium (chlordiazepoxide HCl) often an effective adjunct in the excessively anxious gastrointestinal patient

Safety: Librium has a documented favorable benefits-to-risk ratio. Because of its low incidence of side effects, it is considered one of the safest antianxiety agents available. Furthermore, Librium seldom adversely affects the gastrointestinal system — an important consideration when treating the G.I. patient. See complete product information for warnings, precautions and adverse reactions.

Performance: Hundreds of clinical trials, thousands of published papers and millions of successfully treated patients validate the performance record of Librium.

Concomitant use: Of special significance in treating the G.I. patient is the fact that Librium is used concomitantly with such primary gastrointestinal medications as anticholinergics and antacids.

*Flynn WE: *Postgrad Med* 47:119-122, May 1970

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Relief of anxiety and tension occurring alone or accompanying various disease states.

Contraindications: Patients with known hypersensitivity to the drug.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering to addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported.

Usage in Pregnancy: **Use of minor tranquilizers during first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.**

Precautions: In the elderly and debilitated, and in children over six, limit to smallest effective dosage (initially 10 mg or less per day) to preclude ataxia or oversedation, increasing gradually as needed and tolerated. Not recommended in children under six. Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (*e.g.*, excitement, stimulation and acute rage) have been reported in psychiatric patients and hyperactive aggressive children. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

Adverse Reactions: Drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally, making periodic blood counts and liver function tests advisable during protracted therapy.

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THE ANXIETY-SPECIFIC

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Continued from page 1

ECT, as well as on its side effects and after effects. Doctors do agree that the use of ECT has been abused. These abuses were revealed continually in committee hearings on the bill. Ex-patients gave personal accounts of permanent memory loss, impaired learning ability, and a profound sense of alienation. . . . The question is: Should patients have a right to be fully informed about the treatment in advance? Should patients have the right to consent to, or to refuse, the treatment? The FCL feels that patients should have these rights. Although patients who are found incapable of consent may continue to be treated against their will under AB 1032, the bill offers substantial protections hitherto absent from the law."

Explaining further, a spokesperson from FCL wrote to *Psychiatric News*, "Quakers believe that there is that of God in each of us. If that is so then no class of people (e.g., mental patients) should be denied rights as human beings. So many ex-mental patients testified about their experiences undergoing ECT as a violent, hostile assault. One or two people have said it saved their lives. With this kind of disagreement—and by far the majority of ex-patients opposed, and only doctors supported—we came down in favor of informed consent. Freedom of information seems only fair when dealing with a treatment that does permanent harm and may produce lasting hostilities."

'Abuse in Itself'

The Church of Scientology's Citizens Commission on Human Rights, in a publication entitled "Electro-Convulsive Treatment and Psychosurgery: A Submission," put forth three premises: *a*) electro-convulsive treatment is an abuse in itself, *b*) the use of electro-convulsive treatment has become an expediency, and *c*) ECT causes permanent brain damage.

In public hearings on AB 4481, reported in the San Francisco *Examiner*, John Friedberg, M.D., an emergency room physician at Alta Bates Hospital in Berkeley, who said he was fired from a neurology residency at Langley Porter Neuropsychiatric Institute for protesting shock treatment, said, "Shock treatment . . . is a stupid, harmful thing to do to people and should sink into the oblivion of history like leeching, dunking, and the iron maiden." In the same *Examiner* article, Wade Hudson, from the Network Against Psychiatric Assault, is quoted as saying, "We are concerned about fraud, and we are concerned about force. We are concerned about deception, misinformation, and outright lies, and we are concerned about coercion, intimidation, and high pressure tactics, especially behind closed doors at Langley Porter." He said the burden of proof of the treatment's efficacy lies with its proponents and that no studies have ever conclusively proven its safety and effectiveness. Psychiatrist Lee Coleman, M.D., agreed with Hudson's testimony, saying, "If you can't say what the risk-benefit ratio is then it is still an experimental procedure."

Other testimony reported in the *Examiner* came from Ollie Bozarth, co-chairperson of the California mental health task force of the National Organization of Women, who said NOW protested the use of ECT because "it is used predominantly on women," and that a study had shown that over 70 percent of ECT was performed on women "whose only illness is nonconformity to the role of women demanded by society." An ECT "veteran," Bozarth described the treatment as being "like a tornado, leaving some areas undamaged while destroying adjacent areas." She wrote to *Psychiatric News*, "I guarantee you that if a doctor had to receive a shock treatment for each one he prescribed, he'd quickly think of another 'treatment.' Also, if you removed the huge monetary rewards to doctors and hospitals which give shock, that would stop them. That's a challenge."

Another tack is taken by Brent A. Barnhart, an ACLU legislative representative, and his two co-authors, Michael Lee Pinkerton and Robert T. Roth, in an article entitled "Informed Consent to Organic Behavior Control: An Analysis of the Element of Competency," soon to appear in the *Santa Clara Law Review*. In the article, the authors outline the three elements of informed consent (knowledge, volition, and competency) and argue that consent should be redefined "entirely in terms of knowledge and volition; competency should be eliminated as an additional element. We are persuaded that this third element is a value-laden concept which permits the negation of an individual's informed and voluntary choice on the basis of criteria not subject to factual analysis." They feel that elements of informed consent beyond knowledge and volition "add nothing by way of protection. On the contrary, they serve to negate the person's ability to make his or her own informed and voluntary decision. . . . The addition of the competency element gives authorities the power to negate, based upon personal opinions regarding the advisability of the decision or medical diagnoses concerning 'mental illness,' a voluntary and knowledgable decision. . . . Since there is wide disagreement within these disciplines as to the appropriateness of a positivistic medical model, and hence the legitimacy of labeling individuals as 'mentally ill,' 'mentally disordered,' 'incompetent,' and 'incapacitated,' it is inappropriate for the law, on the basis of such conceptions, to countenance treatments which affect the very core of the individual." Referring to AB 1032's provision for transfer of ability to give informed consent to a relative or other appropriate third party if the patient is deemed incapable, the authors state, "It is our view that consent given by a third party for the purpose of altering mentation is not legitimate consent—that an individual's consent to such treatment cannot be transferred or substituted."

Opposition to AB 1032 was not nearly as broadly based as support; rather it came almost entirely from the medical community. In a memorandum on legislation, the Northern California Psychiatric Society stated its position that "all of these moves toward legislative regulation represent unwise and potentially harmful actions which jeopardize the effective practice of medicine.

"No treatment in medicine is perfect, no doctor is immune to making mistakes. Undoubtedly, instances can be found where bad judgment or self-interest has dominated treatment. Similar imperfections can be found in any business, or profession, or in public service. It is the position of the society that such instances are rare in

Continued on facing page

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psychiatric practice, and that when they occur they are best handled by panels of physicians from the same specialty to review the problems and take appropriate action.

"Such peer judgment as a means of establishing and enforcing standards of medical and psychiatric practice is being extended widely in California. This is the trend which the society believes to be in the public interest, rather than a multiplication of legislative restrictions and interdictions."

A spokesman for the California Mental Health Association outlined for *Psychiatric News* that group's three-point opposition. First, he said, the association feels that strong informed consent criteria are vital and that if good criteria exist they are all that is needed before treatment is performed; otherwise there is intrusion into the physician-patient relationship which should not exist. If the patient is incompetent to give informed consent, it should be given by the next of kin or a conservator. The group's next area of objection lies with the absolute prohibition of ECT on minors, even in life-threatening circumstances, a position seen as being too extreme. Finally they feel that the law is too cumbersome and too costly to be practically used and pointed out that the extra cost falls on the patient and the taxpayer. The California Medical Association took a position similar to those of the California Psychiatric Association and California Mental Health Association.

'Asinine'

In a telephone interview with *Psychiatric News*, Gary Aden, M.D., speaking for the International Psychiatric Association for the Advancement of Electrotherapy (the group prefers not to use the terms "shock" or "convulsive"), said that group objects to AB 1032 as being an "asinine" and "self-defeating" piece of legislation. He said the group does not feel that guidelines can be laid by legislative fiat for medical practices and that such laws are dangerous not just for electrotherapy but for other medical practices. He said public policy should be formulated on the basis of accomplishment rather than on the theoretical potential for abuse, noting that any medical procedure can be abused. He cited the following as potential operational hazards to the law:

- Voluntary patients' access to treatment may be compromised.
- He predicted that increasingly psychiatrists will avoid becoming involved with involuntary patients.
- The bill has a deterrent effect on the administration of ECT, causes undue delay for the patient to receive treatment, and may result in a suicide in the meanwhile.
- He said that the spectre of seeing involuntary patients who are homicidal or a danger to themselves being taken miles from the hospital to the courtroom to determine that they may or may not receive ECT "is in my mind tragic." (He said judges in San Diego, and he does not know the policy in other locations, will not go to the hospital for hearings.)

Aden further stated that there is increasing evidence that ECT may be preferential to drugs in the treatment of depressions, and said some studies suggest that ECT resulted in less morbidity and less mortality than drug treatment. Aden said a lawsuit challenging the constitutionality of AB 1032 will definitely be filed by his group.

Ed Rudin, M.D., director of the Sutter Memorial Mental Health Center, in Sacramento, spoke to *Psychiatric News* about some of the gray areas in AB 1032, perhaps the greatest of which is the question of appeal mechanisms. He said that psychiatrists are reading the wording of the law to mean that if the decision on the patient's competency to give informed consent is not unanimous the matter goes into a hearing procedure, and if agreement is lacking as to the need for the recommended treatment, the treatment would probably not be given. He said the law is unclear in cases in which the physicians are in disagreement and the patient wants the treatment; the question of whether the patient prevails must be answered in court, he said.

Rudin said the dilemma of who pays for the additional personnel required for review procedures is one reason the law is being challenged. He noted that California has a law stating that a bill mandating the expenditure of additional funds must also include an appropriation of those funds or a statement in the bill that the expenditure of extra funds will not be necessary (AB 1032 has the latter). Under AB 1032, if a patient falls in the Short-Doyle category, any additional costs, including reviewing physicians but not necessarily lawyers, would be covered under the Short-Doyle allocation; however there was no addition to the Short-Doyle allocation for these procedures.

Rudin cited as a precedent the old abortion laws calling for additonal reviewing physicians, for whom the patient was obliged to pay. He speculated that the same standard would apply to AB 1032 but said this question, too, may be tested in court.

He said AB 1032 is more lenient on the need to exhaust all alternative treatments before recommending ECT than AB 4481 was, noting that the older bill required the trying and elimination of all less intrusive treatments first. AB 1032 requires the presentation of all the available choices with full explanation, he said, but the patient can then choose which treatment he/she prefers if competent to give informed consent.

Although the large bulk of opposition to AB 1032 came from medicine, there were a few patients who came forward to testify on the benefits of ECT, although there were far more who testified as to its adverse effects. One patient who said she benefited from the treatment was quoted in the same San Francisco *Examiner* article as Friedberg and Bozarth. She said, "It is by far the most effective therapy for severe depression that exists. . . . There is no pain I have been through, including severe burns, that is as horrible as severe depression."

As with most questions of freedom, dignity, and humanity, there is no easy answer, no pat formula to be applied across the board. AB 1032 is, unfortunately, no exception, and, as with *Tarasoff* and Caesar, the world will once again be watching California for an answer.

1B-19

Annual Meeting

THE THIRD ANNUAL MEETING of the Eastern Association for Sex Therapy will be held March 3-5 in New York. Further information is available from Lawrence Sharp, M.D., 145 E. 35th St., New York, N.Y. 10016. 2A-101

Rt. to Treatment

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of developing criteria for adequate treatment is considerably more complex and more controversial. Minimum custodial care requires the availability of adequate staff to provide medical care, nutritious and palatable food in sufficient quantity, humane shelter in an uncrowded and pleasant setting, opportunities for recreational and vocational activities, and reasonable protection from self and others. These aspects of care should be incorporated in a total environment which is compatible with basic human comfort and dignity. Further, the caring environment should be only as restrictive of personal liberty as is necessary to protect and meet the needs of the patient and society. . . ."

In outlining measures to assure adequate treatment, the statement notes that this goal "is best achieved by assuring the availability of a medical and allied health professional staff which is adequate in numbers and training. The difficult and controversial task of establishing numbers and ratios must be accomplished by appropriate professional organizations. Treatment is defined to include active intervention of a psychological, biological, physical, chemical, educational, or social nature where the application of the individual treatment plan is felt to have a reasonable expectation of improving the patient's condition."

The position statement goes on to outline the birth of the concept of a right to treatment as advanced by Morton Birnbaum, M.D., in 1960 and legally upheld in 1966 by Judge David Bazelon in the landmark *Rouse v. Cameron* case in Washington, D.C., and says, "The American Psychiatric Association acknowledges its responsibility and that of its members—shared with many other organizations and individuals—to work for full recognition and implementation of this right for all of the mentally disabled, whether or not hospitalized. . . ."

Continuing, the APA position notes, "While the courts have focused on the difference between voluntary and involuntary status in the hospital, the distinction is irrelevant in actual practice. In fact, voluntary and involuntary patients in our hospitals are mingled in every care and treatment activity, essentially without regard to their commitment status. Care and treatment decisions are based on age, diagnosis, and functional variables. Since involuntary or voluntary status has no psychiatric relevance, hospital staff should, whenever possible, not be forced to make a distinction between these groups. As physicians we should only make distinctions and judgments on the basis of individual medical need.

"Once the right to have adequate care and treatment available to the mentally disabled is recognized, and adequate financial resources are provided and utilized, the specific care and treatment plan for each individual patient is a clinical matter to be determined by the responsible psychiatrist."

The APA statement refers to the famed *Wyatt v. Stickney* (now *Wyatt v. Aderholt*) case for identification of the principal aspects of an adequate treatment program: *a*) an individual treatment plan for each patient, *b*) adequate staffing in numbers and training to provide treatment, and *c*) a humane physical and psychological environment, conditions all dependent upon available financing for implementa-

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tion, particularly in public facilities. APA places the onus of provision of funds on society to be executed through its agencies. "Society has failed to provide sufficient funds to support the right to adequate care and treatment of the mentally disabled," says the statement. "The provision of such funds by state and federal sources is an essential next step along the road to implementation of the right. . . . The American Psychiatric Association stands ready to assume its role along with other professional organizations to further the implementation of the right."

APA recognizes, in the newly adopted position, the difference between providing lip service for a position and taking active measures to enforce it, and says, "Psychiatrists responsible for public and other mental health services are often assigned the duty of treating patients legally committed to their care, where the actual facilities and staff resources supplied by society are simply inadequate to the task. This has placed an unfair and unjust burden on these psychiatrists. For this reason we encourage psychiatrists to document and inform their employers, community, and professional organizations about inadequate resources for the care and treatment of their patients. Physicians are dependent upon society, through its agencies, for the provision of adequate funds and other resources necessary to meet their moral and medical responsibilities. It would be unjust and unreasonable for courts to hold psychiatrists personally and individually responsible for resource deficiencies which are actually the responsibility of society. Such decisions can only have a negative effect on the implementation and enforcement of the right to adequate care and treatment, since they will deter qualified psychiatrists from working in the very setting where they are most needed."

APA acknowledges the possibility that "the right to adequate care and treatment may be misunderstood and even be used in some cases in a coercive manner" and indicates that the Association's concern is that "adequate care and treatment be available," noting that, as in the general practice of medicine, the patient's informed consent is necessary except in emergencies. "No patient," says the statement, "should be treated against his will unless some procedural safeguards are instituted. Since a patient's refusal of necessary treatment may not be in his best interest, some means of allowing him to receive proper medical care with the least amount of time-consuming procedures must be developed." Several alternatives, depending on the circumstances, are recommended:

- court-authorized treatment at the time of commitment,
- court evaluation for competency to consent or to refuse treatment,
- in-hospital review committees (with outside representatives),
- administrative-judicial hearings,
- authorization for treatment on the basis of valid (legal) commitment certificates.

"These alternatives," warns the statement, "may represent a new departure from usual past procedures and, therefore, will require further study and trial."

In addition to APA's previous statements on the adequacy of treatment and on involuntary hospitalization of

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board opinion #32, and we believe you should be aware of the abusive practices of many state-employed psychiatrists and physicians which led to our promulgation of a more rational and equitable procedure for screening such activity."

Board opinion #32 is one result of an executive order made by Governor Carey in May 1975 requiring financial disclosure statements from state employees working for agencies whose heads are appointed by the governor and who make at least $30,000 yearly. The order required that anyone who filed the statement had to receive clearance from the recently created board of public disclosure before continuing or initiating any outside employment. Opinion #32 was issued in order to give a guideline for how the board would handle outside employment requests for department of mental hygiene employees affected by the executive order.

The opinion was issued after considerable scrutiny of records kept by department of mental hygiene facility directors on outside employment. Since 1973, DMH Regulation 38-90 has governed practices in the department of mental hygiene. Cabin told *Psychiatric News* that, as the result of Governor Carey's original order, the board of public disclosure asked each of the 60 facilities in the DMH system to provide records on outside employment approvals for all employees making $30,000 or more. He said that the board found DMH Regulation 38-90 to give no clear guidelines as to the volume or type of outside work that might constitute a conflict. It had been, in Cabin's words, "applied on an informal basis. Some facilities could not even provide information because records were so informal." In fact, of 1,500 employees covered, Cabin said, only 900 cases had any documentation at all, and of these, 75 had received approval for 20-40 and another 125 for 10-20 hours per week of outside work.

Governor Carey then issued executive order 10.1, which expanded the original order to cover all those employees in managerial positions in both state facilities and public benefit corporations. No ruling has yet been made on how these will be handled. Cabin noted that "about a dozen professional organizations" similar to APA had written Governor Carey about the effects of the order.

In his reply to Gibson, Cabin observed: "Your letter speaks in generalities, and I believe if you will review all of the attached correspondence, you will realize that our ruling is based on facts and a realistic consideration of the situation in New York state. As in all cases, we also invite you to provide us with relevant data. Since you are a national organization, you might be able to provide us with comparative data on outside employment policies and procedures in other states and comparative pay and benefit scales for state-employed mental hygiene employees in other states. Such data would be most helpful. We assume that individual state employees in New York and their representative associations will follow our procedures and provide us with specific factual data germane to the consideration of their individual cases."

Cabin told *Psychiatric News* that New York commissioner of mental hygiene, Lawrence Kolb, had agreed "in principle" with the board decision but

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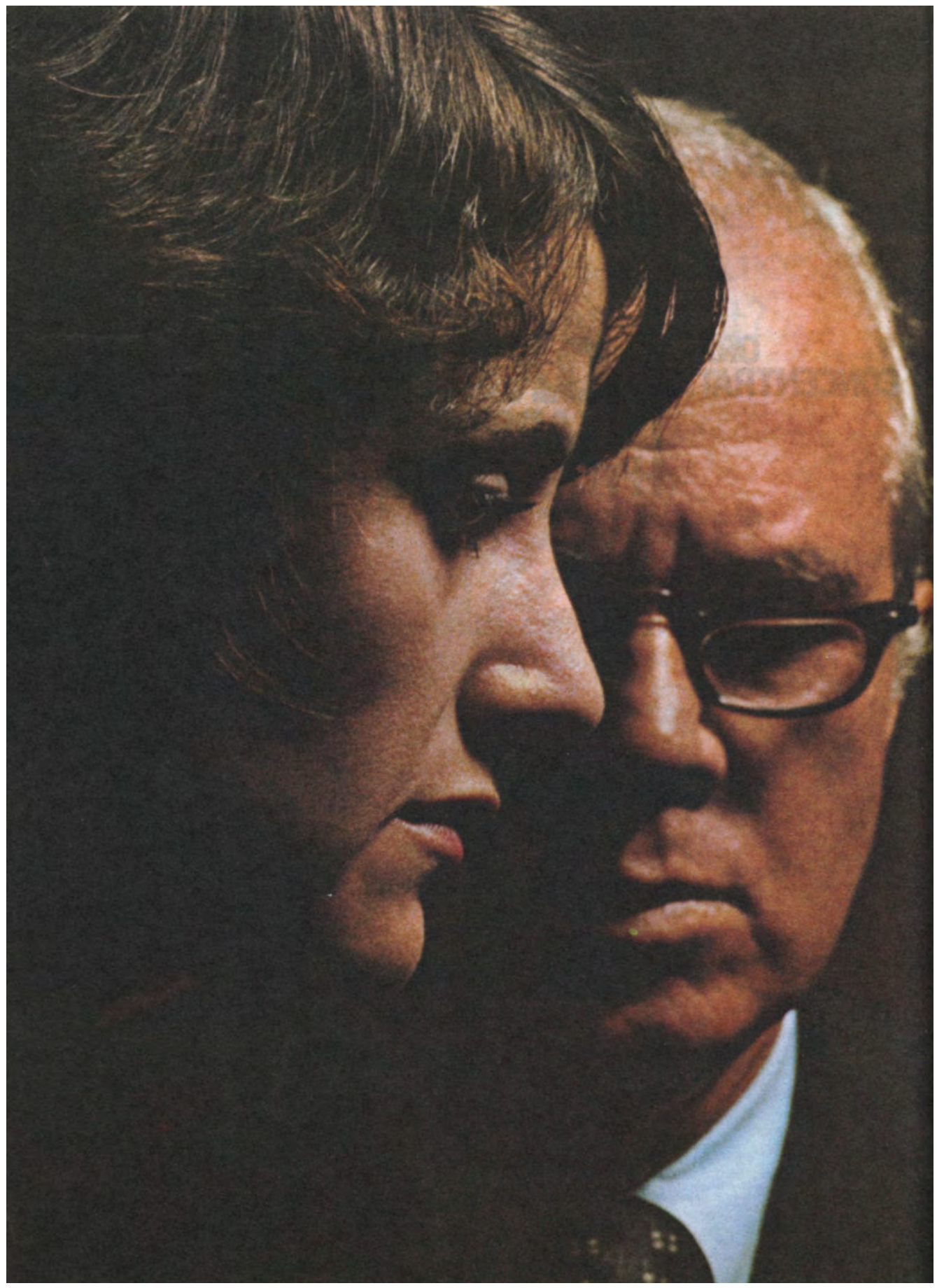

Actors Used for Psychiatric Diagnosis

SANE ACTORS are being used by three members of the faculty of the University of Southern California School of Medicine in producing videotapes to teach medical students and other interested groups how to recognize and deal with various forms of mental illness. The tapes, produced by C. Warner Johnson, John Snibbe, and Leonard Evans (M.D.s), are used to illustrate chapters in their textbook, *Basic Psychopathology*. According to Snibbe, the scripts for the tapes are drawn from actual interviews with psychiatric patients, first altering any clues that might identify individual patients. Tapes of actual interviews cannot be used because of the need to protect the confidentiality of the doctor-patient relationship.

"Another problem with real tapes," according to Snibbe, "is that they are either too long or too short and that the diagnosis is seldom clear-cut. So we hit on the idea of using actors. We found that simulated interviews are almost more believable than the real ones and much better from the technical standpoints of photography and voice reproduction. Our students seldom realize that they are watching simulations, although we do not try to keep it a secret." To date the authors have produced six tapes. They portray a woman with manic-depressive illness, a man with depression that might lead to suicide, a woman with a personality disorder that makes it difficult for her to make small decisions, a man with an organic brain disorder caused by alcohol and drug abuse, and a woman with schizophrenia. 1A-47E

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the mentally ill plus the new one on right to treatment, the Association also includes as part of its 1974 standards for psychiatric facilities the American Hospital Association's patient's bill of rights, which very specifically mandates what the patient should expect and be entitled to receive from the treatment facility and also gives him the right to refuse treatment to the extent permitted by law and to be informed of the medical consequences of such action.

Members of the task force formulating the position statement on right to treatment were Jonas R. Rappeport (chair), Harold M. Ginzberg, Bertram Pepper, Richard T. Rada, and Robert L. Sadoff (M.D.s). Consultants were Morton Birnbaum, Robert Chabon, and Park Elliott Dietz (M.D.s). 2A-4

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believes that the guidelines should be different in substance. A spokesman for Kolb, Bob Spoor, DMH director of communications, confirmed this and said that Kolb will propose alternative guidelines removing restrictions on the activities of regional and facility directors and increasing the amount of approved outside activity for other employees beyond the five-hour limit set by the board. Spoor said that the alternative "will allow our psychiatrists to see patients other than those who are in state facilities and thus keep their expertise sharpened." Kolb is said to feel that the issue is "critical in the recruitment and retention of manpower." 2A-6

APA and Continuing Education

By Corky Hart

BY NOW YOU HAVE RECEIVED a brochure explaining the continuing medical education requirements for membership adopted by APA. The most frequent question from members deals with the three-year reporting period.

APA's CME program was initiated July 1, 1976. Since the requirements cover a three-year period, most members would presumably make their first activity report in July 1979.

The report would be received and processed, and if complete and accurate, the member would receive a certificate valid for the following three years—until 1982. She/he would then report activities in which she/he participated during 1979–1982. Then, another certificate, valid until 1985, would be issued, and so on, for consecutive three-year periods.

A member may want to send his/her CME activity report to APA before 1979 for a number of reasons. His/her state legislature or medical society may have initiated CME requirements prior to 1976. The state may have similar requirements but a different time frame. To deal with various reporting methods, the members may want to send a CME activity report to APA at the time he/she completes a report for his/her state organization. Or, the physician may have voluntarily obtained the AMA Physician Recognition Award for continuing education for a number of years prior to the APA CME program. Since APA accepts the Physician Recognition Award in lieu of the APA Report, a physician may prefer to send a copy of the award, even though it expires prior to 1979, and may wish to continue forwarding copies of the award for each consecutive three-year period. For most APA members, however, there is no great advantage to reporting CME activities prior to 1979.

The second most frequent question asked is, "Am I exempt from the CME requirements for the following reasons?" The APA Board of Trustees has considered the fact that some members are facing extenuating circumstances, such as a disability, and methods of reviewing individual situations are under consideration by the Assembly. The Board has also passed the following policies regarding the CE requirements:

- General members and Fellows in active psychiatric medical practice administration, education, and research must comply with the CME requirements as part of APA's continuing thrust toward highest quality patient care;
- Inactive members, Distinguished Fellows, and Honorary Members are to be exempt;
- Canadian members and APA members from other nations will be held to the requirements of documentation of 150 hours of CME participation within a three-year time period, but will be exempt, at the present time, from adherence to the categorical distinctions for these activities.

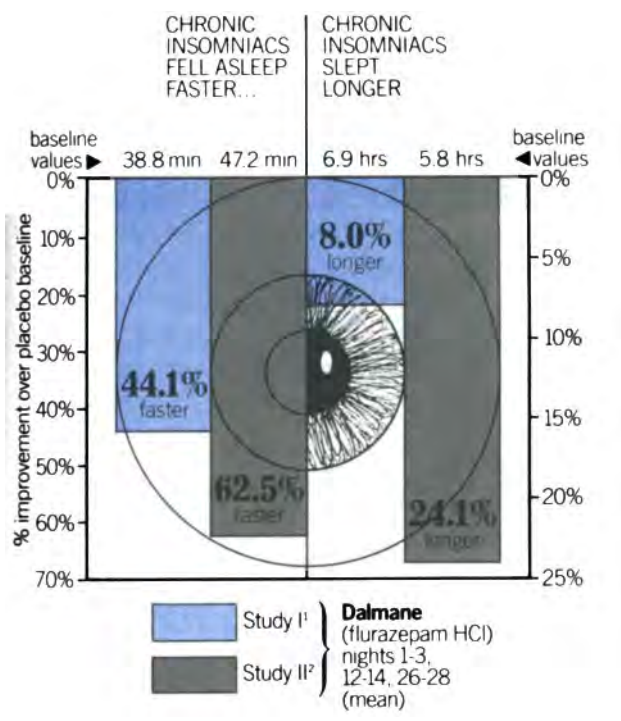
The Board of Trustees also has considered exemptions for Life Fellows and life members. This particular issue needs clarification, and as soon as a definite policy has been determined, information will be distributed to APA members.

2A-26

The psychologically disturbed patient may be especially vulnerable to insomnia—and excessively preoccupied with it when it occurs. For the patient who would benefit from a hypnotic, consider the adjunctive use of Dalmane (flurazepam HCl), a benzodiazepine proved to provide specific relief of insomnia in sleep laboratory subjects and in psychiatric patients.

Proved in the sleep research laboratory in chronic insomniacs: 28 nights of insomnia relief without increasing dosage[1,2]

Dalmane is the only available hypnotic agent proved in sleep laboratory studies to be effective beyond the first two weeks, and still effective after 28 nights of administration. This continued effectiveness was demonstrated in an original 47-night study[1] and confirmed by another.[2] Insomnia is usually transient in most patients, and Dalmane is generally not necessary or recommended for longer than a few nights. However, in patients undergoing psychotherapy, adjunctive use of a hypnotic may enhance progress by reducing preoccupation with insomniac symptoms related to the psychological disturbance.[3]



Proved clinically on the psychiatric service: Prompt sleep, fewer nighttime awakenings and longer sleep for patients with insomnia[4,5]

Dalmane 30 mg administered *h.s.* for 7 nights improved sleep induction, reduced nighttime awakenings and increased total sleep time, in a controlled clinical study among 49 psychiatric patients.

Proved over time: the relative safety of Dalmane (flurazepam HCl)

Dalmane has an excellent safety record;[5] patients generally tolerate it well, and seldom experience morning "hang-over." The usual adult dose (30 mg *h.s.*) remains effective from night to night without increasing dosage. To help preclude oversedation, dizziness or ataxia in the elderly or debilitated, prescribe 15 mg *h.s.* initially—a dosage proved effective[6] in elderly patients with insomnia.

because patient safety is of equal concern

Dalmane® (flurazepam HCl) C IV

One 30-mg capsule *h.s.*— usual adult dosage (15 mg may suffice in some patients).
One 15-mg capsule *h.s.*— initial dosage for elderly or debilitated patients.

initial dosage to 15 mg to preclude oversedation, dizziness and/or ataxia. Consider potential additive effects with other hypnotics or CNS depressants. Employ usual precautions in patients who are severely depressed, or with latent depression or suicidal tendencies. Periodic blood counts and liver and kidney function tests are advised during repeated therapy. Observe usual precautions in presence of impaired renal or hepatic function.
Adverse Reactions: Dizziness, drowsiness, lightheadedness, staggering, ataxia and falling have occurred, particularly in elderly or debilitated patients. Severe sedation, lethargy, disorientation and coma, probably indicative of drug intolerance or overdosage, have been reported. Also reported: headache, heartburn, upset stomach, nausea, vomiting, diarrhea, constipation, GI pain, nervousness, talkativeness, apprehension, irritability, weakness, palpitations, chest pains, body and joint pains and GU complaints. There have also been rare occurrences of leukopenia, granulocytopenia, sweating, flushes, difficulty in focusing, blurred vision, burning eyes, faintness, hypotension, shortness of breath, pruritus, skin rash, dry mouth, bitter taste, excessive salivation, anorexia, euphoria, depression, slurred speech, confusion, restlessness, hallucinations, paradoxical reactions, *e.g.*, excitement, stimulation and hyperactivity, and elevated SGOT, SGPT, total and direct bilirubins and alkaline phosphatase.
Dosage: Individualize for maximum beneficial effect. *Adults:* 30 mg usual dosage; 15 mg may suffice in some patients. *Elderly or debilitated patients:* 15 mg initially until response is determined.
Supplied: Capsules containing 15 mg or 30 mg flurazepam HCl.

REFERENCES:
1. Kales A, *et al: Clin Pharmacol Ther* 18:356-363, Sep 1975
2. Dement WC, *et al:* Long-term effectiveness of flurazepam 30 mg *h.s.* on chronic insomniacs. Presented at the 15th annual meeting of the Association for Psychophysiological Study of Sleep, Edinburgh, Scotland, Jun 30-Jul 4, 1975
3. Kales A, Kales JD, Bixler EO: *Psychiatr Ann* 4:28-44, Jul 1974
4. Jacobson A, *et al: Psychophysiology* 7:345, Sep 1970
5. Data on file, Medical Department, Hoffmann-La Roche Inc., Nutley NJ
6. Frost JD Jr: Data on file, Medical Department, Hoffmann-La Roche Inc., Nutley NJ

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Nutley, New Jersey 07110

Residents' Forum

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on behalf of his patient to do something about it.

Confronting the board members collectively is likely to produce a stern rebuke, so the first step is to discuss the matter with them individually. If any mental health professionals sit on the board, they may be of considerable help in improving the behavior of their errant brethren. If all else fails, the matter might be brought to the attention of the supervising judge, as most commitment boards are answerable to local municipal or county courts. The resident's supervising staff should also be made aware of the problem, as they may lend considerable weight to his arguments as may the local APA district branch.

Before appearing at a commitment hearing we think it imperative that the resident speak to his patient and let him know the general nature of what he is going to say. If the resident is going to recommend commitment, the patient has a right to know why from his therapist directly. The reverse is true as well. This is the only way to minimize the disruption of the therapist-patient relationship that inevitably occurs when the therapist engages in an adversary process involving his patient. Of course, every effort should be made to persuade the patient to remain voluntarily under treatment if treatment is appropriate, and the majority of patients can be so persuaded if they are convinced of their therapist's sincere interest in them.

Some psychiatrists feel so strongly about the disruption of the therapeutic relationship that they refuse to participate in commitment proceedings or accept committed patients. This position has its own risks as commitment boards often have subpoena power, and refusal to testify could lead to a contempt citation. Prominent psychiatrists in the community might get by with refusal to testify as some boards are reluctant to hassle them because of their influence, but the resident is not so privileged. If he assumes this position, he also assumes the consequences of it. Nor does he have the privilege of refusing committed patients as he is usually the employee of a hospital, which will have made that decision for him.

It behooves the resident to familiarize himself with any new commitment statutes in his area and meet informally the local board members that he will inevitably encounter officially. Rarely are they malevolent and usually they are anxious to be of help to the mentally ill, sharing the resident's confusion over the statutory and philosophical difficulties of the commitment controversy.

Orient Tour

THE INTERNATIONAL ASSOCIATION of Social Psychiatry is sponsoring a tour of the Orient with conjoint professional meetings in Hong Kong, Kyoto, and Tokyo from August 12-26. Economical arrangements are available for participants to return via the VI World Congress of Psychiatry August 28-September 3 in Honolulu, the World Federation for Mental Health meeting in Vancouver, and a regional meeting of IASP September 6-9 in Santa Barbara. Papers of international interest are invited. Further information is available from Jules Masserman, M.D., 8 S. Michigan Ave., Chicago, Ill. 60603, or John Schwab, M.D., Department of Psychiatry, University of Louisville, Ky. 40201. 2A-10F

MD Asked to Hypnotize Athletes to Improve Skills

A BALTIMORE PSYCHIATRIST has reported that he is repeatedly asked "to hypnotize professional athletes and high school and college actual or would-be athletes to improve athletic performance." The psychiatrist, Harold Rosen, M.D., Ph.D., said that he has never yet given an appointment to such inquirers unless they are "in advance given to understand that, if they wish me to, I will attempt during psychiatric consultation to determine what blocks them from performing the way they feel they can and should. . . . They may, or may not, be hypnotized."

Rosen originally presented his paper, "Hypnosis in Sports: Quackery and Use with Athletes and in Drug Abuse," which is soon to be published by AMA, at a panel held last year on "The Mental Health Aspects of Sports, Exercise, and Recreation," co-sponsored by the committee on the medical aspects of sports and the council on mental health of the American Medical Association.

He noted that since 1956 he has repeatedly been asked to apply hypnosis to increase athletic performance; remove athletes' severe fear of flying, cure high school and college athletes, and, occasionally, professional athletes, of alcoholism, cigarette addiction, and drug addiction; cure athletes of homosexuality; block potential transvestism or transsexuality; and enable teenage and preteenage girls to compete with and beat boys and men. Yet, he observed, Martin Orne, M.D., in experiments done 15 years ago, discovered that "when hypnotized subjects apparently transcend their more usual nonhypnotic physical abilities, this means only that their motivation for such performance has increased. His experiments proved that motivation can be equally increased by nonhypnotic means; some of his subjects, while not hypnotized, after their motivation had been still further enhanced, outperformed their previous hypnotic efforts." Recalling the novel by Du Maurier in which Svengali hypnotized Trilby to make a celebrated singer of her, he said, "Trilby had a golden voice before she was hypnotized. She needed voice training. . . . It seems self-evident that Trilby, with or without voice training, could not have enthralled audiences with her voice if, to begin with, she had had no voice. And would-be athletes cannot excel in any sport if they do not possess the necessary physical equipment for that sport. This, likewise, should be self-evident. It unfortunately is not."

Legitimately, he said, "Athletes . . . are hypnotized for the same reasons, under the same general circumstances, for the same diagnostic, evaluative, and treatment goals, and with the same consideration and respect for professional ethics as are non-athletes. . . . General practitioners, dermatologists, and other nonsurgeons ligate and suture as a matter of course, but suturing is nevertheless a surgical technique. There can be no nonsurgical use of the suture. Likewise, there are no nonpsychiatric clinical uses of hypnosis even though physicians in general practice, in obstetrics, in physical medicine, and in the various other nonpsychiatric medical specialties may and do hypnotize patients for medical purposes." Rosen made reference to the February 1961 APA policy statement on hypnosis, which sets out the necessary qualifications of the hypnotist, stating that this policy is also emphatically stressed by AMA.

Rosen gave several vignettes to illustrate the kind of cases the practitioner encounters:

• A teenage girl, "whose father insisted on having her hypnotized so she could get on her high school ball team, had a clubfoot from birth. He was himself a washed-out former second-rate ball player. He had wanted a son, not a daughter. His pressure was traumatizing this girl emotionally. It was necessary under the guise of discussing her with him, to force him—this is the only way I can characterize it—to relax his pressure on her. Luckily for her, this far from minor treatment goal could be attained."

• A college athlete became depressed and apathetic, "in a fantasy world of his own, . . . [the] indirect expression of an early schizophrenic reaction for which it was possible to refer him for treatment on an outpatient basis and [without] hypnosis to his college health service."

• "Other athletes, amateur and professional, wish to be able to transcend their usual ability and to attain by or through hypnosis and post-hypnotic suggestion, 'superskill' in their sport. One was a football player. 'What keeps you from showing this superskill'—a strange word, it seemed to me, for him to use—'during practice now?' he was asked. 'Jim,' he answered. 'He hypnotized me at a frat party. He's a fairy.' And all he could think of, when hunched over during football practice, was 'how,' to quote, 'I want to seize and squeeze his balls' as revenge because Jim, according to this patient, had hypnotized him into wanting a homosexual relationship. I, therefore, he insisted, had to hypnotize him to terminate Jim's hypnosis. Next, I had to hypnotize him into being able post-hypnotically to exert the superskill he was convinced he physically was capable of. The diagnosis of paranoid schizophrenia was made. He later required treatment in a psychiatric hospital."

• A champion swimmer who wished to be hypnotized to swim better and who was showing pronounced anxiety was actually anxious over fear of trouble with the Internal Revenue Service. "For some years," Rosen said, "he had unsuccessfully tried to prepare and file his income tax forms, had not been able to, kept procrastinating still more, and was now afraid that the IRS was about to catch up with him. . . . This athlete was treated psychiatrically, at times while he was hypnotized, and was able to file before his non-filing did catch up with him. His relief was so great that, although during treatment sessions he no longer requested hypnosis for super performance, he felt that he was now outperforming himself athletically over his previous best."

Rosen stated, "It is to be regretted that hypnotists who hypnotize professional athletes for [plane phobias] and for other reasons so frequently rush to have their successes—or apparent successes—dramatized by the press.

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Some athletes have been worse, not better, after such hypnoses. One, a professional ball player, hypnotized for his plane phobia some years ago by a nightclub entertainer nevertheless, despite claims of success, was not only unable to fly, but ultimately, if I remember correctly, ceased playing."

Rosen also discussed athletes referred to him for drug taking and noted that "[T]hese actual and potential athletes presented exactly the same problems as non-athletes referred for the same reason." He mentioned prevention as perhaps more important than treatment and observed: "If our anti-drug laws are repealed, astronomical financial gain will no longer accrue from illegal drug sale, and the criminal drug distributor and drug pusher will disappear. And this is something devoutly to be desired. We cannot legislate morals, and force our own moral, ethical, religious, and other standards down the throats of our fellow citizens. Yet we throw millions of dollars down the drain unsuccessfully trying to do just that. I wonder when our various law-making and law enforcement agencies, from Congress and the FBI on down, will learn, and cease trying to do so."

Rosen is associate professor of psychiatry at Johns Hopkins University School of Medicine and past chairman, committee on hypnosis, council on mental health, of the American Medical Association.

8A-7

Placement Bureau

THE ASSOCIATION for Advancement of Behavior Therapy has established a central directory for employment openings for behavioral mental health workers. Persons interested in listing a position or availability for employment should write AABT Placement Service, Suite 2547, 420 Lexington Ave., New York, N.Y. 10017. 2A-10A

Novick Named

RUDOLPH G. NOVICK has been appointed director of continuing medical education in the department of psychiatry, University Health Sciences/The Chicago Medical School.

Family-Oriented Treatment of Asthma Found Effective

A RELATIVELY new treatment of intractable asthma in children, one that focuses on the family system and its organization and functioning, has proven effective over a post-therapy follow-up period of from one to five years. The method was described at the tenth annual symposium of the Texas Research Institute of Mental Sciences, held in late September in Houston, by Ronald Liebman, M.D. Liebman and his colleagues, Salvador Minuchin, Lester Baker (M.D.s), and Bernice Rosman (Ph.D.) call their approach structural family therapy.

Noting that parendectomy is often the suggested solution to intractable severe asthma, the authors identified patterns of family organization and functioning associated with psychosomatic illness in children and developed a therapeutic approach to change them and to eliminate the factors in the family that reinforce the symptoms and perpetuate the illness.

"The weekly outpatient family therapy sessions were organized into three phases," Leibman explained. "Phase 1 is concerned with the alleviation of the symptoms of asthma to prevent the use of the patient as a means of detouring family conflicts. Once the symptoms are reduced, there is more freedom and flexibility available to promote change within the family. Phase 2 consists of identifying and changing those patterns in the family and extrafamilial environment that tend to exacerbate and perpetuate the severe symptoms. Phase 3 consists of interventions to change the structure and functioning of the family system to promote lasting disengagement of the patient in order to prevent a recurrence of the symptoms or the development of a new symptoms bearer."

The first step is accomplished by teaching the patient a series of deep breathing exercises to be used at the first sign of bronchoconstriction. While the kind of control over symptoms achieved by the patient using these exercises is important in itself, more far-reaching effects are obtained by using that parent (usually the father) who forms with the patient what the authors call a dysfunctional set to practice the breathing exercises with the patient. This is said to "decrease the coalition between the mother and the patient; modify the dysfunctional set between father and patient and between the parents; change the role of the father in the family by increasing his involvement in a constructive manner; and shift the relationship between the parents onto a more mutually supportive, goal-directed level. . . . The changes in the family relationships increase the emotional distance between the patient and his parents, facilitating the disengagement of the patient from spouse conflicts. It also expedites the return of the patient to the child subsystem of the family, which prepares the patient for increased peer group activities."

An operant reinforcement paradigm "in which increased accessibility to age-appropriate group activities is made contingent on progressive symptom reduction "enables the patient to achieve an increased feeling of mastery and increased autonomy, Liebman asserted. In addition, the parents are instructed in the emergency treatment of an asthmatic attack and are provided with adrenalin and syringes. The more peripheral parent is given the task of calling the pediatrician for instructions about dose levels. Parents who before would leave bedroom doors open in order to hear the nighttime calls of distress and wheezing are encouraged to secure privacy for themselves by keeping their door closed. There is, as Liebman described it, "a constant redefinition of the problems [of the family] away from the scapegoating, conflict-detouring process that previously centralized and reinforced the patient's asthmatic symptoms. . . . As the symptoms of the patient decrease, there is a gradual increase in the stress between the parents associated with long-submerged marital conflicts. At this point, the therapist must shift his emphasis to the spouse dyad. . . . By working to resolve or alleviate the problems of the spouse dyad, [the therapist] is sowing the seeds for the prevention of a recurrence of symptoms in the patient."

Continued on page 30

Appointments and Awards

RICHARD SHADER, M.D., has been elected to serve as director of the American Board of Psychiatry and Neurology. He was elected to a four-year term beginning in January.

* * *

F. PAUL KOSBAB, M.D., formerly professor of psychiatry at the Medical College of Virginia, has been named professor in the department of psychiatry and behavioral sciences at Eastern Virginia Medical School and chief of psychiatry at the VA Center in Hampton, Virginia.

* * *

LEO MADOW, M.D., professor and chairman of the department of psychiatry of the Medical College of Pennsylvania, has been elected to the executive council of the American Association of Chairmen of Departments of Psychiatry.

* * *

W. DOUGLAS SKELTON, M.D., formerly director of mental health and mental retardation programs for the state of Georgia, has been appointed medical director of the new Ridgeview Institute in Smyrna, Georgia. The institute, which serves the Atlanta metropolitan area and neighboring counties, offers comprehensive inpatient and outpatient services to children and adolescents, adults, and persons with alcohol and/or drug abuse problems.

* * *

PROFESSOR W. LINFORD REES, President of The Royal College of Psychiatrists of Great Britain, recently conferred upon H. P. LAUGHLIN, M.D., psychiatrist and psychoanalyst, the status of honorary fellowship in the college, the highest honor the college bestows.

* * *

EMANUEL TANAY, M.D., clinical associate professor of psychiatry at Wayne State University, was granted by the editors of *Medical Economics* the 1976 award for "authorship of an article constituting an original and useful contribution to the socio-economic knowledge of the medical profession." The certificate of award was presented for Tanay's article on "Society Is Getting the Doctors It Deserves."

* * *

DRS. FLOYD E. BLOOM and WILBERT J. MCKEACHIE, and CHARLES SCHLAIFER were recently appointed to serve on the National Advisory Mental Health Council for terms ending in September 1980. SYLVESTER JONES has been elected to serve on the council for one year. Bloom is director of the Arthur V. Davis Center for Behavioral Neurobiology, Salk Institute, in San Diego, California. McKeachie is director of the Center for Research on Learning and Teaching in the Department of Psychology, College of Literature, Science, and the Arts at the University of Michigan at Ann Arbor. Schlaifer, an APA Honorary Fellow, is chairman of the board of directors of the New York State Facilities Development Corporation. Jones is a law student at the University of Alabama in Birmingham.

* * *

PROF. DR. MAURICE KNOBEL, an APA Corresponding Fellow, has been

Continued on facing page

Continued from facing page

appointed full professor and chairman of the department of medical psychology and psychiatry at the school of medicine of the State University of Campinas (UNICAMP), in São Paulo, Brazil. Knobel requests that APA members send him reprints, pamphlets, books, and all related material as well as meeting notices since a journal with world-wide distribution is being planned. They should be sent to Prof. Dr. Mauricio Knobel, Departamento de Psicologia Médica e Psiquiatría da Facultade de C. Médicas da UNICAMP, Rua Dr. Quirino 1838; Campinas 13100, São Paulo, Brazil.

* * *

WALTER MENNINGER, M.D., clinical director of the Topeka State Hospital, has been reappointed to the advisory board of the National Institute of Corrections, a part of the Federal Bureau of Prisons in the U.S. Department of Justice.

* * *

CORNELIS BOELHOUWER, M.D., director of the EEG Laboratory at the Institute of Living and in private practice of psychiatry, has been appointed director of psychiatry at Hartford Hospital. He succeeds DONALD BROWN, M.D., who was recently appointed director of education at the hospital.

* * *

RICHARD I. SHADER, M.D., director of training and education at the Massachusetts Mental Health Center and associate professor of psychiatry at Harvard Medical School, has been elected as a Council of Medical Specialty Societies representative to the American Board of Medical Specialties for a one-year term. Shader is a representative to the council from the American Psychiatric Association.

* * *

JAMES CANON FOLSOM, M.D., clinical professor of psychiatry and behavioral sciences at the George Washington University School of Medicine in Washington, D.C., and director of rehabilitation medicine service for the U.S. Veterans Administration's nationwide system of hospitals and outpatient rehabilitation facilities, has been named director of the ICD Rehabilitation and Research Center in New York City, one of the nation's largest rehabilitation research and treatment centers.

* * *

FRANK J. MENOLASCINO, M.D., vice-chairman of the department of psychiatry and professor of psychiatry at the University of Nebraska, was the recipient of the 13th annual Institute of Pennsylvania Hospital Award. The award is named in memory of Edward A. Strecker, M.D. After accepting the award, Menolascino lectured on "Psychiatry and Mental Retardation."

* * *

FREDERICK TOWNE MELGES, M.D., has been appointed professor of psychiatry in the department of psychiatry of the Duke University School of Medicine and director of psychiatry services at Durham County (N.C.) General Hospital.

* * *

ROGER E. MEYER, formerly associate professor of psychiatry at Harvard Medical School and associate director of the McLean Hospital Alcohol and Drug Abuse Research Center in Belmont, has been named head of psychiatry at the University of Connecticut School of Medicine. He succeeds BENJAMIN WIESEL, M.D., who recently retired.

Family Therapy

Continued from page 27

The data Liebman described came from fourteen patients ranging in age from six to 15 and having an age of onset from 15 months to 11 years. All but two of them were steroid dependent, and all but one suffered prolonged and severe attacks. The length of the family therapy was from five to 22 months, after which four of the patients were rated grade two and ten of the patients grade one on the Pinkerton Scale for Evaluation of Clinical Severity of Asthma. A grade one rating indicates no loss of school days, mild attacks, and an occasional need for bronchodilation. A grade two rating indicates the loss of days rather than weeks of school, mild to moderate attacks, and regular need for bronchodilation. The status was maintained during a follow-up period that lasted from one to five years.

Liebman, Minuchin, and Baker are with the University of Pennsylvania School of Medicine. Liebman is assistant professor of child psychiatry and pediatrics and psychiatrist-in-chief of the Children's Hospital of Philadelphia. Minuchin is professor of child psychiatry and pediatrics. Baker is professor of pediatrics and director of the clinical research center of Children's Hospital. In addition, Liebman, Minuchin, and Rosman are with the Philadelphia Child Guidance Clinic: Rosman is director of research, Minuchin is director of the family therapy training center, and Liebman is acting medical director. The full proceedings of the tenth annual Texas Research Institute of Mental Sciences symposium will be published by Brunner/Mazel.

11B-9

Accreditation Denied

SAINT ELIZABETHS HOSPITAL in Washington, D.C., recently announced that the Joint Commission on Accreditation of Hospitals had denied the hospital's final appeal to reverse the commission's disaccreditation decision dating back to a September 1975 survey. An analysis of the deficiencies, according to a press release, "reveals that accreditation was denied primarily because the poor condition of the buildings did not meet the increasingly stringent structural and safety requirements."

The hospital has also been notified from JCAH that the medical and surgical support programs were also disaccredited. "The JCAH's disaccreditation action spoke to 14 major deficiencies, 11 of which were related to deficiencies in the safety of the buildings in which the patients are housed."

Continuing, the press release states, "We feel confident that Saint Elizabeths' programs and staff compare favorably with many accredited programs around the country because all 14 of our professional training programs are accredited; 51 of the 185 physicians who are employed at the hospital are board certified (the mark of excellence in their field); we have the largest complement of Ph.D. psychologists of any one institution in the country; over a third of the approximately 300 registered nurses have a bachelors degree or higher; and the hospital has one of the highest percentages of professional social workers of any public institution in the United States."

2A-10D

Voting Rights Of Mentally Ill Found Abridged

"NOT ALL STATES prevent mentally retarded or mentally ill persons from voting, and in fact, in some, legislation specifically preserves their voting rights. But still they do not vote. Sadly, treatment and habilitation professionals, institutional staff, parents, and guardians make little effort to help clients and relatives register. Throughout the country there are institutions and community centers full of legally eligible voters where not one is registered because no one has pointed out their rights or initiated a registration drive. Well-meaning parents, otherwise zealous advocates for their offspring, cannot imagine 'little' 30-year-old Johnny voting for a President."

The above paragraph is from "Too 'Crazy' to Vote?" the lead article in the fall 1976 issue of the Mental Health Law Project's *Summary of Activities*, which suggests ways in which concerned health care professionals, parents, and advocates can encourage registration by residents of institutions in states where they are eligible to vote. Also contained in the newsletter is a chart summarizing eligibility of institutionalized persons to vote in the last November election prepared by the Mental Health Law Project, a Washington, D.C.-based nonprofit, public interest organization. The chart, titled "Voting Rights of Institutionalized Persons in Retardation Facilities, Psychiatric Hospitals, Nursing Homes, Etc.," also lists registration requirements and whether absentee voting is allowed.

In the following states institutionalized persons are eligible to register: Illinois, Indiana, Iowa, Kansas, Michigan, New Hampshire, New Jersey, North Carolina, North Dakota, Pennsylvania, Tennessee, and Vermont. In Alaska, Colorado, District of Columbia, Florida, Georgia, Louisiana, Maine, Massachusetts, Minnesota, Missouri, Montana, Nevada, New York, Ohio, Oregon, Rhode Island, Virginia, and Wisconsin, they are eligible unless adjudicated incompetent. Persons in Kentucky, Missouri, and Oklahoma are ineligible if confined to an institution. In Alabama, Arizona, Arkansas, California, Connecticut, Delaware, Hawaii, Idaho, Louisiana, Maryland, Mississippi, Nebraska, New Mexico, South Carolina, South Dakota, Texas, Utah, Washington, West Virginia, Wisconsin, and Wyoming, institutionalized persons are ineligible to vote if they are "insane," "non compos mentis," etc.

The chart points out that all states except Louisiana allow absentee voting by disabled persons.

11B-7

Package Insert

PUBLISHED proceedings of the Joint DIA/AMA/FDA/PMA Symposium on "Drug Information for Patient—The Patient Package Insert," held at the Shoreham Americana Hotel, Washington, D.C., November 10–12, are now available for $15 each. Send requests to Joint Symposium, Office of Professional and Consumer Programs, FDA, HFG-1, 5600 Fishers Lane, Rockville, Md. 20857.

1B-20

Men, Women Said to Share Common Stances on Sex

THE AUDIENCE visibly sat up and took notice when Letitia A. Peplau came to the microphone and announced, "This is the talk on sex." The researcher, from the University of California, Los Angeles, described findings in the area of sexual behavior from a study, in which she collaborated, of 231 college-aged dating couples in the Boston area.

Peplau, speaking at the annual meeting of the American Psychological Association, described how she began her data analysis by defining four components of the traditional double standard of sexual behavior and examining to what extent it still occurred among the couples in the study.

Her first component was a moral one: "As you may remember from high school, . . . sexual experimentation before marriage was viewed as more acceptable for men than for women. In fact, in many cases it was probably tacitly encouraged for men. On the other hand, women were expected to remain chaste until marriage." She found participants in the study to have far more permissive attitudes, with 80 percent feeling that intercourse was completely acceptable for a man and woman who were in love and with very little evidence of a double standard in students' attitudes about sex. "That is," she explained, "in the context of a love relationship 95 percent of the men and women had identical standards for men and for women. When it came to sex with a casual partner 80 percent had identical standards of behavior as their ideals for men and for women. We should note, of course, that when they didn't have identical standards for men and for women they tended to adhere to the traditional pattern—that casual sex was more acceptable for men than it is for women."

The second component of the traditional view studied had to do with assumed differences between men and women in sexuality, a view in which men were seen as being more interested in sex than women, more easily aroused, and more sexually experienced. Peplau found that, once again, there was considerable overlap in the responses of men and women, but "when differences occurred, they were typically in the traditional direction." She presented some illustrations: "For instance, the men in our sample were indeed more sexually experienced than their girlfriends. When our study began, something like a third of the women were virgins compared to about a quarter of the men. Among those couples who had had previous sexual experience, men were likely to report having had a greater number of prior sexual partners than women did." Peplau also found that men rated the desire for sexual activity as a more important dating goal than did women, and a higher proportion of men selected sex as the most important reason for entering a dating relationship."

The third component of the traditional patterning of sexual behavior considered by Peplau was the issue of sex type roles, which she described as involving the concept of the man as the initiator of sexual activity and the aggressor. "The language when I was in high school," she said, "was that the man tried to get as far as he could, and the woman's role was quite different. That is, her role was the limit setter, the person who restricted the extent of sexual activity for the couple." On both the issue of which partner was controlling the level (whether the couple had intercourse) and which controlled the timing (how soon in the relationship the couple had intercourse), Peplau reported what she called "unusually clear" data, that women, in fact, maintained control in both areas. "That doesn't necessarily mean that the woman does it consciously or directly. Rather it means that the woman in a whole variety of ways seems to have more impact on those decisions. . . . When a couple does not have intercourse, the woman's attitudes are usually the major restraining force. It's clear that in the couples not having intercourse the man is often highly desirous of having intercourse; the woman is not."

She also found the woman's personality characteristics to be much better predictors of whether or not the couple would have intercourse than the man's characteristics. "For instance, women in couples who have intercourse are significantly more liberal in their sexual attitudes than are women in couples who abstain. For men there is no difference in sexual attitude between those two kinds of couples. The same is true for the particular religion that the woman was raised in and so on, the kind of career she wants, and so on."

Influence of Prior Experience

Citing another illustration, Peplau gave some statistics on the impact of prior sexual experience on sexual activities within the current relationship. She found that when both partners had had previous experience, virtually all of the couples (94 percent) had intercourse, while at the other extreme—when both partners were virgins when the relationship began—about half eventually had intercourse. "We were interested," she said, "in what would happen in those couples where there was a discrepancy—where one was a virgin and the other was experienced. It was very clear to us that virginal men do not care to resist the sexual opportunities provided by sexually experienced women. Every single case where a male virgin dated an experienced woman the couple had intercourse. In the reverse case, where he was experienced and she was virginal, a significant proportion of the couples did not have intercourse."

The timing of intercourse, likewise, depended on the degree of experience, particularly the woman's. Peplau noted that "while many couples in the past may have gone through considerable soul-searching to decide whether or not to have intercourse or not, this soul-searching appears not to occur today or at least to be compressed into a shorter time period. Something like half of our couples who had intercourse had it within a month of their first date." The other half took from a little over a month to several years, with the characteristics of the woman, once again, being a stronger predictor of when it would occur. "For instance," said Peplau,

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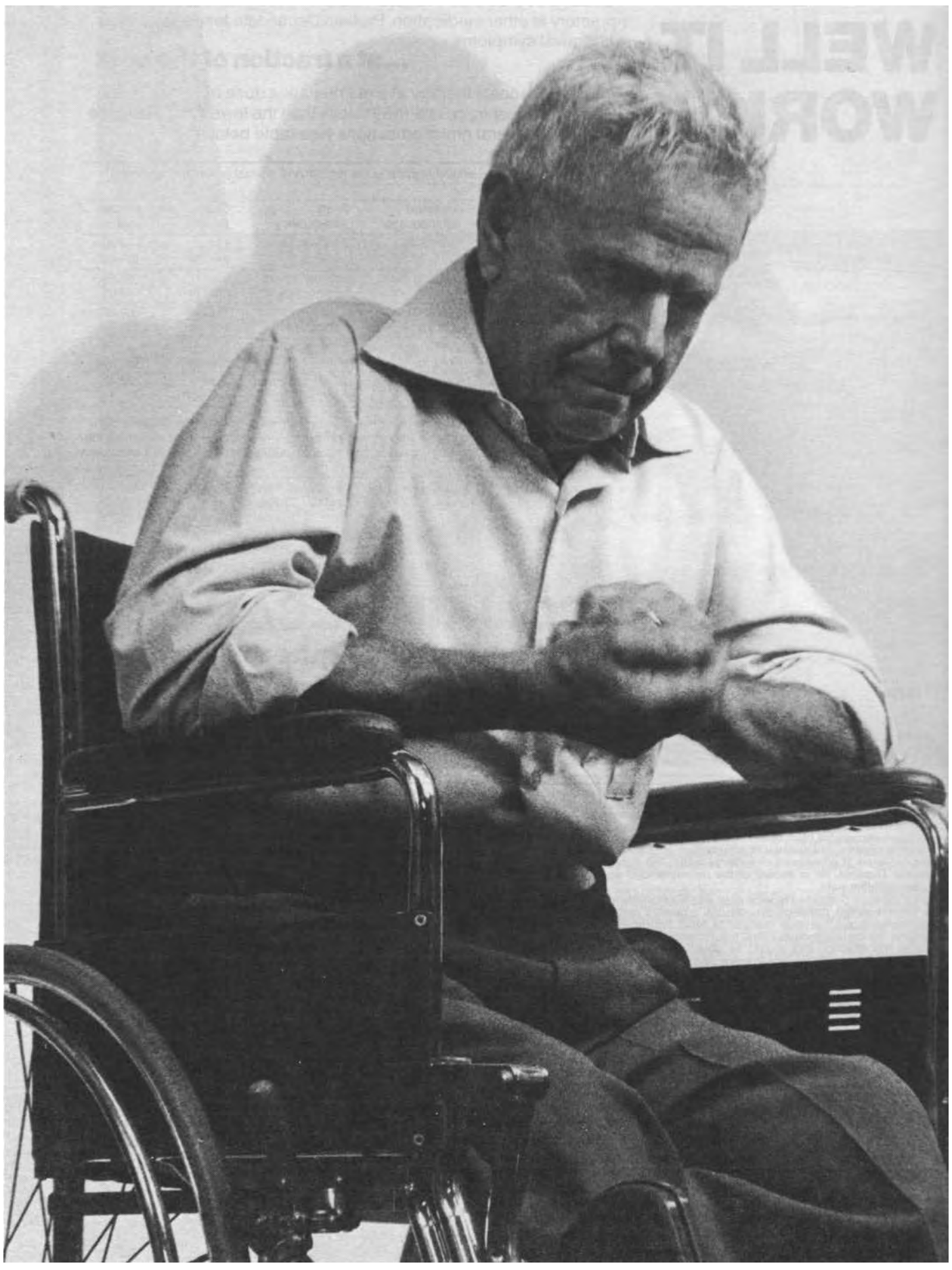

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"if she was sexually experienced before the relationship began, the couple had sex on the average in about two months regardless of the man's experience. If she was a virgin it took them more than six months to have intercourse, and depending on whether he was experienced or not it took an average of six months if he was experienced and about 11 if he was a virgin himself."

The fourth component considered involved the link between sex and love, with the traditional image being one of the idea of love and sex being very closely interwoven for women and more separate for men. When the data were compared, women associated intercourse with greater love for the boyfriend; no such relationship held for men. "Men," said Peplau, "loved their girlfriends to the same extent regardless of whether or not they were having intercourse. . . .

"But," she qualified, "to say that the links between love and sex are stronger for women than for men is in some ways misleading, because in fact it seems to us that the best way to characterize our data is to say that we found three rather different patternings of the links between love and sex." She found about ten percent who could be described as traditional, for whom "love alone is insufficient justification for sexual intercourse. The more permanent commitment of marriage is a necessary prerequisite. . . . For these traditional couples, not having sex is a sign of love and respect; it's really an indication that the basis of the relationship goes beyond mere physical attraction."

More couples were found to fall into a moderate category in which sex is permissible, but only when the man and woman are in love with each other. Peplau explained that it takes time for love to grow, so sexual intimacy within this group is gradual; "instant sex would be inconsistent with this orientation."

The third pattern was defined as a more liberal one in which there was approval of casual sex. "It would be a mistake to view these couples as promiscuous. In fact, we found very little evidence that couples in our sample had several sexual partners at one time. Rather, these students seemed to have a more permissive attitude about the conditions under which sexual intercourse is acceptable with a dating partner." Peplau described one of the liberal couples in the study: "They had sex very early in the relationship, but they're important as an illustration because they then went on to fall in love with each other, to stay together for several years. So what's different is not that sex and love were not ultimately tied but rather that the sequencing was different. In moderate couples love preceded sex; in liberal couples sex may be a way of getting acquainted."

Summing up, Peplau noted that while there may once have been one particular pattern of sexual behavior that was widely accepted and had clear-cut rules, that situation does not prevail today. Rather there is what she called a "smorgasbord" of acceptable patterns from which students can accept the pattern most comfortable to them.

—M.C.M.

Assembly Amends Legislative Guide OK'd By Trustees

THE APA Joint Commission on Government Relations reported to the Board of Trustees at its December meeting that the Assembly of District Branches had accepted the ten legislative guidelines submitted to it by the commission. The Assembly stressed that they were guidelines and not policy statements, and therefore more easily amendable to rapid change.

In his report to the Board, Robert J. Campbell, M.D., chairman of the joint commission, reported that the Assembly amended legislative guideline number seven which previously read, "The APA espouses a pluralistic health care delivery system, as being *a*) the most likely to encourage growth, progress, and continuing evaluation with the field of clinical medicine, and *b*) the best able to provide the patient freedom of choice and as to locus and modality of care. The APA therefore shuns any plan that would favor one health care delivery system over any other." The amended version adds the following at the end of the last sentence: "except in those instances where one can be shown to be dependably superior to another in providing patients with care of high quality."

The commission also reported that it has set up a legislative review group whose purpose is to review legislation "preparatory to sending out information to the network and in advance of asking feedback from the legislative representatives or action from them at the local level."

Other activities of the commission include the following, which were assigned by the Board of Trustees:

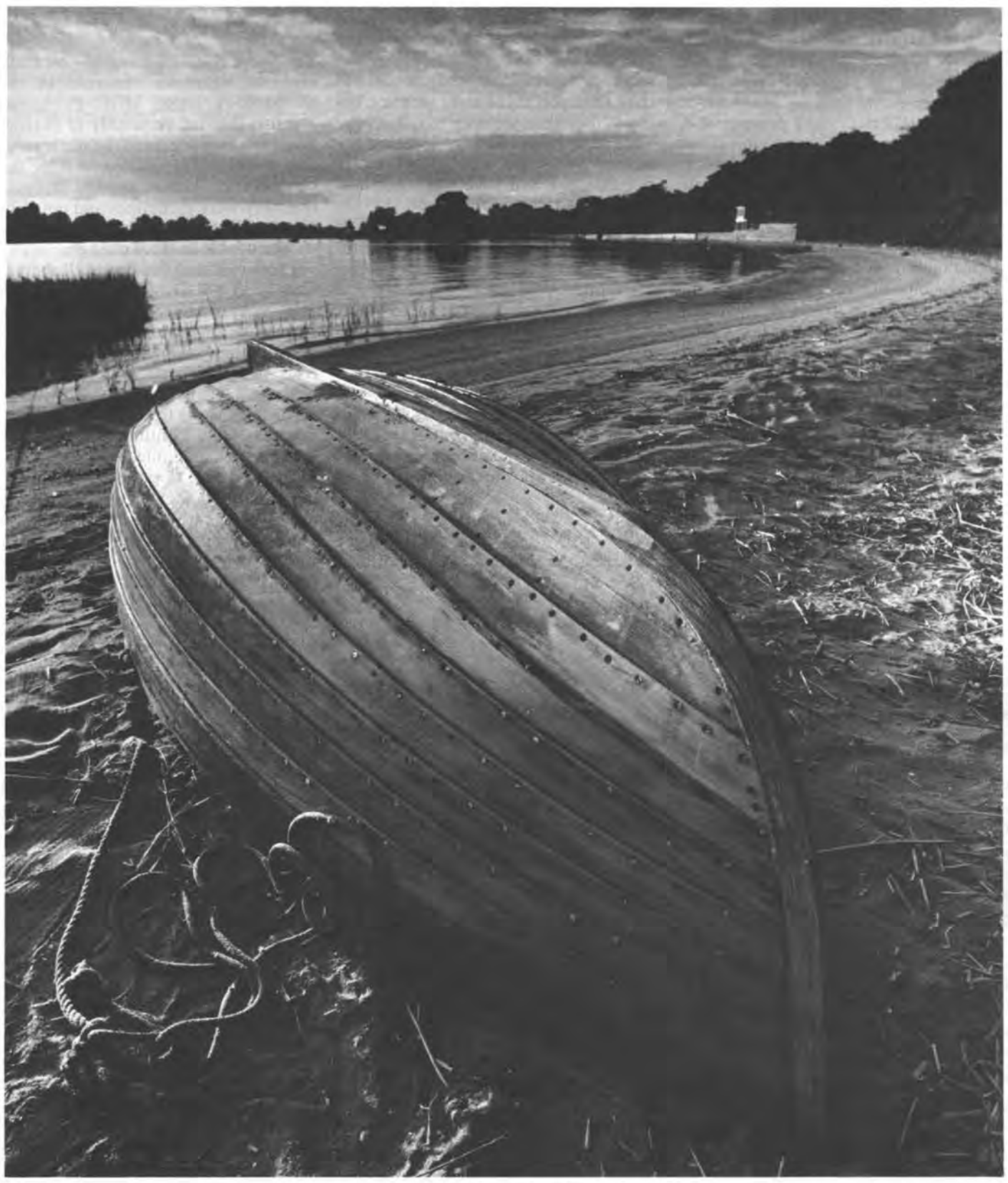
- investigation of the advisability and feasibility of establishing a political action arm;
- looking into the advisability of establishing citizens' action committees to APA; and
- consideration of the question of Medicaid abuses. "The Joint Commission on Government Relations considers this to be a matter of enormous significance and should be of ongoing concern to the entire organization in that the question sweeps broadly across the full range of organized psychiatry's functioning. . . ."

Finally, the commission reported on its ongoing activities, which include publications "which are designed especially to provide more detailed information to the legislative representatives." They include the "Legislative Newsletter," "Washington Update," "State Update," and "Psychiatry Reports," which is scheduled for release in early spring. The purpose of this quarterly publication for members of Congress is to keep them informed of the "pressing mental health issues within the nation that affect their constituencies."

Another ongoing and major activity of the joint commission has been in the area of strengthening working relationships with APA components and with other organizations whose primary focus is mental health.

Kenney Named

EMMET M. KENNEY, M.D., associate professor of psychiatry at the Creighton University Medical School, has been appointed acting chairman of the department of psychiatry at the school of medicine and Saint Joseph Hospital in Omaha, Nebraska.



Many geriatric patients suffer from mild depression, withdrawn behavior, and apathy. Ritalin (methylphenidate) can help with these frequently occurring disabilities of old age.*

Ritalin has been tested and shown effective in a double-blind, randomized study with elderly, withdrawn patients.[1] After Ritalin, significant improvements in competence, interest, and retardation were reported. In this study, treatment with Ritalin gave results without side effects.[1] However, side effects can occur; see brief prescribing information.

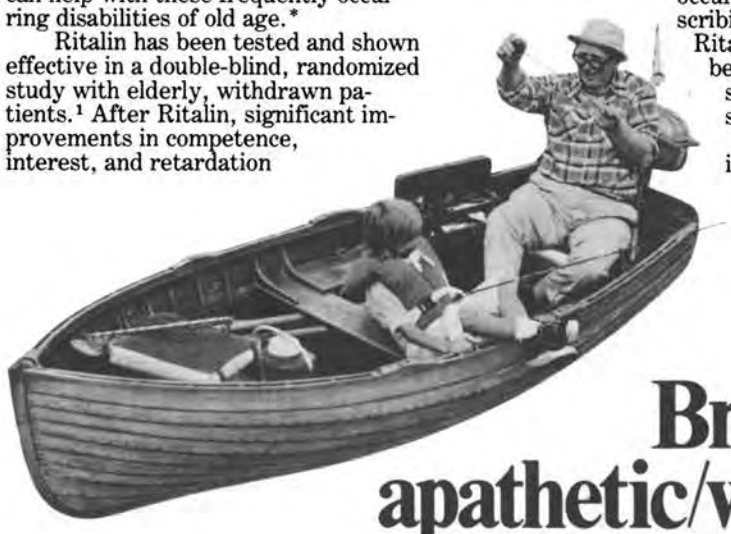
Ritalin should not be used in cases of severe depression.

Ritalin can improve the mood of your own patients, too. Increase their interest in life. Turn a passive onlooker into an active participant.

Reference

1. Kaplitz SE: Withdrawn, apathetic geriatric patients responsive to methylphenidate. *J Am Geriatr Soc* **23**:271-276, 1975.

**This drug has been evaluated as possibly effective for these indications. See brief prescribing information.*



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Based on a review of this drug by the National Academy of Sciences-National Research Council and/or other information, FDA has classified the indication as follows:
"Possibly" effective: Mild Depression; Apathetic or Withdrawn Senile Behavior
Final classification of the less-than-effective indications requires further investigation.

CONTRAINDICATIONS
Marked anxiety, tension, and agitation, since Ritalin may aggravate these symptoms. Also contraindicated in patients known to be hypersensitive to the drug and in patients with glaucoma.

WARNINGS
Ritalin should not be used in children under six years, since safety and efficacy in this age group have not been established.
Sufficient data on safety and efficacy of long-term use of Ritalin in children with minimal brain dysfunction are not yet available. Although a causal relationship has not been established, suppression of growth (*ie*, weight gain and/or height) has been reported with long-term use of stimulants in children. Therefore, children requiring long-term therapy should be carefully monitored.
Ritalin should not be used for severe depression of either exogenous or endogenous origin or for the prevention of normal fatigue states.
Ritalin may lower the convulsive threshold in patients with or without prior seizures; with or without prior EEG abnormalities, even in absence of seizures. Safe concomitant use of anticonvulsants and Ritalin has not been established. If seizures occur, Ritalin should be discontinued.
Use cautiously in patients with hypertension. Blood pressure should be monitored at appropriate intervals in all patients taking Ritalin, especially those with hypertension.
Symptoms of visual disturbances have been encountered in rare cases. Difficulties with accommodation and blurring of vision have been reported.

Drug Interactions
Ritalin may decrease the hypotensive effect of guanethidine. Use cautiously with pressor agents and MAO inhibitors. Ritalin may inhibit the metabolism of coumarin anticoagulants, anticonvulsants (phenobarbital, diphenylhydantoin, primidone), phenylbutazone, and tricyclic antidepressants (imipramine, desipramine). Downward dosage adjustments of these drugs may be required when given concomitantly with Ritalin.

Usage in Pregnancy
Adequate animal reproduction studies to establish safe use of Ritalin during pregnancy have not been conducted. Therefore, until more information is available, Ritalin should not be prescribed for women of childbearing age unless, in the opinion of the physician, the potential benefits outweigh the possible risks.

Drug Dependence
Ritalin should be given cautiously to emotionally unstable patients, such as those with a history of drug dependence or alcoholism, because such patients may increase dosage on their own initiative.
Chronically abusive use can lead to marked tolerance and psychic dependence with varying degrees of abnormal behavior. Frank psychotic episodes can occur, especially with parenteral abuse. Careful supervision is required during drug withdrawal, since severe depression as well as the effects of chronic overactivity can be unmasked. Long-term follow-up may be required because of the patient's basic personality disturbances.

PRECAUTIONS
Patients with an element of agitation may react adversely; discontinue therapy if necessary.
Periodic CBC, differential, and platelet counts are advised during prolonged therapy.

ADVERSE REACTIONS
Nervousness and insomnia are the most common adverse reactions but are usually controlled by reducing dosage and omitting the drug in the afternoon or evening. Other reactions include: hypersensitivity (including skin rash, urticaria, fever, arthralgia, exfoliative dermatitis, erythema multiforme with histopathological findings of necrotizing vasculitis, and thrombocytopenic purpura); anorexia; nausea; dizziness; palpitations; headache; dyskinesia; drowsiness; blood pressure and pulse changes, both up and down; tachycardia; angina; cardiac arrhythmia; abdominal pain; weight loss during prolonged therapy. Toxic psychosis has been reported. Although a definite causal relationship has not been established, the following have been reported in patients taking this drug: leukopenia and/or anemia; a few instances of scalp hair loss.
In children, loss of appetite, abdominal pain, weight loss during prolonged therapy, insomnia, and tachycardia may occur more frequently; however, any of the other adverse reactions listed above may also occur.

DOSAGE AND ADMINISTRATION
Adults: Administer orally in divided doses 2 or 3 times daily, preferably 30 to 45 minutes before meals. Dosage will depend upon indication and individual response.
Average dosage is 20 to 30 mg daily. Some patients may require 40 to 60 mg daily. In others, 10 to 15 mg daily will be adequate. The few patients who are unable to sleep if medication is taken late in the day should take the last dose before 6 p.m.

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DISCUSSANTS:

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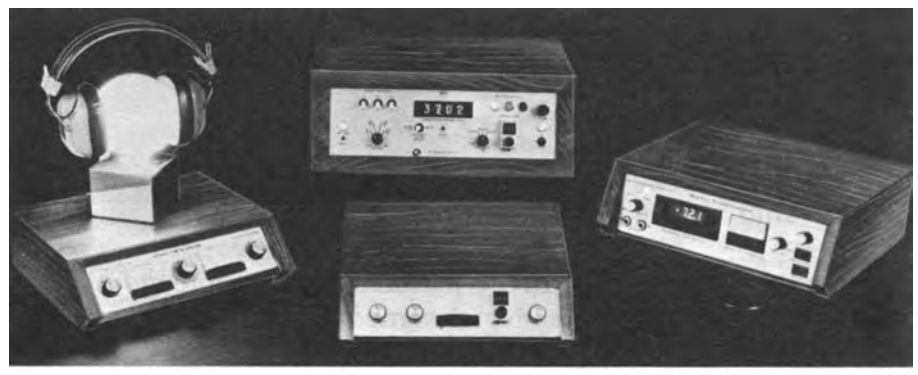

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Courses

Continued from page 13

Thursday, May 5, 9–5 PM, Fee $45, Spaces Available 40.

* * *

Course #52 Geriatric Psychiatry: Diagnosis and Treatment. Dir: Alvin I. Goldfarb, M.D.; Faculty: Arthur Gabriel, M.D., William Gershell, M.D., Jeffrey Foster, M.D. This course will consist of discussions led by clinicians to encourage a holistic therapeutic approach to the various problems of geropsychiatry. The focus will be on the practical management of specific problems and diagnostic groupings. Thursday, May 5, 9–5 PM, Fee $45, Spaces Available 90.

* * *

Course #53 Anomalous Erotic Preferences. Dir: Kurt Freund, M.D.; Faculty: J. W. Mohr, Ph.D., J. Hoenig, M.D., Ron Langevin, Ph.D. This course will provide a short overview of anomalies in erotic object preference and preferred kinds of erotic interactions. Diagnostic procedures will be presented, particularly the psychophysiological ones. The Clarke Institute's phallometric laboratory will be shown. Thursday and Friday, May 5–6, 9–5 PM, Fee $80, Spaces Available 40.

* * *

Course #54 New Concepts in Psychosomatics and Liaison Psychiatry. Co-Dirs: James L. Strain, M.D., Herbert Weiner, M.D.; Faculty for Thursday: Howard Roffwarg, M.D., Myron Hofer, M.D., Jack L. Katz, M.D., Sigurd H. Ackerman, M.D., Jimmie C. B. Holland, M.D.; Faculty for Friday: Stanley Grossman, M.D., John W. Jacobs, M.D., James L. Spikes, M.D., Carol J. Eagle, M.D., Norman W. Altman, M.D., Alfred Weiner, M.D. This two day course will present current concepts of the psychological basis of specific illnesses and behavior. Liaison teaching concepts and models on psychological reactions to medical illness and hospitalization, the organic mental syndrome, the dying patient, hypochondriasis, pediatric-adolescent liaison psychiatry, and psycho-pharmacology will be presented to the first day. Bereavement, anorexia nervosa, peptic ulcer, psychobiological factors in cancer, and interaction of sleep physiology with disease processes will be presented the second day. Thursday and Friday, May 5–6, 9–5 PM, Fee $80, Spaces Available 50.

Course #55 Drug and Alcohol Abuse in Clinical Practice. Dir: Marc Galanter, M.D.; Faculty: John C. Chappel, M.D., Donald Davis, M.D., William E. Flynn, M.D., John Fryer, M.D., John Griffin, M.D., James Halikas, M.D., Kim Keeley, M.D., Karin Mack, M.D., Robert Millman, M.D., John Morgan, M.D., Jack Rogers, M.D., John Severinghaus, M.D., Joel Solomon, M.D., Claudio Toro, M.D., Joseph Westermeyer, M.D., Kenneth Williams, M.D. This course will offer the practicing psychiatrist more effective means for working in long-term treatment with alcohol and drug abuse patients and for bridging the gap between recent scientific developments in the field and the practical issues of clinical practice. Principal topics will include diagnostic issues, detoxification, and long-term therapy techniques. Friday, May 6, 9–12, Fee $25, Spaces Available 60, Registration Guidelines.

* * *

Course #56 Diagnosis and Treatment of Minimal Brain Dysfunction. Dir: Richard A. Gardner, M.D.; Faculty: Paul H. Wender, M.D., Dennis P. Cantwell, M.D. This course will cover prevalence, etiology, biochemical and neurophysiological research, epidemiology, psychotherapy of the secondary psychogenic symptoms; and will deal with genetic research, chemotherapy, parental guidance, natural history, followup studies, adults with MBD, prognosis. Friday, May 6, 9–5 PM, Fee $45, Spaces Available 90.

* * *

Course #57 Behavioral Programs in Adolescent Psychiatry. Dir: Gene Richard Moss, M.D.; Faculty: Richard A. Brown, Ph.D. This course will present basic principles of behavior techniques and their direct application to adolescent psychiatry; the behavioral methodology required to establish an effective adolescent psychiatric unit as well as the limitations inherent in such a system; and the techniques of family contracting with adolescents in inpatient and outpatient psychotherapy. Friday, May 6, 9–5 PM, Fee $45, Spaces Available 45.

* * *

Course #58 Biofeedback. Co-Dirs: Elmer E. Green, Ph.D., Alyce M. Green, B.A. This course will present biofeedback research and training in specific biofeedback techniques. Friday, May 6, 9–5 PM, Fee $45, Spaces Available 50.

* * *

Course #59 Time-Limited Psychotherapy. Dir: James Mann, M.D.; Faculty: Robert Goldman, M.D. This course will include a discussion of the role and meaning of time in psychotherapy, techniques for pinpointing the central issue, the effects of time in creating guidelines for the therapist as treatment unfolds, the crucial termination phase, and indications and contraindications for time-limited psychotherapy. Friday, May 6, 9–5 PM, Fee $45, Spaces Available 35.

* * *

Course #60 Electroconvulsive Therapy. Dir: Paul H. Blachly, M.D.; Faculty: Richard S. Abrams, M.D., Max Fink, M.D., Fred H. Frankel, M.D., Lothar Kalinowsky, M.D., Iver F. Small, M.D., James J. Strain, M.D. This course will cover the following areas regarding electroconvulsive therapy: indications, limitations, coordination of ECT with pharmacotherapy, nursing considerations, legal considerations, political considerations, and research frontiers. Friday, May 6, 9–5 PM, Fee $45, Spaces Available 125.

* * *

Course #61 Community Treatment of the Chronic Patient. Dir: Leonard I. Stein, M.D.; Faculty: Mary Ann Test, Ph.D., William H. Knoedler, M.D. This course will focus on the principles and practices of treating the chronic psychiatric patient in the community. Models which cover a continuum of living arrangements from highly supervised settings to independent settings, problems of employment, patient socialization and daily living skills and work with families will be discussed. Materials will be relevant to after-care programs and programs designed to limit the need for inpatient treatment. Friday, May 6, 9–5 PM, Fee $45, Spaces Available 50.

* * *

Course #62 Psychiatric Emergenices Modern Management. Dir: George Voineskos, M.D.; Faculty: S. K. Littmann, M.D., R. Eastwood, M.D., M. Menuck, M.D., F. Cashman, M.D. The impact of the emergency on individuals and their ecological group will be presented in the context of crisis theory. Crisis intervention techniques and crisis intervention sented in the context of crisis theory. Crisis intervention techniques and crisis intervention service delivery strategies will be described. Friday, May 6, 9–5 PM, Fee $45, Spaces Available 40, Registration Guidelines: A minimum of two years of psychiatric training or family practice.

Visiting Scholar

PHILIP B. HALLEN, President of the Maurice Falk Medical Fund, has been appointed a Visiting Scholar for 1976-77 at the Institute of Medicine, National Academy of Sciences in Washington, D.C. Hallen's interests will be in developing an institute program in mental health using the preliminary planning material developed by the Public Corporation for Mental Health, a privately sponsored mental health policy study group chartered in 1974. The institute's program of studies is in six categories that cover the following range of health policy concerns: scientific research methods and support, education and manpower supply, quality of care, organization and financing of care, prevention of disease, and ethical and legal considerations.

2A-10U

Joint Congress

THE FOURTH National Congress of Biological Psychiatry and the First Regional Workshop of the World Federation of Biological Psychiatry will be held June 20-24 in Cancun, Mexico. Further information is available from Sociedad Mexicana de Psyquiatria Biologica, Benito Perez Galdos 214, Mexico 10, D.F.

2A-10B

Conference

A CONFERENCE on "Madness and Social Policy" of the NIMH Center for Studies of Schizophrenia will be held June 17-19 in Palo Alto, California. Further information is available from Ms. Laura Sheffet-Keys, Mental Research Institute, 555 Middlefield Rd., Palo Alto, Calif. 94301 (415) 321-3055.

2A-10T

Improper Treatment Seen In Depressive Illnesses

WHILE ADVANCES IN TECHNOLOGY and science have improved the ability to treat the depressed patient, from ten to 15 percent of patients still prove nonresponsive to a host of drugs. An attempt to develop a framework for treating these "treatment failures" by "incorporating recent findings in clinical, pharmacological, and biologic research on depressive disorders," is discussed in "Drug Management of Treatment-Resistant Depression," by Alan F. Schatzberg, M.D., of McLean Hospital in Belmont, Massachusetts, in an issue of *McLean Hospital Journal*.

Schatzberg groups the reasons for the failure of depressed patients to respond to medication into the following four groups: undertreatment, overtreatment, differential response to drugs, and use of non-antidepressants, and discusses methods for "overcoming stumbling blocks."

According to Schatzberg, "There is often a tendency to undertreat the depressed patient with tricyclics and MAOIs." He said that in a review of a series of patients referred to NIMH for follow-up treatment, Kotin noted that 80 percent had been inadequately treated prior to referral and that fewer than 40 percent of patients receiving tricyclics met the minimum criterion of 150 mgs per day. "This is particularly striking as even 150 mgs per day may prove to be an inadequate dosage in many instances," Schatzberg said.

With regard to prescribing practices of monoamine oxidase inhibitors, he said that "studies on endogenous depressions have indicated that MAO inhibitors may be less effective than other somatic therapies; however, in some of these studies, MAO regimens were apparently inadequate. Recent work by Robinson has indicated that treatment response requires as much as 80 percent inhibition of platelet MAO activity. Response to small dosages of phenelzine, which do not yield adequate inhibition of MAO activity, often reflect only placebo effect. Such findings and advances in the ability to measure platelet MAO activity are providing ways for assessing the adequacy of therapeutic trials and for ultimately helping to determine the upper limits of MAOI dosages."

Schatzberg also observed that interpatient variability in blood levels may explain interpatient variability in response, "as there is some evidence for a correlation between blood level and clinical effect, particularly in regard to minimum blood level required for a therapeutic response." He suggested that the monitoring of blood levels may provide the clinician with information as to whether or not the patient is developing an adequate or any blood level and is showing an increase in level with an increase in dosage. He also noted that iatrogenic factors may also play major roles in tricyclic level concentrations. He added that while methylphenidate has been shown to raise the tricyclic blood level and has therefore been recommended as a useful adjunct to a tricyclic regimen, barbiturates often lower the blood level by increasing enzymatic activity. "This is extremely important," he said, "as concomitant prescription of barbiturates, as used particularly for sedation, can lower blood levels in some patients and limit the efficacy of the tricyclic. In addition, cigarette smoking can also lower tricyclic blood level. While blood levels may be difficult to obtain routinely, it has been suggested that the presence of side effects (e.g., dry mouth, hypotension, etc.) may augur antidepressant response."

Turning to overtreatment, Schatzberg said that patients who are treated with nortriptyline may demonstrate high blood levels and poor treatment responses. "Although low levels of nortriptyline reflect inadequate treatment," he said, "the reasons for poor responses at higher levels are still unclear." He said that a relationship between high blood levels and poor clinical response has not been demonstrated for imipramine. Glassman recently showed that "patients with blood levels below a minimum of 180 ngs per ml of imipramine plus desmethylimipramine tended not to respond. Patients with blood levels above 180 ngs per ml tended to respond."

Schatzberg also noted that tricyclics may also have adverse psychiatric effects that often nullify antidepressant responses, effects which are often seen with higher dosages prescribed over long periods of time. "In their brief review, Baldessarini and Willmuth noted four types of adverse reaction: hypomania, depersonalization, organic brain syndrome, and exacerbation of schizophrenic symptomatology." Elaborating, Schatzberg said that "hypomania may be seen more frequently in those patients who have a bipolar illness. Organic brain syndromes often represent the toxic anticholinergic effects of tricyclics and such patients tend to respond to physostigmine. The etiology of symptoms of depersonalization and schizophrenia is far less clear. In general, it has been felt that antidepressants exacerbate psychotic symptomatology in patients with underlying schizophrenic illness. . . . Recent preliminary work by Shildkraut et al sug-

Continued on facing page

World Congress To Hold Open Session

THE APA BOARD OF TRUSTEES reported at its December meeting that the executive committee of the World Psychiatric Association had agreed to grant a request by APA to hold an "open session" during the VI World Congress in Hawaii to discuss the "misuse of psychiatric facilities or the psychiatric profession, in whatever country it may be occurring." The APA executive committee approved a "Proposal . . . to the World Psychiatric Association Regarding Abuse of Psychiatric Procedures" at its September 1976 meeting, and APA President Robert Gibson then wrote WPA President Howard Rome to transmit APA's formal request to schedule the open session. Copies of the formal letter of request were then mailed to every member organization of WPA and to the president-elect (Jules Masserman, M.D.) of the International Association for Social Psychiatry expressing the hope that "other member societies of the World Psychiatric Association, including your own, will wish to adopt a similar position. . . ." The Board reported enthusiastic support to the request. 2A-10Q

Continued from facing page

gests that depressed patients who become psychotically disorganized on tricyclics may excrete relatively low MHPG (30methoxy-4-hydroxyphenylglycol), the major metabolite of brain norepinephrine, in the urine while demonstrating relatively high platelet MAO activity. These patients had histories of chronic asocial, bizarre, or eccentric behavior and thus were often diagnosed in the study as 'schizoid affective,' applying a research classification described elsewhere. Because these patients may have adverse reactions to tricyclics, their treatment is often difficult. Biochemical markers or tests may ultimately provide a method for diagnosing these patients and for limiting risks in treatment."

Turning to a discussion of differential responses, Schatzberg noted that while at one time it was felt that the tricyclics imipramine and amitriptyline had similar modes of action and were probably of comparable efficacy, "evidence has been increasing . . . that some patients may respond to one tricyclic rather than another and that responses can be correlated with levels of MHPG excretion in the urine." Continuing, he said that "Maas et al have shown that patients who responded to imipramine tended to exhibit low urinary MHPG excretion, whereas Schildkraut found that patients who responded to amitriptyline showed higher MHPG excretion. Both sets of findings were confirmed recently by Beckmann and Goodwin. Clinically, Schildkraut has felt that some endogenously depressed patients would respond to both agents, some would respond to one and not the other, and some to neither." Said Schatzberg: "The clinical relevance of these findings is clear: failure on one tricyclic does not preclude responsivity to another. This is important since patients failing on one are often called 'treatment resistant' and are not tried on another drug of this class."

With regard to classes and combinations of drugs, he had this to say: "[I]t is important to remember that failure on one class does not preclude response to another, and patients who are resistant to one class should be given an adequate trial on another." He went on to say that combining antidepressants from different classes in some cases proves more effective than treating the patient with one particular agent alone. "Although there is a relative contraindication to combining MAOIs with tricyclics, they can be used jointly in resistant cases. However, careful monitoring of such patients by practitioners experienced in psychopharmacology is essential." He said that response to antidepressants "may be potentiated when they are combined with other agents."

Finally, in his discussion of the use of non-antidepressants, Schatzberg said that phenothiazines may be of benefit in treating some involutional and psychotic depressions, but they are not currently recommended as primary agents in depression. "Phenothiazines may exacerbate depressive symptoms, and package insert literature often advises against their prescription in depression. In addition, they may induce akathisias and dysphoria, which may be mistaken for a worsening of depressive symptomatology, particularly agitation." Further, he said, phenothiazines may be mistakenly increased to deal with agitation, resulting in an "unfortunate further exacerbation of the patient's discomfort."

8A-20

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PSYCHIATRIST, Dir./Prog. Chief, posn. avlb. for 2 county area approx. 125 mi. NE San Francisco. Inpt., OP, staff supervision, consult in loc. hosp. & with commty. agencies. Highly motivated staff, rural atmosphere, fresh air, opptys. for outdoor rec. activities. Sal. nego. Contact: Glen Co. Mental Health Svcs., P.O. Box 1055, Willows, CA 95988 (A/C 916) 934-7050 or Clousa Co. Mental Health Program, 251 E. Webster, Colusa, CA 95932. (A/C 916) 458-5179.

Bakersfield—PSYCHIATRIST—Direct clin. work with OP's & inpts. Emphasis upon indvd. & grp. therapy. Sal. $38,000-48,000 dep. on bkgrnd. & quals. Malprac. insur. provided. Priv. prac. allowed. Calif. lic. required. Contact: Dr. Perelli-Minetti, Medical Director, Kern View Community Mental Health Center & Hospital, 3600 San Dimas St., Bakersfield, Cal. 93301. Phone (805) 327-7621.

Huntington Beach—Extraordinary pvt. prac. oppty. for a univ. trnd. bd. cert./bd. elig. child psychiatrist in Southern Cal. beach commty (45 min. from L.A.). Competency req. in all subspecialty areas incl. child in-pt., pediatric liaison and consulta., commty. child psychiatry, fam. ther., play ther., adol. psychiatry and psychother., play ther., adol. psychiatry and psychoanalytically oriented, indvd. child and adult psychother. Med. school-clin. facul. appt. avail. Income commen. with effort and expertise. Forward complete CV to P.O. Box 2364, Huntington Beach, CA 92647.

Irvine—FACULTY POSITIONS. The Univ. of Calif., Irvine, Dept. of Psychiatry and Human Behavior, invites applic. for FT posns. M.D. degree, 3 yrs. of accred. psychiat. rsdncy., Calif. lic. and evid. of scholarly productivity req. (i) ASSISTANT PROFESSOR level, family therapy and liaison with family med. (trng. in family therapy pref.) (ii) ASSISTANT PROFESSOR level to coordinate undergraduate psychiat. curric., didactic, clinical, and cognate basic sciences at med. student level; (iii) TWO AT ASSISTANT OR ASSOCIATE PROFESSOR level to direct inpt. and OP svcs., incl. clinical supervision and didactic tchng. of med. students and residents in Child and Adult Psychiatry. APPLICATIONS FROM ALL QUALIFIED CANDIDATES ARE WELCOME; MINORITIES AND WOMEN ARE ENCOURAGED TO APPLY. Send CV and names of 3 ref. to Dr. E. Mansell Pattison, university of California, Irvine, Ca. 92717.

Los Angeles—PSYCHIATRIST-MEDICAL DIRECTOR—Bd. Cert. Calif. lic. To coordinate pgms. in 64-bed JCAH accred., non-profit, compre. psychiat. hosp. and MHC in Metropolitan Los Angeles. Active inpt., OP, partial hospitalization, research and forensic pgms. Univ. affil. possible. Sal. negot. Send CV or resume to Personnel, Gateways Hospital, 1891 Effie Street, Los Angeles, California 90026 Ph: (213) 666-0171.

Los Angeles County—UCLA/VA PSYCHIATRIC RESIDENCY trng. pgm.; Los Angeles County: Openings for mixed psychiat.-med. residency; full spectrum clinical and research opptys.; traditional and innovative pluralistic approaches to the trtmt. of the psychoses, neuroses, and behavioral disorders; personal psychotherapy avail. through insur. bnfts.; all supervisory faculty have UCLA appts.; special study with distinguished investigators in psychopharm. psychobio., psychosomatic med., social. and commty. psychiat., alcoholism, drug addiction, family and network therapy, admin. psychiatry, gerontology; opptys. for advanced trng. and research in biofeedback and behaviorial sciences with faculty. Stipends from $17,881 to $22,822 include lbl. fringe bnfts. Southern Calif. rich in cultural and recreational facils.—a nice place to live and learn. Non discrim. in employ. apply to Milton Greenblatt, M.D., Professor of Psychiatry, UCLA; Chief, of Psychiatry, Veterans Administration Hospital, Sepulveda, Calif. 91343.

Lancaster—Pvt. prac. oppty. for PSYCHIATRIST whose primary interest is short and intermed. term psychiatric care. Involves development of milieu, nursing and activities on a 30 bed unit in a gen. hosp. FT. Psychiatric Group 50 miles from Los Angeles. Sal. up to $50K in sal. & bnfts. Call Collect (805) 948-4693.

Los Angeles—The Department of Psychiatry and Biobehavioral Sciences, UCLA School of Medicine is seeking a dedicated academic career child Psychiatrist with demonstrated abilities in teaching, patient care, and clin. research to occupy the newly endowed JOSEPH CAMPBELL CHAIR OF CHILD PSYCHIATRY. Cand. for the posn. should have a strong clin. research background in the area of psychopathology of children. Req. for the applic.: M.D. Degree, English speaking. UCLA is an EOE with affirm. action pgm. and seeks applic. from women and members of minority grps. as well as other quaified persons. Contact: R. J. Arthur, M.D., Chairman Search Committee, UCLA Depart. of Psychiatry and Biobehavioral Science, 760 Westwood Plaza, Los Angeles, California 90024. Send CV, letter discussing career goals, and at least three references.

Los Angeles—UCLA Neuropsychiatric Institute conducts multidiscp. educa. and scientific pgms. related to neurolog. and psychiatric illness and MR. Occasional opngs. avail. for acad. personnel in biolog., behav. and soc. sciences, and MH-rela. professions. Doctorate degree in appropriate discipline req. EOE with affirm. action pgm.; applicas. from and recommendations of minority and women candidates as well as other qual. persons are encouraged carefully considered. Write to L. J. West, M.D., 760 Westwood Plaza, Los Angeles, CA 90024.

Ridgecrest/China Lake—FT Calif. lic. PSYCHIATRIST posn. in MHC with starting sal. between $40,000 to $45,000 a yr. Bnfts. incl. 3 weeks vac., health ins., sick leave, and holidays. This OP non-profit clinic is loc. in a semi-rural desert area with easy access to mtns. and lakes with exc. skiing and fishing. Posn. offers a broad variety of clinical work, some inpt. work at the commty. hosp., evals. and consults. Majority of the clinic's clientele are highly educ. and sophisticated. Apply to David A. Mechtenberg, Administrator, P.O. Box 700, Ridgecrest, Calif. 93555. Affirm. Action. Empl.

Sacramento—PSYCHIATRIST. 175-man multi-spec. prepaid med. grp. 1½ hrs. from San Francisco and Sierras. Academic/administration background along with clinic prac. exper. and Bd. cert. preferred. Should be imaginative and resourceful but have pragmatic approach. 2 psychiat. currently on staff along with 4 para professionals. Further expansion anticipated. Sal. negotiable. Contact R. Keim, M.D. Permanente Medical Group, 2025 Morse Avenue, Sacramento, Calif. 95825 or call collect (916) 486-5933. EOE.

Sacramento—Univ. of Calif., Davis, Dept. of Psychiatry has openings for CHILD PSYCHIATRY FACULTY, ASSISTANT PROFESSOR. Quals.: M.D. degree Bd. Elig. or Bd. Cert. and Elig. for subspecialty boards in child psychiat., rsdncy. trng. in gen. psychiat. and child psychiat, Calif. lic. Dept. operates 3 CMHC's as setting for educ. and scientific pgms. for all MH disciplines. EOE. Women and minorities encouraged to apply. Write: I. N. Berlin, M.D., 2315 Stockton Blvd., Section of Child Psychiatry, Sacramento, CA 95817. Posns. avail. 7/1/77. Applic. accepted to 3/31/77.

Sacramento—Univ. of Calif., Davis, Dept. of Psychiatry has openings for GENERAL PSYCH. FAC. Dept. operates 3 CMHC's as setting for educ. and scientific pgms. for all MH disciplines. EOE. Women and minorities encouraged to apply. Write: Joe P. Tupin, Division of Mental Health, Sacramento Medical Center, 2315 Stockton Blvd., Sacramento, CA 95817 Posns. avail. 7/1/77. Applic. accepted to 7/1/77. $26,300-$33,700.

San Francisco—BOARD APPROVED RESIDENCIES IN GENERAL PSYCHIATRY AND CHILD-ADOLESCENT PSYCHIATRY avlb. at McAuley NP Inst. of St. Mary's Hosp. & Med. ctr. 70 inpt. beds; OP, day trtmt., & Outreach svcs. Broad academic pgm. with intense indvl. supvsn. Write: M. T. Khlentzos, M.D., Med. Dir., Psychiat. Trng. Pgm., 450 Stanyan St., San Francisco 94117.

San Jose—PSYCHIATRIC POSITIONS avlb. in four regional MHC near San Jose, California. Direct clin. work with OPs. and consult. with commty. grps. Sal.: $34,715 to $42,108 per year, depending on quals. and length of employment, plus frng. bnfts. averaging 18% of sal. Special int. in Spanish speaking staff. Contact Kenneth Meinhardt, MD, Assistant Director, Santa Clara County Mental Health Services, 2220 Moorpark Avenue, San Jose, Calif. 95128. An EOE m/f.

Santa Cruz—PSYCHIATRISTS needed for Health Services Agency in California coastal commty. of Santa Cruz. FT and Half-Time posns. avlb. Must possess Lic. as physician and surgeon in Calif.: completion of 3 yr. grad. trng. in psych. approved by AMA or AOA. Write Dr. Luikart, Program Chief Mental Health, 1080 Emeline St., Santa Cruz, CA 95060.

Sonoma County—Opening Jan. 1977 for FT STAFF PSYCHIATRIST. OP role in CMHC. Good mix of professional duties in beautiful Sonoma County. Civil Service with exc. fringe bnfts. Sal. $27,360-$33,264 nego. Contact: C. W. Norton, M.D., Director, 3322 Chanate Road, Santa Rosa, Calif. 95404.

South Pasadena—PSYCHIATRIST to join pvt. psychiat. clinic as Co-Medical Director. Provide medical management, prescribe med., and work closely with psychologists who perform all of the psychotherapy. Two-thirds Inpt., one-third OP. Supervision & teachg. with psychologists and hosp. staff. Extremely deluxe OP facil. with every conceivable back-up and support advantage. Every office has a spacious lush garden view. Start. Sal $50,000 to $60,000 yearly, incr. to $100,000 yearly in one to two years. Send resume to: David A. Hall, M.D., 1941 Huntington Drive, Suite H, South Pasadena, California 91030. Ph: (213) 799-1127.

Southern California—PSYCHIATRIST needed for modern psychiat. hosp. with expanding pgms in forensic psychiat., gen. psychiat. care, and pgms. for the Mentally Retarded. Civil svc. bnfts.; social security; sal. to $41,796 depending on quals. San Bernardino area, near desert and mountains. Alvin Walker, M.D., Patton State Hospital, Patton 92369 (714) 862-8121 collect.

COLORADO

Colorado Springs—PSYCHIATRIST(s). Bd. Cert. or elig., for full or part-time posns. In large non-profit, CMHC. OP, short-term inpt., crisis care and consul., and/or alcohol trtmt. Pleasant environment; close to Denver and mountain rec. Vita to Pikes Peak Mental Health, 1353 S. 8th St., Colorado Springs, CO 80906, and/or call Ron Langer, M.A. or Cynthia Rose, M.D., at (303) 471-8300 for further info. EOE/AAE.

Fort Lyon—PSYCHIATRISTS. Welcome to Colorado. Bd. cert./elig. psychiats. enjoy mild, dry, clean, Colorado climate. Exc. oppty. to work in a pgsv. neuropsychiat. and Gen. Med. Hosp. where you can make contributions in pgms. such as Behavior Modification, Substance Abuse, Resident, Admissions/Acute Care, and Rehab./Exit. Sal. comm. with exper. and trng. plus incentive bonus. Malpractice protection. Lbrl. fringe bnfts. Quarters avlb. Tennis courts, movies, swimming pool, bowling, and horse stables all avlb. without charge. Contact: Chief of Staff, VA Hospital, Fort Lyon, Colorado 81038, (303) 456-1260, EXT. 333. EOE.

CONNECTICUT

New Haven—Yale Psychiatric Institute ASSISTANT DIRECTOR to participate in clinical admin. and educ. pgm. of intensive trtmt. hosp. Quals: Bd. Elig., exper. in clinical and educ. admin., psychotherapy, and research. Int. in family therapies. Sal. and rank comm. with exper. and quals. Send resume and names of 3 ref. to: Gary L. Tischler, M.D., Chairman, Search Committee, Yale University School of Medicine, Department of Psychiatry, 25 Park Street, New Haven, Conn. 06519. EOE, Affirm. Action Employer.

Newtown—CONNECTICUT PSYCHIATRIC RESIDENCIES. 3-yr. accrdtd. rsdncs. now avlbl. Active, varied tchng. pgm. affl. with Yale Univ. & 1 yr. trng. avlb. in New Haven for qual. rsdnts. Trng. pgm. also incl.; extensive didactic tchng. schedule; instruction in basic & clin. neurol.; supvd. inpt. & OP exper. with adults & adoles.; & child psychiat. rotation. Spacious 3-bedroom homes avlbl. on ltd. basis with low-cost maintenance. Sal.: 1st yr. $14,219, 2nd yr. $14,886, and 3rd yr. $16,667. Write: Robert B. Miller, MD, Supt., Fairfield Hills Hosp., Newtown 06470.

Norwich—PSYCHIATRISTS—Clinical and teaching posns. avlb. in 1,000 bed commty.-oriented MH facil. with many specialized, forward-looking pgms. Computerized record keeping. Fully approved 3 yr. rsdncy training pgm. Sals. starting at $26,199-$36,959, exc. frng. bnfts. retirement and insurance pgms. Housing avlb. Write Superintendent, Norwich Hospital P.O. Box 508 Norwich Conn. 06360, USA.

Norwich—PSYCHIATRIC RESIDENCIES avlb. at Norwich Hospital, a commty. oriented MH facil. Computerized and problem oriented record-keeping. Fully approved 3 yr. pgm. Close association with Institute of Living, Hartford Hospital, St. Francis Hospital, and University of Connecticut Health Center. Beautiful surroundings close to ocean and near metropolitan centers. Sals: First yr. $14,219; Second yr. $14,886; Third yr. $16,667. FREE HOUSING WHEN AVAILABLE. Exc. frng. bnfts. Now accepting applics. for July, 1978. Flexible internship or comparable accred. training req. Write Director of Training, Norwich Hospital, P.O. Box 508, Norwich, Conn. 06360, USA.

FLORIDA

Chattahooche—Posns. avail. for PSYCHIATRIST at Florida MH Facility. Applic. accepted from applicants with 3 yrs. of approved psyciat. rsdncy. Fla. lic. not req., however, must possess a lic. in one of the United States, or hold an ECFMG certif., or have passed the FLEX exam. State Career Service security. Exc. fringe bnfts. Hosp. facil. is loc. in beautiful rural environment just an hour and a half drive from Gulf of Mexico beaches. Sal. ranges from $29,628.72 to $41,279.76 annually. Sal. comm. with training and exper. Int. persons should contact: C. J. Brock, Personnel Manager, Florida State Hospital, Chattahooche, Fla. 32324. Ph: (904) 663-4311. EOE.

Lakeland—CHILD PSYCHIATRIST wanted to join two-man gen. psychiat. grp. who will help develop referrals. Unique oppty. to oversee dvlpmt. of hosp. child psychiat. unit. Exc. loc. in central Fla. Gtd. sal. for first 6 months. Contact K. E. Dykes, Administrator Lakeland Manor Hospital, 2510 N. Florida Ave., Lakeland, Fla. 33801. Ph: (813) 682-6105.

Milton—PSYCHIATRIST to work in rapidly growing commty. guidance clin. Posn. involves pvdng. psychiatric svcs. to all phases of existing pgms., incl. OP, after-care, alcoh. rehab., drug abuse, emerg. svcs., geriatric day trtmt., and consulta. Svcs. in devel. stages incl. inpt. and partial hospitaliza. Posn. currently 1/2 time plus pvt. prac. opptys., or poss. expansion may soon make the posn. FT. Competitive fringe bnfts. with min. ann. sal. of $16,000. Milton is 20 miles from Pensacola, and only minutes from some of the most beautiful beaches in the world. For further info., contact Richard Goldberg, Ph.D., Santa Rosa Guidance Clin, 200 Oak St., Milton, FL 32570.

Pensacola—PSYCHIATRIST-G.P. PHYSICIAN—Opngs. are anticipated from time to time in well estab. CMHC. FL lic. req. This is a CMHC with four lge. pgms.: Drug Abuse, Alcohol Counseling Center, Child Development Center and General Mental Health Program. Pensacola offers beautiful beaches and exc. rec. opptys. No state income tax. Letters of inquiry, with resume, should be forwarded to Morris L. Eaddy, Ph.D., Executive Director, CMHC of Escambia County, Inc., 1201 West Hernandez St., Pensacola, FL 32501. An EOE.

HAWAII

The Hawaii Mental Health Division has immed. openings for CHILD PSYCHIATRISTS in admin. and clinical posns. Annual sal. is $31,368 with exc. working and living cond. and generous fringe bnfts. Addit. periodic vacancies for ADULT PSYCHIATRISTS are avail. Send CV and 3 ref. to Denis Mee-Lee, M.D., Mental Health Div., 550 Makapuu Ave., Honolulu, HI 96816.

Psychiat. Dept. of a large multi.-spec. grp. needs PSYCHIATRIST with training in child psych. Bd. elig. or cert. in child psych. req. Write Med. Dir, 88 S. King St. Honolulu, Hawaii 96813.

IDAHO

Blackfoot—WANTED PSYCHIATRIST seeking peace-of-mind and even hrs. away from the humdrum of city life. A progressive, innovative 100-bed hosp. with challenging pgms. seeks licensable physicians and offers them a smog-free suburban-like fam. setting accessible to 2 fairly large cities. 4-season climate. Exc. hunting, fishing, skiing. Exc. schools with accred. university within commuting distance. Frng. bnfts. incl. health and life insurance, retirement, disability insurance bnfts. professional liability insurance and paid vac. and sick lve. Sal. nego., with $28,032 and $38,400. Apply to John W. Harris, Ph.D., Admin. Director, State Hospital South, Blackfoot, Idaho 83221. The Idaho Department of Health is an EOE.

ILLINOIS

Decatur—PSYCHIATRIST—Affiliate with an expanding modern facil. in Central Illinois. Innovative commty. and inpt. care pgms. involving adults and adols. Exceptional environment, recreation and family setting. Major Universities nearby. PT possibilities as well as pvt. prac. potential. Send vita/or contact Dale L. Kelton, Ph.D., Regional Administrator, Adolf Meyer Mental Health Center, Decatur, Illinois 62526 Ph: (217) 877-3410.

Springfield—POSITIONS IN ACADEMIC PSYCHIATRY. Challenging opptys. in psychiat. in a new commty. based med. school. A strong interest and competence in tchng. are essential quals. There are FT acad. posns. based in various settings and involve multidiscp. relationships with professionals in the commty., active tchng. roles with med. students, psychiatric residents and continuing educ. with physicians and other health care professionals. Send CV to: A. S. NORRIS, M.D. Chairman, Dept. of Psychiatry, Southern Illinois University School of Medicine, Box 3926, Springfield, Ill. 62708 EOE Affirm. Action Empl.

Urbana—PSYCHIATRIST bd. elig. or bd. cert. to join Dept. of Psychiatry in a large mult-spec. grp. in a university commty. Posn. involves OP, inpt., and consultative pgms. Affil. with dvlpg. med. school avlb. Competitive sal. and lbrl. frng. bnfts. pgm. Contact Medical Director, Carle Clinic, Urbana, IL 61801.

INDIANA

CHILD PSYCHIATRIST—Child-oriented gen. or trained child psychiatrist. Fully trained, IN lic. req., to join 2 other psychiatrists in an established commty. MHC with full staff and secure funding to provide clin. and pgm. leadership. Good frng. bnft. pgm. Write Box P 702, Psychiatric News. An EOE M/F.

Marion—CHILD PSYCHIATRIST—Accept bd. elig; prefer bd. cert. Clin. posn. on newly-formed child and adols. trtmt. team. Exciting oppty. to get in on the ground floor of a new CMHC with a newly forming child adols. pgm. with a 8-bed inpt. unit. Young, innovative staff; progressive programming, eclectic philosophy. Sal. nego: Lbrl. frng. pkg. Call or Write; John Brubaker, ACSW, Executive Director, Grant Blackford Mental Health, Inc., Box 1387, Marion, Indiana 46952. (317-662-3971.)

Marion—PSYCHIATRIST—Bd. elig. Ability to work on 24 bed patient unit or in OP svc. Posn. is in a new compre. CMHC. The staff is young, innovative and eclectic in philosophy. Progressive programming: Lbrl. frng. bnfts. pkg.; Sal. nego. Call or write: John Brubaker, ACSW, Executive Director, Grant-Blackford Mental Health, Inc., Box 1387, Marion, IN 46952 (317-662-3971.)

IOWA

Clarinda—WANTED: PSYCHIATRISTS with or without subspecialty int. Sal. nego. from $34,632 to $44,304. Frng. bnfts. and deferred compensation avlb. Info. concerning institution and commty. avlb. on request. T. E. Shonka, M.D., Supt. Mental Health Institute, Box 338, Clarinda, Iowa 51632.

KANSAS

Manhattan—MENTAL HEALTH CLINIC. Posn. as PSYCHIATRIST AND MEDICAL DIRECTOR avail. 7-1-77 in loc. operated OP commty. MHC that is in transition to a compre. pgm. Clin. work will be gen. but a spec. int. could be pursued. Responsibilities incl. planning and directing all med. svcs. as well as providing evaluation, diagnostic and psychotherapy svcs. Clin. loc. in a pleasant university commty. of 45,000 near a large reservoir popular for sailing and fishing. Sal. competitive. Please call or write: Allen W. Davis, Dir. North Central Ks. Guidance Center, 320 Sunset, Manhattan, KS 66502. Telephone 913-539-5337.

Osawatomie—PSYCHIATRISTS: Bd. cert. or Elig. for 400-bed. state mental hospital accred. by JCAH, loc. 40 mins. south of Kansas City. Active pgms. in Adols. Alcoholism Senior Citizen and Adult; possible med. school fac. appointment; housing and other lbrl. frng. bnfts. sal. $30,000 to $42,000 based upon training, examinations and boards, exper., function and responsibility. Apply to: Clinical Director, Osawatomie State Hospital, Osawatomie, KS, 66065. Tel. 913-755-3151.

KENTUCKY

Tired of high costs of living, meager income, crowded schools, city crime and traffic? Willing in exchange to tackle challenge of naive population unused psychiat. svcs. in rural Kentucky (but convenient to Cincinnati and Lexington)? CHIEF PSYCHIATRIST-MEDICAL DIRECTOR needed to work in commty. Mntl. Hlth. Cntr. w/psychol., soc. wkrs., etc. delivering out/pt., inpt. consult. educ., day hosp. and other svcs. New Resident earns $35,600-up to $45,000 for exper. Bd. Elig. Psychiatrist. Exceptional frngs. incl. retir., 18 paid vac. days, sick leave, profess. mtngs., malprac. insur., exc. BC/BS. Contact William I. Ivey, 3rd, M.S. Execu-

tive Director, Comprehend, Inc., 16 E. 3rd St., Maysville, KY 41056.

Hopkinsville—STAFF PSYCHIATRIST immed. opngs. in 450-bed JCAH accred. psychiat. hosp. loc. in a town with exc. schools and commty. college. Near famous land between the lakes. Exc. rela. with CMHC outstdg. fringe bnfts. KY lic. req. Sal. completion of 3 yrs. apprvd. rsdncy. $34,133, higher sal. possible according to exper. and cert. Poss. of addtl. income by P.T. employment for other agencies. Please write or call Ron Moss, Admn. Western State Hospital, Hopkinsville, KY 42240 Ph: (502) 886-4431.

Louisville—PHD CLINICAL PSYCHOLOGIST Compre. CMH/MR pgm. has posns. avail. for team-oriented Psychologist. Respons. incl. clin. supervision of staff, diagnostic and trtmt. of clients in the areas of MR, drug abuse, alcoh. abuse, and all aspects of MH. Competitive sal., generous fringe bnfts. incl. free med. and life insur., sick leave, 11-1/2 holidays, and 21 paid vac. days, and relocation expense. Send resume to incl. sal. reqs. to: Director of Personnel, River Region Mental Health, P.O. Box 388, Lousiville, KY 40201. An EOE.

Louisville—MEDICAL DIRECTOR-PSYCHIATRIST, Bd. elig. or cert. Compre. CMH/MR pgm. has posns. avail. for team-oriented Psychiatrist. Respons. incl. clin. supervision of staff, diagnostic and trtmt. of clients in the areas of MR, drug abuse, alcoh. abuse, and all aspects of MH. Sal. competitive and nego. relative to trng. and exper. Generous fringe bnfts. incl. reloca. expense, 11-1/2 paid holidays, and 21 days vac. first yr. Send CV to incl. sal to reqs. to: Director of Personnel, River Region MH, P.O. Box 388, Louisville, KY 40201. An EOE.

MAINE

Bangor—PSYCHIATRIST (ADULT AND/OR CHILD)—to join 2 other psychiatrists in pvt. pract. To start after Jan. 1977. Sa. $40,000.00 and bnfts. with partnership option. Loca. Bangor, Maine. Call (207) 947-7186 or write to E. K Balian, M.D. 45 Hogan Rd. Bangor, Me. 04401.

Fort Fairfield—PSYCHIATRIST AMHC is a truly compre. CMHC with a staff of 100, which offers a full range of svcs. to people of all ages. Psychiat. staff presently consists of one Career Child Psychiat. and one Gen. Psychiat. We need you to share in medication review, supervision of a ten bed Inpt. Unit, and med./psychiat. consul., and we encourage you to tailor the remainder of your time to satisfy your own needs for partic. in staff dvlpmt., commty. educ., trtmt. of indvdls., fams., and/or grps., dvlpmt. of child psychiat. svcs., and consult. to other profess. staff. We would be int. in applics. from indvdls. who have completed approved psychiat. rsdncys. and who have ints. in working with adults, chldn., or a combination of the two. Applics. from Career Child Psychiatrists would be most welcomed. Aroostok County has a peaceful, pollution-free, rural environment in which both summer and winter rec. opptys. abound. There are rolling hills, trout streams and lakes, small towns, two branches of the University of Maine, and a Jet Airport. Frng. bnfts. incl. reloc. costs; 4 weeks vac.; a retirement pgm.; med., life, and disability insurance; and a competitive sal. Submit resume or call: Norton Dock, M.D. Staff Psychiatrist, Aroostook, Mental Health Center, Fort Fairfield, Maine 04742, Telephone: 207 472-3511.

MARYLAND

Crownsville: Opngs. for STAFF PSYCHIATRIST with strong commty. orientation to help implement major pgms. at psychiat. hosp. with 800 patient av. pop. emphasizing close ties with commty. based agencies and resources. Conveniently loc. close to Balt.-Wash. Metro. area, yet next to Annapolis and Chesapeake Bay for water-oriented activities. Sal—$28,786 and up with yearly increments depending on quals. Md. Lic. FLEX or reciprocity req. Call or write Luis R. Flores, M.D., Clinical Director, Crownsville Hospital Center, Crownsville, Md. 21032—Tele. (301) 987-6200.

Jessup—PSYCHIATRIC CONSULTANT, to provide diagnostic reports on patients in a psychiat. correctional facil. located midway between Baltimore and Washington. Appt. sched. for diagnostics may be set at convenience of examiner. Applic. must have a lic. to prac. med. in Md. EOE. Contact: J. Brown Hardy, Acting Chief Administrative Officer, P.O. Box 700, Jessup, Maryland 20794.

MASSACHUSETTS

Boston—HOUSE PHYSICIAN Glenside Hospital, Boston, Mass. Work 4 wks. night or 3 wk. nights and weekend. Exc. working conditions. Sal. $26,000-$29,000 depending on number of nights worked. For full details, call Jimm Mattingly collect at 504-837-6456 or write P.O. Box 24189, New Orleans, LA 70184.

Boston—Massachusetts General Hospital—Limited OPENINGS FOR THIRD-YEAR PSYCHIATRIC RESIDENTS with interests in OP and emer. psychiatry. Clinical, tchng., admin. opptys. Harvard Medical School appt. Contact: Jonathan F. Borus, M.D., Director Psychiatric Residency, Massachusetts General Hospital, Fruit Street, Boston, MA 02114 EEO (M/F).

Boston—PSYCHIATRIST—Two posns. avail. for Night Owls: Evening and night coverage of a pvt. psychiat. hosp. Sal. range approx. $26,000-27,300. Also avail., part time posn. in afternoon as staff psychiatrist. Write Donald P. Barker, M.D., Medical Director, Glenside Hospital, 49 Robinwood Avenue, Jamaica Plain, Mass. 02130. (617) 522-4400.

Brockton—PSYCHIATRIST Bd. cert. or Bd. elig. to join a hosp. based multi-discpl. team for the care of acute and chronic patients. Faculty appointment at Harvard Medical School avail. Research and tchng. opptys. open. Active continuing educ. pgm. Psychiat. rsdncy. affil. with Mass. MHC started July 1976. Patient load a rich mix of behavioral and biological problems. For further info. call or write to: Harry Olin, M.D., Chief of Psychiatry, Veterans Administration Hospital, Brockton, Mass. 02401 Ph: (617) 583-4500.

Brockton—PSYCHIATRIC RESIDENTS openings at advanced lvls. for July 1, 1977, combined Harvard Training Program at Brockton V.A. Hospital and the Massachusetts Mental Health Center, Broad range of academic opptys. for qualif. applicants with time apportioned at each facility. Extensive individual supervision backed by the full resources of this joint university faculty. Individualized pgms. will be tailored to the applicant's training needs. Areas of emphasis might incl. individual psychother., psychopharmacology, research, consul. and liaision, grp., fam., commty., and social psychiat. Send CV to N. S. Mittel, M.D., Coordinator of Residency Training, Brockton V.A. Hospital, Brockton, Mass. 02401 or telephone (617) 583-4500, Ext. 367 or 497 to arrange interviews. An EOE.

Cambridge—PSYCHIATRIC FELLOWSHIP beginning July 1, 1977 for ASSISTANT DIRECTOR of Mt. Auburn Hospital acute 16-bed inpt. svc. Open to 4th yr. (post-rsdncy) applic. Fellow will manage a highly structured milieu pgm. which incorp. individ., grp., family, and occupational therapy. The posn. carries a Harvard Medical School trng. appt. Contact: Lewis A. Kirshner, M.D., Mount Auburn Hospital, 330 Mount Auburn Street, Cambridge, Mass. 02138 Ph: (617) 492-3500, Ext. 431. EOE. Affirm. Action Employ.

Fitchburg—PSYCHIATRIST 2, FT and half-time, to work in exciting multidisciplinary commty.-based trtmt. pgm. with U. Mass. Med. School affil. Sal. competitive. Attractive area one hr. from Boston. Contact T. Jellinek, M.D., North Central Mass. Mental Health Center, Nichols Rd., Fitchburg, Mass. 01420. 617-342-8951.

Framingham—CHILD PSYCHIATRIST, half-time for temporary posn. (3-6 months) at Youth Guidance Center of the Greater Framingham Mental Health Assoc., send resumes to J. C. Coniaris, M.D., 88 Lincoln St., Framingham, Mass. 01701.

Gardner—DIRECTOR OF INPATIENT SERVICES: Posn. avail. for Bd. Elig. or Bd. Cert. psychiat. to direct new, 12-bed inpt. svcs. of CMHC. Catchment area of 75,000. Dir. Serv. to adults and families, staff sprvsn, insvc. trng, and wide range of comm. conslts. Work with multi-discp. trtmt. team. Exc. working conds. Comp. frgn. bnfts. Poss. for prvt. prac. and facul. appt. Sal. nego. Contact: Mr. Paul Corcoran, Henry Heywood Memorial Hospital, 242 Green Street, Gardner, Ma. 01440.

Roxbury—FT posn. avail. as ASSOC. CLINICAL DIR. or PT PSYCHIATRIST, Bd. Elig. or Bd. Cert. in multifaceted psychiat. court clinic loc. in minority metro. area. Posn. offers excit. challenges in fields of crim. justice syst. & Forensic Psychiat. as they interface with commty. Respon. incl. psychiat. evals. & OPD trtmt. for crim. offend.; teachg. & supervision of staff, field placement students, interns & fellows. Sal. dep. on post rsdncy. Pls. write or call Don Palmer, M.D., Clinical Dir., 85 Warren St., Roxbury, MA. 02119 Ph: (617) 440-9500 x 291. Mass. lic. req. Pls. incl. CV.

Worcester—DIRECTOR OF CONSULTATIVE PSYCHIATRY—The Memorial Hospital, a 400-bed tchng. hosp. with a 20-bed modern, compre. psychiat. inpt. unit seeks an additional staff psychiat. Two thirds time to be spent in prvt. prac. of inpt. and office psychiat. One third time to be spent as Director-Consultative Psychiatry. Wide range of skills needed, incl. work with staff and patient grps. and families of patients. Hosp. is major tchng. affil. of U. Mass. Med. School. Posn. offers faculty appt. and tchng. as well as clinical prac. Income will compare favorably with FT prvt. prac. Send resume to Howard S. Berger, M.D., Chief of Psychiatry, The Memorial Hospital, 119 Belmont Street, Worcester, Mass. 01605. EOE

MICHIGAN

CHALLENGING AND INTERESTING POSITIONS IMMEDIATELY AVAILABLE. Due to recent innovations, we are in a posn. to offer a number of opptys. to those seeking change. Posns. avlb. as chiefs of clinical affairs, staff psychiatrists, and psychiatric residents. Located in metro., rural, and suburban areas of this beautiful state. Choice location include among others: TRAVERSE CITY STATE HOSPITAL—one of Michigan's prime vac. areas. NORTHVILLE STATE HOSPITAL & YPSILANTI STATE HOSPITAL—both located near the Univ. of Michigan and its outstanding med. school. NEWBERRY STATE HOSPITAL—in Michigan's beautiful Upper Peninsula. Sals: CHIEFS OF CLINICAL AFFAIRS: to $45,330; STAFF PSYCHIATRISTS: to $37,939; PSYCHIATRIC RESIDENTS: to $28,480. Fringe bnft. pkg. equal to more than 35% of base sal. including pd. retirement, compre. insurance and income protection plans, generous pd. vac. and sick leave, and educ. leave with pay for mandatory continuing educ. If int. in joining a Dept. that is on the move, contact: Ivan E. Estes, Box A, Personnel Director, Department of Mental Health, Lewis Cass Building, Lansing, Michigan 48926 EOE.

Allegan—PSYCHIATRIST needed for SW Michigan city. Modern, progressive 90-bed gen. hosp. with expansion planned. County pop. 72,000. Near State Forest and Lake Michigan; rural setting mins. away from major metro areas. Exc. schools; plethora of cult. and rec. opptys. in a 4-season setting. Pvt, grp. or hosp. sits. avail. Contact: W. Trent, Adm., Allegan Gen. Hosp, 555 Linn St., Allegan, MI 49010. Phone: (616) 673-8424.

Detroit—WANTED: DIRECTOR OF RESEARCH and Evaluation for a CMHC. Description of duties: a wide range of activities which encompass analyzing morbidity and mortality data, analyzing statistical methods, sampling methods, develop utilization review methods, develop and analyze epidemiological methods and techniques, such as regression data. Quals. desired: doctoral or master's degree in statistical and analytical info. Sal. range $16,000-$21,441. Please address inq. to: Mr. Roger B. Cuneo, Asst./Exec. Director and Clinical Director, Southwest Detroit Community Mental Health Services, Inc., 2411—14th St., Suite 210, Detroit, Michigan 48216.

Flint—PSYCHIATRIST AND CHILD PSYCHIATRIST posn. avlb. for team oriented psychiats. to be responsible for patient care in one or more of the pgms. of a compre. CMHC for mentally ill and mentally retarded children and adults, including inpt. OP, partial hospitalization, emerg., rehab., consul., and educ. In accordance with interest and aptitude may assume respon. for pgm. planning, dvlpmt., and eval. and may partic. in trng. of residents. Should be Bd. elig. or Bd. cert. Sal. $35,000-$45,000 dep. on quals. and exper. Send vita to Irwin S. Finkelstein, M.D., Genesee County Community Mental Health Services, 420 W. Fifth Avenue, Flint, MI 48503.

Lansing—FAMILY PSYCHIATRIST, eclectic sought in assisting to prac. & dvlp. psychosynthesis. Opptys. to learn research & contribute to a gen. sys. approach to the pvt. prac. of fam. psychiat. with modern television techniques linking indvl. psychother., couch analysis, behavior ther., electrolytic ther. (ELT), in chemother, fam. ther., group ther. & comm. MH in a unified dynamic sys. Sal. exc. & negotiable, dep. on quals & exper. Min. req. of 3 yrs. appvd. psychiat. rsdncy. Send curr. vit. to MIP, H. C. Tien, MD, Dir., Med. Cir., West, 701 No. Logan, Lansing 48915.

Newberry—PSYCHIATRIST to join staff of small state hosp. loc. in the pleasant rural environ. of Michigan's beautiful Upper Peninsula. Sal. to $40,300. Lbl. Civil Service fringe bnfts. Must be elig. for Mich. lic. Contact Steven A. Myers, M.D., Clinical Director, Newberry State Hospital, Newberry, Mich. 49868.

Owosso—STAFF PSYCHIATRIST needed for CMHC near Lansing, to work with a congenial multidisciplinary professional staff of 4 Ph.D. psychol., 3 psychiat. social workers, a chief psychiat. and 6-8 students in trng. Broad range of svcs. for chldn., adols. and adults. Starting sal. up to $45,000; exc. frng. bnfts., a month paid vac. Pvt. prac. allowed. Opptys. wide open. Pleasant commty. for fam. living, much less expensive than metro. areas. Will provide interviewing and moving expenses. Send resume or call collect: David Ihilevich, Ph.D. or Robert Patterson, M.D., P.O. Box 479, Owosso, Michigan 48867—(517) 723-6791.

Petoskey—PSYCHIATRIST—To join long established multispecialty clin. in Northern Michigan resort area. Sal. and top frngs. first yr. and incentive plan thereafter. Psychiat. dept. is reltively new svc. with many opptys. for dvlpmt. If truly int., please send CV to: John G. Lipski, M.D., 560 W. Mitchell St., Petoskey, MI 49770.

Pontiac—DIRECTOR, PSYCHIATRIC EDUCATION, approved 3 yr. rsdncy. pgm. in commty. oriented state hosp., an affil. of the Michigan state University dept. of Psychiatry. Posn. also involves university fac. appointment. Bd. cert. preferred, but bd. elig. will be considered. Sal. $34,431.12. to $42,616.08, depending upon quals. Part-time pvt. prac. permitted. Contact Donald W. Martin, M.D., Director Clinton Valley Center, 140 Elizabeth Lake Rd., Pontiac, Michigan 48053. An EOE.

MISSOURI

Fulton—Missouri Dept. of Mental Health is seeking a MEDICAL SUPERINTENDENT for Fulton State Hospital, Fulton, Missouri, near Univ. of Missouri. Admin. and med. posn. involving trtmt. of patients and hosp. operations for a large professional and hosp. support staff. Quals. incl. cert. or proof of elig. for cert. in psychiat. by the Am. Bd. of Psychiatry and Neurology or compl. of 5 yr. psychiat. career rsdncy. pgm. of the Missouri Dept. of MH, supplemented by 3 yrs. of clinical exper. in psychiat. in an approved hosp. or clinic for the mentally ill or in an institution for the mentally retarded, of which one year must have been in a super. or admin. capacity. Qual. cert. in psychiat. in other countries may be accepted on an individ. basis. Substitution for these quals. will be given to a valid cert. issued by the APA Committee on Certification of Mental Hospital Administrators or evidence of elig. for exam. Applic. must be able to secure a lic. to prac. med. in the State of Missouri. Send CV/resume to: C. Duane Hensley, Ph.D., Director, Department of Mental Health, 2002 Missouri Boulevard, Jefferson City, MO 65101.

St. Louis—POSITION FOR ACADEMIC PSYCHIATRISTS—unusual oppty. for research and teaching posns. in a University psychiat. research institute. Fac. appointments. Beds, space, and support staff avlb. for patient-related studies in clin. psychiat. and urban psychiat. Teaching avlb. in Psychiat. Rsdncy. Training Pgm. Opptys. for research collaboration in biochemistry, psychophysiology, psychopharmacology, and clin. computer applics. Send CV to Dr. Warren A. Thompson, Missouri Institute of Psychiatry, School of Medicine, University of Missouri-Columbia, 5400 Arsenal St., St. Louis, Missouri 63139.

MONTANA

Eastern Montana Community Mental Health Center—Opening for STAFF PSYCHIATRISTS in Glendive, Montana area office. Glendive is in a rural setting which provides for a great outdoor environment. Exc. hunting and fishing is to be found in the Glendive area. Starting sal. approx. $35,000.00. Apply: Mr. Frank Lane, Director, Eastern Montana Community Mental Health Center Executive Building, Miles City, Montana 59301.

Helena—STAFF PSYCHIATRIST: Bd. cert or Bd. Elig: prgressive, rapidly growing CMHC w/high quality staff in beautiful scenic unspoiled area with exc. hunting, fishing, skiiing, and rec. Posn. involved pvding, psych. svcs to all phases of est. pgms. incl. OP, aftercare. Alcohol rehab., in-pat., child and consul. Compt. sal. and frng. bnfts. incl. paid health ins. paid ed. leave. plus reloc. expse. Contact David Briggs, S.W. Montana Mental Health Center, 512 Logan Helena, MT 59601 Tel. 406-442-0640.

Warm Springs State Hospital—Montana has opngs. for Psychiatrists. Sal., accommodations, fringe bnfts. very competititve. Apply: Superintendent's Office, Warm Springs State Hospital, Warm Springs, Montana 59756.

NEBRASKA

Lincoln—PSYCHIATRIST—with an int. in Forensic Psychiat. wanted to prac. in the Neb. Penal and Corectional Complex. Loc. in Lincoln, Neb. a clean, progressive commty. with an exc. school system and colleges. Contact Gary Burger, Personnel Director, Department of Correctional Services, Box 94661, Lincoln, NB 68509.

Omaha—PSYCHIATRIST who is completing or has recently completed training and who is int. in OP psychother., teaching and scholarly activities for fac. appointment. We are an EOE. Send CV to: Merril T. Eaton, M.D. Professor and Chairman, Department of Psychiatry, 602 South 45th St., Omaha, NB 68106.

NEW HAMPSHIRE

Concord—PSYCHIATRIST The New Hampshire Hospital (the State's only psychiat. hosp.) operates on the unit principle, each clin. geographic unit having close ties with the commty. MHC of its catchment area. There are spec. clin. units inclg. Neurology, Child and Adols. Care, Forensic, and Medically Infirm care. Bd. cert. or elig. physicians who have a strong int. in commty. psychiat. and a competence in leading theraputic teams with a high degree of clin. independence are invited to consider joining the staff. Sal. up to $34,000. NH lic. req. For further info. please contact: Superintendent M. W. Wheelock, New Hampshire Hospital, 105 Pleasant St., Concord, NH 03301.

Dover—STAFF PSYCHIATRIST—Bd. Cert. of Elig. needed for newly funded Compre. CMHC pvdng. OP, Day Trtmt., Inpt. Emerg. Svc. & Consul. & Educ. A County pop. of 72,000 is served by Ctr loc. in Seacoast Area of N.H. conveniently loc. to Ocean, Mtns., & Boston Sal. Compet. & nego., liberal fringe bnfts. Write or call collect Joseph Schiro, ACSW, Executive-Director, Strafford Guidance Center, 576 Central Avenue, Dover, N.H. 03820. Tel: 1-603-749-4040.

Exeter Clinic—PSYCHIATRIST to join psychiat. and clin. psychol. in 25 physician multi-spec. grp. prac. with emphasis on quality care. Close to ocean, mtns., Boston. Competitive sal. and fringe bnfts. Apply: R. Curtin, M.D., President, Exeter Clinic, Exeter, N.H. 03833.

Manchester—PSYCHIATRIST—Estab. compre. CMHC with 19 bed inpt. unit, partial hosp., OP, emerg. svcs., commty. based pgms., aftercare and couns./ed svcs. with all major svcs. housed in 3 yr. old bldg. Multidiscpl. teams sve. City of Manchester (pop. 90,000) and 7 surrounding rural towns (total pop. 30,000). New Eng. setting pvds. unhurried lvg. conditions for fams. with mtns. lakes, oceans and Boston within 50 mi. radius. Sal. compet., lib. fringe bnfts. Send résumés or contact Jack Mulligan, M.D., Clin. Dir., Greater Manchester Mental Health Center, 401 Cypress St., Manchester, NH 03103, Phone 603-668-4111.

NEW JERSEY

Northeast New Jersey—Oppty. for CHILD PSYCHIATRIST to develop pvt. prac. in a modern med. bldg. Possibilities of eventual assoc. with est. psychiat. Loc. in area with multi-recreat. activities, yet 40 mins. from Manhattan with cult. activities and post-grad. educ. oppts. Several med. schools avlb. for affiliation. If int., please send resume to Box P-708, *Psychiatric News*.

Marlboro—STAFF PSYCHIATRIST—immed openings in 800 JCAH Psychiatric Hospital, loc. in beautiful farm lands of the State but within 20 mins. of the Jersey Coast and one hr. by public transportation to midtown Manhattan. Sal. to $49,000 for 35 hr. work wk. pvt. prac. permitted. Lbrl. frng. bnfts. inclg. one month's vacation. Write Charles Webber, M.D., Marlboro Psychiatric Hospital Station "A", Marlboro, NJ 07746.

Princeton—PSYCHIATRIST—Half time posn. open July 1977 for Ward Psychiatrist to coordinate milieu grp. and in-svc. training prgm. on open short-stay gen. psychiat. unit. Please send CV to: Dr. S. Hamilton, Princeton House, Medical Center at Princeton, 905 Herrontown Rd., Princeton, NJ 08540.

Paramus—PSYCHIATRIST-FT PSYCHIATRIST for acute adult psychiat. unit with multidisciplinary team approach. Bd. elig. in gen. psychiat. a min. req. NJ lic. req. Large gen. hosp. 15 miles from New York City with ample educational opptys. Sal. dependent on quals. Send CV to Haikaz Grigorian, M.D. Department of Psychiatry, Bergen Pines County Hospital, Paramus, NJ 07652.

Piscataway—CHILD PSYCHIATRY FELLOWSHIP Unexpected addit. stipend support now provides another posn. in the child psychiat. trng. pgm. at CMDNJ-Rutgers Medical School. This is an ecclectic medically-based pgm. within the dept. of Psychiat. which is fully integrated into other med. ctr. trng. pgms. For info., write Larry B. Silver, M.D., Department of Psychiatry, CMDNJ-Rutgers Medical School, University Heights, Piscataway, NJ 08854 or call (201) 564-4210.

South Amboy—PSYCHIATRISTS NEEDED. Vacancies avail. for directorships of different depts. in a new CMHC with lucrative sal. Must be Bd. Elig. Send resume to: Dr. Emile Chang, Medical Director, South Amboy Memorial Hospital Community Mental Health Center, 540 Bordentown Avenue, South Amboy, N.J. 08879 EOE.

NEW MEXICO

Las Vegas—PSYCHIATRISTS, Adult and Child, bd. cert. or elig., to work FT in State Hospital with developing university affil., new pgms. One hr. drive from Santa Fe, Nation's oldest State Capitol. Smog-free, sunny relaxed Southwestern atmosphere; plentiful cultural and recreational opptys. Sal. $40,000.00 and bnfts. Send resume to Raoul Berke, M.D., Clinical Director, New Mexico State Hospital, P.O. Box 1388, Las Vegas, NM 87701.

NEW YORK CITY & AREA

FELLOWSHIPS: Immed. post-rsdncy. PT or FT. Interesting, innova. psychoanalytic trng.-clin. pgm. Trng.

also in spectrum of CMH practices incl.: exper. in gp., fam., child, commty. MH consul., rehab. and research pgms. FT stipend $25,000. PT stipend $15,000. Contact: Samuel V. Dunkell, M.D., Dir. of Psychiatry, Post-graduate Center for Mental Health, 124 E. 28th St., New York, NY 10016.

PSYCHIATRISTS wanted to see agency assigned pts. in their own offices at $10–$20 fees or via Medicaid. Phone Dr. Thalheimer days at (212) 245-1740

RESIDENCY APPLICATIONS being acceptd. for trng. in appvd. 3 yr. pgm. in psychiat. at Harlem Hosp. Ctr. under auspices of dept. of psychiat., College of Physicians & Surgeons, Columbia Univ. Trng. offered in diagnosis & intensive trtmt. of acute & chronic psychiat.-illness on inpt. & OP svcs. under supvn. of com.-oriented psychoanalytically trnd. psychiats.; in psychiat. consul. to gen. hosp. & com. soc. agencies; & child psychiat. Courses in relevant basic sciences & clin. subjects are given in addition to tchng. thru indvd. supvn. & preceptorship; emphasis placed on tchng. of compre. psychiat. care. Stipends: $16,000-$17,000 per yr. Write Director of Education & Training, Dept. of Psychiatry, Harlem Hosp. Ctr., Lenox Ave., & 136th St., New York, N.Y. 10037.

New York City—CHILD PSYCHIATRY FELLOWSHIP applications are now being accepted for an approved 2-yr. pgm. in the Dept. of Psychiatry of the College of Physicians and Surgeons at Columbia Univ. The pgm. will provide well-rounded clinical and research trng. for the future child psychiat. Sal. range approx. $20,000 to $22,000 dep. on number of yrs. of gen. psychiat. rsdncy. Tchng. and trng. will be carried out at the New York State Psychiatric Institute, Babies Hospital of the Presbyterian Med. Ctr., and Manhattan's Children's Ctr. Pgm. will include trng. in various inpt. and OP settings, with emphasis on learning skills in diag., psychopharm., and pediatric liaison psychiatry. Oppty. to participate in several research pgms. Please contact Mrs. Elsie Crowley at (212) 568-4000 ext. 213 or 214. Columbia Univ. is an affirmative action institution. We welcome applications from women and minority groups.

New York—DIRECTOR OF DIVISION OF CHILD PSYCHIATRY—N.Y. State Psychiatric Institute-Columbia-Presbyterian Medical Center. An outstanding oppty. for an eminent scholar and scientist, who can develop exceptional clinical pgms., conduct research, and supervise the career development of scientists and clinicians. If int., please send CV to: D. F. Klein, M.D., Chairman, Search Committee, 722 West 168th Street, New York, N.Y. 10032. EOE/AAE.

Brooklyn—South Beach Psychiatric Center (commty. affil. of Downstate Medical Center, SUNY) an innovative, progressive, psychiat. center, organized on a CMHC model is offering PSYCHIATRIC RESIDENCY POSITIONS. Emphasis is on pragmatic usage of various therapeutic modalities and disciplines to effect early trtmt. and return of patients to the commty. Training is offered to residents in acute and chronic care of a wide variety of diagnostic entities. Incl. are exper. in individual, grp., fam., E.R., consul. liaison, child, OPD, inpt., crisis intervention, psychopharmacology, and numerous electives. I.E. adol. fam. court pgm., commty., forensic, psychosomatic, alcoholism, etc. Please contact Joel Mollin, M.D., Director or residency training, SBPC. Send resume to: South Beach Psychiatric Center, Mapleton Mental Health Service, 1680 Coney Island Avenue, Brooklyn, NY 11230 or telephone: (212) 645-6800.

Hempstead, L.I.—PSYCHIATRISTS, PT. For psychother. and diag. evals. of chldn. and adols. Remuneration $18.50 per psychother. session and $30 per diag. Write Robert L. Marcus, MD, chief Psychiatric Consultant, Hempstead Consul. Svc., 230 Hilton Ave., Hempstead, NY 11550.

Manhasset, L.I.—PSYCHIATRIST for biochem. oriented trtmt, pgms. for adult or chldn. Interest in research. Previous trng. or exper. in internal medicine, general practice or pediatrics valuable but not required. FT. Diagnosis, trtmt. & spvsm. Starting sal. $32,500, bnfts. NYS Lic. req. Write: No. Nass. MH Ctr., 1691 Northern Blvd., Manhasset, N.Y. 11030. (516) MA 7-7535.

Ogdensburg—PSYCHIATRISTS required at open door, commty. oriented psychiat. ctr. loc. on the St. Lawrence River in Northern New York, 60 miles from Ottawa, Ontario, and 2 hrs. from Montreal, Quebec. Serves essentially rural and academic commty. (6 colleges within 30 mile radius), vacationland area, hunting, fishing, skiing, etc. within easy reach. Resident pop. approx. 800 incl. chldn. and adols. unit and alcoholism unit. Extensive family care pgm. Hosp. operates 34 commty. based OP clinics and day centers, etc. and is devel. commty. crisis resolution pgm. North American lic. nec. N.Y. lic. pref. Starting sal.: Psychiatrists, Bd. elig. $33,705. Certified Canada or U.S.A. $35,375. Write to Lee D. Hanes, M.D., Director, St. Lawrence Psychiatric Center, Ogdensburg, N.Y. 13669 or call (315) 393-3000.

Orangeburg—Immed posn. avlb. for FT and half-time PSYCHIATRISTS trained or exper. in child psychiat. Med. college affil., provides compre. svcs. provides compre. inpt. and OP svcs. to chldn. and adols. Elig. for NY State lic req. FT sal. range, $27,942 to $38,451 depending upon qualifications; 30 percent additional fng. bnfts. Phone collect (914) 359-7400, Director or Clinical Deputy Director. Write Rockland Children's Psychiatric Center, Convent Road, Orangeburg, New York 10962.

Queens-Brooklyn—PRIVATE PSYCHIATRIC GROUP Pvdng. broad pgm. of psychiat. care, both inpt. & OP seeks capable & motivated jr. assoc. Pgm. dynamic, growing rapidly & offers consid. potential both prof. & financially. NY state lic. & compl. of accrted. rsdncy. req. PART TIME POSNS. ALSO AVAILABLE. Write Box P-187, *Psychiatric News*.

Rockland Co.—PSYCHIATRIST wanted P.T. or FT to work in Bronx or Rockland Co. 20 Min. from Geo. Wash. Bridge. Must be exp. in family ter., grps., and with chldn. and adol. Social psychiat. type. Preferable. Span. speaking helpful. Please send CV to: Box # P 704.

NEW YORK STATE

Elmira: CHILD PSYCHIATRIST—Consultant to chldn/ and Adols. teams in new progressive, commty. oriented, accredited Psychiatric Center. Inpt., day hosp., OP pgms.; interdisciplinary teams. The NEW Elmira in scenic Finger Lakes Region provides exc. schools, educ. resources, cultural and rec. opptys. Training pgms. associated with several New York State and Pennsylvania colleges and universities. For more info. write to: Director, Elmira Psychiatric Center, P.O. Box 1011, Elmira, NY 14902.

Saratoga Springs—Posns. or FT Psychiatrists in CMH pgm with young, innovative multi-disciplinary staff. 4 other FT psychiat. OP work with indvl., grps. and/or fams. plus shared responsibility for 15 bed inpt. unit. Work closely with fellow professionals while retaining clin. autonomy. Approaches within center range from indvdl. psycho-dynamic to interactive systems therapy. Inpt. unit is short-term intensive trtmt. pgm. involving work with a vigorous skilled staff in coordinating a systems approach to trtmt. Saratoga Springs, NY is loc. in the foothills of the Adirondack Mountains equidistant (3 ½ hours) from Montreal, Boston, New York City. Summer home of the New York City Ballet, Philadelphia Symphony Orchestra, City Center Acting Company. Several colleges, universities including Albany Medical School and Medical Center in immed. area. Attractive sal. Lbrl. frng. bnfts. Avlb. now. Contact Xavior Mastrianni, M.D., Director, Saratoga County Mental Health Center, 211 Church St., Saratoga Springs, NY (518) 584-9030.

Utica—PSYCHIATRIST—Compre. MH pgm. inclg. alcoholic, child, adols. active commty svcs., exc. oppty. for profess. growth. Sal. $27,942 to $38,451 depending on qualifs. Lbl. frng. bnfts. limited housing avail. Write Director, Utica/Marcy Psychiatric Center, 1213 Court St., Utica, New York 13502.

Valhalla—CHILD PSYCHIATRY FELLOWSHIPS—Bd. Approved. New York Medical College at Westchester County Medical Center. Psychiatric Division of General Hospital 25 miles from New York City in Westchester County. Comprehensive Child and Adols. inpt., OP, commty. and consul. pgms. Apply: Ruth LaVietes, M.D. at Westchester County Medical Center, Valhalla, NY 10595.

Willard—Pgms. completely unitized, open-door-hosp. offers posns. to PSYCHIATRISTS int. in hosp. & commty. work. Loc. in beaut. Finger Lakes Region of NY on East shore of Seneca Lake, 10 colleges, incl. Cornell Univ., within 30-mi. radius. JCAH accred. Staff sals. dep. on quals: $27,942-$38,449. Fringe bnfts. incl.: non-contrib pension plan, med. ins., vac., 11 pd. hols. plus 5 personal lv. days. Write: Director, Willard State Hosp., Willard, N.Y. 14588.

NORTH CAROLINA

Asheville—Posn. avlb. for psychiat. in innovative, progressive 85-bed pvt. psychiat. hosp. Must be bd. cert. Philosophy of the hosp. ecleclic. Sal. open. Asheville is a resort town located at 2200 ft. in Blue Ridge Mountains of Western North Carolina and is the med. center for Western North Carolina. Write or call Dr. Mark A. Griffin, Jr., M.D.-Appalachian Hall, P.O. Box 5534, Asheville, NC 28803. Phone no. 704-253-3681.

Charlotte—PSYCHIATRIST. Bd. cert. or elig. Director of 30-bed active trtmt. Inpt. and emerg. C.I. service in a growing dynamic CMHC serving the Charlotte, N.C. area. Competative sal. and fringe bnfts. Pleasant living conds. with exc. social and prof. atmosphere. Contact C. H. Edwards, M.D., Director, Mecklenburg County Mental Health Service, 501 Billingsley Rd., Charlotte, N.C. 28211, or call collect (704) 374-3363.

Fayetteville—CHIEF. PSYCHIATRIC SERVICE, BD. CERT., lic. in any state, wanted FT for 35-bed svc. with Mental Hygiene Clinic at gen. hosp. with University of NC affil. training pgm. Faculty appointment will be considered. Competive sal. Malprac. coverage provided. Pleasant climate. EOE, Write Chief of Staff, VA Hospital, Fayetteville, NC 28301.

Franklin—Posn. for FT Psychiat. as MEDICAL DIRECTOR of 24-bed Inpt. unit of CMHC unit located in comm. hosp. of rural mtn. resort town located in western N.C. near highlands. New unit, still under constr. Oppty. to help dev. innovative eclectic pgm. with team approach. Opty. for some commty. and OP work. N.C. lic. & completed rsdncy. req. Sal. dep. upon exper. ($33,500-$43,00) with lbrl. fringe bnfts. Exc. loc. for outdoorsman. Contact: Roger A. Meyer, Ph.D., Director of Inpatient Unit, Smoky Mountain Health Center, Franklin, N.C. 28734 Ph: (704) 524-4435. EOE.

Gastonia—ASSOCIATE PSYCHIATRIST for pvt. prac. of gen psychiat. in office and 30 bed psychiat. unit in gen. hosp. D. J. Dreas, M.D., 2495 Lowell Rd., Gastonia, N.C. 28052. (704) 864-7763.

Goldsboro—PSYCHIATRIST for CMHC loc. in Eastern NC within hour drive of Raleigh, 2 hrs. from coast. Direct clin. work with OP's and inpts. Consult. with staff. Exc. fac. Sal. dep. upon exper. Good fringe bnfts. Addit. comp. avail. Pvt. prac. after hrs. possible. For addit. info., Contact: Liston Edwards, Area Director, Wayne County Mental Health Center, 301 N. Herman St., Box DD, Goldsboro, N.C. 27530.

Greenville—PSYCHIATRIST, growing CMHC needs CLINICAL DIRECTOR. Loc. in eastern NC. Urban-rural pop. with good school syst. Will be integrated w/East Carolina's University's new School of Med. w/faculty appt. Respons. incl. clin. supervision of staff and residents, & trtmt. of pts. in all areas of MH. Compet. sal. w/gd. bnfts. Elig. for NC lic. necy. Contact: S. K. Creech, Ph.D., Area Dir., Pitt County MHC, Rt. 8, Box 289A, Greenville, NC 27834 Ph: (919) 752-7151.

Halifax County—PSYCHIATRIST with CCMHC. CLINICAL DIRECTOR respon. for provision of all clinical svcs. and pgms. to include quality patient care and med. backup for all direct svcs. Director of the 10-bed inpt. unit in Halifax Memorial Hosp. Provides eval. and trtmt. svcs.; provides training, supervision, and consult. to staff and trainees. Serves as member of the Exec. Committee to the MHC and contributes to the overall decisions regarding the operation of the ctr. Lic. to prac. med. in N.C. Bd. Cert. or Elig. for Bd. Cert. Halifax County—North Carolina—pop. 53,884 in Northeastern North Carolina. The catchment area incl. seven incorp. towns, the largest of which is Roanoke Rapids with a pop. of 13,508. The Roanoke Rapids Lake is 8 miles long with 50 miles of shoreline, and the Gaston Lake is 34 miles in length and has 350 miles of shoreline. Res. enjoy boating, fishing, water skiing and swimming. Halifax Commty. Coll. provides 2 years basic coll. courses with addit. tech. and adult educ. pgms. The MHC will be moving into a new facil. in May. There are 40 FT employees and PT or consultant staff. Pgms. are divided into 4 categories—Adult, Child, MR, and Alcoholism, with a pgm. coordinator respon. for each. Active caseload averages 1,000. Sal. $31,944 to $42,804 dep. upon exper. and level of respon. Grad. from an accred. school of med. with comple. of rsdncy. in psychiat. 2 yrs. exper. pref. in commty. psychiat. or equivalent combin. of training and exper. Posn. avail. immed. Mail resume and ref. to: Mrs. Lois Batton, Acting Area Director, Halifax County Mental Health Center, P.O. Box 577, Roanoke Rapids, N.C. 27870. An EOE.

Hendersonville—STAFF PSYCHIATRIST with commty. MH orientation for small (interdisciplinary staff of 35, 1 other psychiatrist), developing MHC in the beautiful mtns. (near the Smokies) and climate of western NC. Posn. vacant now, must fill by Sept. 1977. Some post-rsdncy. exper. desirable. Sal. range $27,500–$36,000, good fringe bnfts., incl. professional liability insur. Send resume and sal. require. to Ron Metzger, Executive Director, Trend Community Mental Health Services, 242-B Second Avenue East, Hendersonville, N.C. 28739.

Piedmont—STAFF PSYCHIATRIST—Oppty. for Psychiat. to become assoc. with growing young MH staff loc. in Piedmont, N.C. Present staff is serving pgsv. 3 cnty. area of 180,000 people. Area is within hour's drive of Charlotte, Greensboro & Winston-Salem, N.C. Pgm. is rapidly expanding resulting in new staff members being added along with new pgms. No restrictions on priv. pract. after hrs. Good fringe bnfts., incl. fac., retire., insur., sick lv., etc. For addit. infor. contact: Larry M. Parrish, Area Director, Tri-County Mental Health Complex, 165 Mahaley Ave., Salisbury, N.C. 28144. Tel. collect (704) 633-3616.

Washington—STAFF PSYCHIATRIST: Established commty. MHC. in beautiful Tidelands area of NC. Urban rural pop. with good school system. Professional staff with strong commty. support. Near University dvlpg. med. school. Sal. competitive. Must be bd. cert. or elig. Contact Philip Robbins, M.D., Clinical Director, Tideland Mental Health Center, 1308 Highland Drive, Washington, NC 27889.

Wilson—Looking for challenges—not ulcers? Looking for organiza.—not confusion? Looking for pt. care and pgm. supervision—not budget meetings? Looking for tree-lined streets and safe neighborhoods? All a dream? No! Bd. elig. psychiatrist to join our present staff of two FT physicians. Solid commty. support and exc. funding. For more info. please write or call collect. John M. White, Area Director, Wilson-Greene Mental Health Center, P.O. Box 3756, Wilson, NC 27893.

NORTH DAKOTA

Jamestown—CLINICAL DIRECTOR. Bd. cert. psychiat. wanted for posn. of Clinical Director in 600-bed dynamic, progressive state hosp. (APA Gold Award Winner 1969) to direct med. and psychiat. pgms. Hosp. closely integrated with CCMHC. Faculty appointment at Univ. of North Dakota Med. School avlb. Sal. to $48,420 plus furnished house and exc. fringe bnfts. Contact Dr. Hubert A. Carbone, Superintendent, State Hospital, Box 476, Jamestown, North Dakota 58401.

OHIO

THERE ARE CURRENT AND EXCEPTIONAL OPPTYS. FOR PSYCHIATRISTS FOR PRAC. IN CERTAIN STATE-OPERATED HOSPS. IN OHIO. SALS. CAN RANGE TO $50,000 P.A. DEPENDING UPON QUALS. AND EXPER. FRNG. BNFTS. ARE GENEROUS AND ADJUNCT PRAC. IS POSSIBLE. APPLICS. MUST BE LICENSABLE IN OHIO. PLEASE REPLY WITH COPY OF CV TO BOX #P699, *PSYCHIATRIC NEWS*.

Chillicothe—EMERGENCY SERVICES COORDINATOR—CMHC in scenic southeastern Ohio, 40 miles south of Columbus, offers an exc. oppty. for develop. of a new 24-hour emerg. service. Service Components: Crisis hot line, walk in ctr. and outreach. Duties incl. admin. pgm. planning, assist. in staff selection, training and super. of staff and volunteers, some direct svcs. and pgm. eval. Req. special int. in crisis intervention, must be innovative and flexible. Lic. psycholog. with crisis exper. accept., Ph.D. plus exper. pref. Sal. is compet., dep. on exper. and quals. Send resume and three ref. to: Personnel, Scioto Paint Valley Mental Health Center, 50 Pohlman Road, Chillicothe, Ohio 45601. EOE.

Columbus—Lg. urban compre. MHC seeking Bd. elig. or cert. PSYCHIATRIST. Desirable Cent. Ohio area incl. OSU. OP geriatric, forensic, alcoholism & drug abuse pgms. indvd. & grp. psychother., consul. & superv. of staff. Sal. nego. from $29,000 dep. on qual. Send CV to E. Krug, M.D., Med. Dir. SW Ment. Health Ctr., 854 W. Town St., Cols. OH 43222.

Dayton—PSYCHIATRIST The Dayton Mental Health Center is seeking a Clinical Director for its 500 bed MH hosp. consisting of psychiat., psychogeriatric and drug units with a 100 bed Forensic Unit planned. Incumbent will have both clin. and teaching responsibilities. Affil. with Medical School is presently being nego. Min. quals. are bd. cert. with exper. plus elig. for Ohio Medical Board lic. Sal. to $50,000 plus lbrl. bnfts. Submit CV to: John R. Wagner, Superintendent, Dayton Mental Health Center, 2335 Wayne Ave. Dayton, OH 45420.

Toledo—DIRECTOR OF PSYCHIATRIC SERVICES (MD) wanted FT for a CMHC pgm. Multi-discpl. exper. staff. Opptys. exist to provide pgm.-staff development, and direct svcs. Appt. to Dept. of Psychiatry at local med. college poss. Commty. exper. and Bd. Elig. pref. Commence work July, 1977; earlier date poss. Sal. competitive and nego. EOE. Send resume to Paul Laprad, ACSW, Executive Director, Community Mental Health Center West, Suite 374, 3450 West Central Avenue, Toledo, Ohio 43606, or call collect (419) 537-8661.

OREGON

Medford—26 member MH pgm. now needs FT PSYCHIATRIST, oppty. for involvement with in and out patients, staff dvlpmt., commty. consul. Broad based pgm. incl. drug pgm., MR/DD and sub-contracted alcohol pgm. Recreation area incl. fishing, skiing, Rogue River, ocean beaches, Crater Lake. Sal. range $30,276-$38,900. Contact Lester N. Wright, M.D., Director, Jackson County Health Department, 1313 Maple Grove Drive, Medford, Oregon, 97501.

PENNSYLVANIA

Bridgeville—PSYCHIATRISTS: Bd. Cert. or Bd. Elig. Immed. openings. Exc. oppty. to work in a state hosp. affil. with Western Psychiatric Institute and Clinic. Will need to be involved in developing new pgms. or to assist in on-going pgms., such as Resocialization, Forensic, Intermediate, and Acute Psychiatric Services in a fully integrated Base Svc. Unit/State Hosp. Fac. near Pittsburgh. Sal. competitive. Exc. fringe bnfts. Penn. lic. req. If avail., call (412) 343-2700 or write Robert H. Trivus, M.D., Ph.D., Superintendent, Mayview State Hospital, Bridgeville, Pa. 15017.

Danville—PSYCHIATRIST needed in summer of '77, or earlier, with spec. int. in crisis intervention, consul., OP and satellite psychiat., with emphasis on prevention, and teaching and supervision of eager young staff, and with oppty. for research. CMHC is at multi-speciality, pvt. closed grp., clin. and hosp. with 120 senior physicians, and 125 residents. The Center is a stimulating hybrid of commty. and public MH, and mainstream medicine. This is a challenging clin. milieu with hard work and satisfying professional rewards. The sal. and frng. bnfts. are very competitive. The area is a rural and friendly one, with no air pollution or traffic hassle, but with streams, rivers, mountains, good fishing, hunting, skiing, camping, riding, golf, antiquing, and tennis. Phone or write, Robert L. Eisler, M.D., M.H. Chairman, Geisinger Medical Center, Danville, PA., 17821, area code 717-275-6519.

Doylestown—PHYSICIAN-PSYCHIATRISTS. Oppty. to learn psychotherapy of psychosis in small commty. setting. Contact: Albert M. Honig, D.O., Medical Director, Delaware Valley Mental Health Foundation, 833 East Butler Ave., Doylestown, Pa. 18901.

Philadelphia—DIRECTOR OF PSYCHIATRIC RESEARCH PROGRAM—A senior researcher to administer multi-facet. acad. research pgm. in a large univ. affil. psychiat. hosp. Background and exper. as a senior research with acad. cred. at the Associate Professor or Professor level. Must be a physician. For info. contact: Paul J. Fink, M.D., Professor and Chairman, Dept. of Psychiatry and Human Behavior, Thomas Jefferson University, 1025 Walnut Street, Philadelphia, Pa. 19107. EOE.

Torrance—PSYCHIATRISTS AND PHYSICIANS—Bd. Cert. or Bd. elig., PA Lic. req. Immed. opngs. Exc. oppty. to work in State hosp. in dvlping. new pgrms. Sal. Competitive. Limited housing avail. Exc. frng. bnfts. Call 412-459-8000 or write Ray Bullard, M.D., Super. or Peter Bishop, D.D., Ass't Super., Torrance State Hospital, Torrance, PA 15779.

Wilkes-Barre—PSYCHIATRIST Pa. Bd. cert. or Bd. elig. psychiat. 500-bed Gen. Hosp. located within half-hour of Pocono Mtns. and within commuting distance of Philadelphia and New York City. Hosp. planning rsdncy. pgm. in Psychiat. Faculty appointment at Hahnemann Med. College avlb. Attractive sal, 30 days vac., 9 paid holidays, cumulative sick leave, health and life ins., travel and transportation paid. Any state licensure is acceptable. Malpractice coverage is provided. Call or write: William K. Grossman, M.D. Chief Psychiatry Service, 1111 East End Blvd., Wilkes-Barre, Pa. 18711.

SOUTH DAKOTA

Sioux Falls, Veterans Administration Hospital, has an opening for a FT PSYCHIATRIC PHYSICIAN with primary int. in clin. prac. and psychiat. education. Hosp. is affil. with University of South Dakota School of Medicine. A Beautiful commty. of about 100,000, Sioux Falls has invigorating continental climate and a beautiful terrain. This is an exc. oppty. for good living and sound professional growth. Contact: T. H. Bhatti, Chief, Psychiatry Service, 605-336-3230, VA Center, 2501 West 22nd Street, Sioux Falls, SD 57101 or A. Dale Gulledge, Chairman, 605-339-6785, USD School of Medicine, Dept. of Psychiatry, Sioux Falls College, Glidden Hall, Sioux Falls, SD 57105.

TENNESSEE

THERE ARE CURRENT AND EXCEPTIONAL OPPTYS. FOR PSYCHIATRISTS IN TWO ESTABLISHED AND PROGRESSIVE COMMTY. PGMS. IN TENN. THE OPEN POSNS. ARE FOR THE SENIOR ROLE OF MEDICAL DIRECTOR. OPPTYS. FOR PROFESSIONAL SATISFACTION AND GROWTH ARE GREAT. SALARIES ARE VERY COMPETITIVE AND ARE NEGO., WITH CONSIDERATION GIVEN TO TRNG., EXPER., AND MOTIVATION FOR COMMTY. PRAC. THE FRINGE BNFTS. PACKAGE IS GENEROUS. AN ADJUNCT PRVT. PRAC. IS POSS. AND ACAD. AFFIL. CAN BE DISCUSSED. THE LOC. OFFER A MODERATE CLIMATE, ABUNDANT CULTURAL ADVANTAGES, A FAVORABLE COST OF LIVING AND SUPERB RECREATION. WHILE EACH ITSELF IS A CITY OF SUBSTANTIAL SIZE, MAJOR URBAN AREAS OF THE SOUTHEAST ARE EASILY AVAILABLE BY INTER-

STATE AND AIR. PLEASE REPLY WITH A COPY OF THE CV TO: DIRECTOR, PROFESSIONAL RECRUITING, FARABEE AND ASSOCIATES, P.O. BOX 472, MURRAY, KENTUCKY 42071. WE ARE RETAINED BY THESE PROGRAMS IN THEIR SUPPORT.

Bristol—STAFF PSYCHIATRIST wanted for compre. CMHC affil. with an acute care hosp. loc. on the Tenn.-Va. border. Area abounds with cultural and rec. opptys. Duties will incl. respons. in inpt. unit, after care, consul., and OP div. City contains 3 pvt. colleges and State Univ. is nearby. Facul. apt. poss. at newly affil. med. school Cost of living is very favorable and the living is easy. Must be lic. or elig. for lic. in TN. Sal. ($28,000–$32,000) dep. on quals. and exper. For further info. contact Bristol MHC, 26 Midway St., Bristol, TN 37620 incl. CV or call (615) 968-1561. An EOE.

Oak Ridge—PSYCHIATRISTS to carry trtmt. and supervisory respons. in compre. CMHC. Free-standing compre. ctr. loc. in greater Knoxville-Oak Ridge area, serves varied population and offers multi. trtmt. modalities. Strong commty. interest a must. Ctr. is accred. by JCAH and is undergoing major physical and serv. expansion. Loc. in TVA lake country, near major univ. in a scientific research commty. with exc. schools. Bd. Elig. or Bd. Cert. Sal. open, exc. fringes. Contact: W. Gary Walters, M.D., Regional Mental Health Center of Oak Ridge, 240 West Tyrone Road, Oak Ridge, Tenn. 37830. Phone: (615) 482-1076.

TEXAS

Austin—CHILD PSYCHIATRY RESIDENCY may be taken before or after Adult Psychiat. trng. Acad. pgm in child dvlpmt., fam. ther., genetic and metabolic disorders, behavior ther., grp. ther., psychopharmacology and ethology. Basic clin. orientation in child dvlpmt. with intensive indvd. supervision in psychoanalytic and eclectic modalities and pediatric neurology. Research opptys. in genetic and metabolic disorders, child dvlpmt, linguistic anthropology, commty. svcs. and other fields. Exc. opptys. in teach, admin. inpt. and OP clin. pgms. New 60 bed inpt. unit for childn. Liaison with grad. schools, med. school and commty. pgms. Stipends: First yr., $15,000; second yr., $16,000; third yr., $17,000; fourth year, $18,000. Contact Anthony P. Rousos, MD., 4110 Guadalupe Austin, TX 78751.

Austin—PSYCHIATRIC RESIDENCY in approved 3-yr. pgm. Effec. connections with univs., med. schools, pvt. clins. and commty. ctrs. Outstanding facul. and pgms. Stipend with TX lic. are $15,000, $16,000 and $17,000 per yr. In addition, now offering rsdncy. in Child Psychiatry. For full info. write to: Anthony P. Rousos, M.D., Director of Residency Training, Austin State Hospital, 4110 Guadalupe St., Austin, TX 78751.

Big Spring—PSYCHIATRIST Bd. Cert. or Elig. Sal. $36,000 to $40,000. TX lic. req. Building a better & more dynamic pgm. in State Hosp. Ideal family living town of 30,000, good schools, recreation, mild west Texas weather. Call or write Maurice A. Watts, M.D., Clinical Dir., Big Spring State Hospital, Box 231, Big Spring, TX 79720. Ph: (915) 267-8216.

CENTRAL TEXAS MENTAL HEALTH MENTAL RETARDATION CENTER has a vacancy for a MEDICAL DIRECTOR. Must be a Psychiatrist, licensable in TX and Bd. Elig. Ann. sal. of $42,000 plus frng. bnfts. Contact: Roy A. Cronenberg, Ex. dir., P.O. Box 250, Brownwood, TX 76801, or call (915) 646-9574 EO/affirm. action employ.

Houston—FELLSP. CLN. PSYCHOPHARM. 1 YR. CLINICAL POSITION WITH DUTIES ON RSCH. WARE SPECIALIZING IN BIOLOGICAL PSYCHIATRY AND PSYCHOPHARMACOLOGY. RSCH. WARD HAS MANY SUPPORT LABS WITH FACILITIES FOR BLD. LEVELS, BIOGENIC AMINES, METAB. STUDIES, AND ELECTROPHYSIOL. STUDIES. OPT TO COLLABORATE RSCH. PROJECTS. PFR. APPLICTS. AT 4TH YR. LEVEL BUT WILL CONSID. INDIV. AT VARIOUS LEVELS. STIPEND: $18,000.00–$19,000.00 ROBERT C. SMITH, M.D., PH.D., CHIEF, SECTION OF BEHAVIORAL NEUROCHEMISTRY, TEXAS RESEARCH INSTITUTE OF MENTAL SCIENCES, TEXAS MEDICAL CENTER, 1300 MOURSUND, HOUSTON, TX 77030.

Houston—PSYCHIATRISTS—The Department of Psychiatry, Baylor College of Medicine, is expanding its Community and Social Psychiatry Programs, and is actively seeking three (3) academically-oriented psychiatrists with abilities for tchng., direct patient care, provision of commty. and indirect svcs., and clinical admin., to join the faculty on July 1, 1977. Applic. from psychiat. who have completed rsdncy. trng. by July 1, 1977, will be given consid. Baylor College of Med. is an EOE and encourages applic. from minority grp. members, women, and other qualified applic. Please forward inquiries together with a CV to: George L. Adams, M.D., Department of Psychiatry, Baylor College of Medicine, 1200 Moursund, Houston, Texas 77030.

Lubbock—Texas Tech. University School of Medicine—PSYCHIATRIST to fill important posn. half-time in the Department of Psychiatry partic. in teach. pgms. and dvlpg. rsdncy. pgm. Half-time in liaison activities with the Department of Family Practice having full charge of teaching psychological and physiological aspects of emotional and physical diseases to Family Practice residents and medical students on Family Practice rotation. Also assist Department of Family Practice in out-reach pgms. in clins. in Lubbock and surrounding area. Must be skilled in liaison psychiat. and knowledgeable in commty psychiat. Must have an int. in teach. whole patient approach to primary care physicians. Bd. cert. or elig. Associate or Assistant Professor rank depending on quals. Sal. commensurate with appointment EOE affirm action prog. Write to: Bruce H. Beard, M.D. Associate Chairman, Department of Psychiatry, Texas Tech. University School of Medicine, P.O. Box 4269, Lubbock, TX 79409.

VERMONT

Burlington—ASSOCIATE PROFESSOR PSYCHIATRY Administer remote site psychiat. training pgm. in conjunction with Dept. of Family Practice. Participate as a member of dept's neurosciences research unit. Must qualify for PT appointment in pharmacology. Quals: Bd. Cert. Prior acad. and admin. exper. Proven competence in neuropharm. research. Starting date July 1, 1977. Send resume to Box 24J, Waterman Bldg., Univ. of Vermont, Burlington, Vermont 05401. Affirm. Action Employ.

VIRGINIA

Fairfax County—Several FT and PT PSYCHIATRIST posns. currently avlb. with Fairfax County CMHC. Locations avlb.: Annandale and Alexandria, Virginia. Sal. range: $26,949 to $37,921. Reqs.: Doctor of Medicine degree, compl. of approved rsdncy. in psychiat. and possession of a lic. to prac. med. in the State of Va. Send resumes to: Fairfax County Office of Personnel, 10409 Main Street, Fairfax, VA 22030. Affirmative Action/EOE.

Norfolk—PSYCHIATRIST Large—Single-specialty, multidiscp., prof. corp. seeks gen. psychiatrist to work in semi-rural commty. adjacent to lge., metro., resort area with emphasis on psychoanalytically-oriented psychother. and consulta. in local gen. hosp. Modern psychiatric facil. for in-pt. care avail. in this area. Exc. prof. and corporate advantages. Send résumé with initial inquiry to Robert F. Scott, M.D., 103 Third St., Norfolk, VA 23510.

Petersburg—PHYSICIANS WANTED Chief of Service and Staff Physician posns. avlb. in 1200-accred. psychiat. hosp. 3 yr. psychiat. rsdncy. training pgm. affil. with Medical College of Virginia. Must have Virginia lic. Int. in Geriatrics desirable. Sal. range from $28,000 to $34,800. Write to Director of Training, Central State Hospital, Petersburg, Virginia 23803, Telephone (804) 861-7505.

Portsmouth—STAFF PSYCHIATRIST—Compre. MHC with 54 bed Inpt. unit, located Tidewater Virginia area seeking bd. Elig. psychiat. for FT staff posn. Duties flexible. Some pvt. prac. opptys. Sal. $37,500+. Send full resume refs. and availability to R. Ilaria, M.D., Center Director, Maryview CMHC, 3636 High St. Portsmouth, VA 23707. Tel. (804) 398-2360.

Roanoke—CONSULTING PSYCHIATRIST—(FT) to work in OP clin. with some duties in I.P. Unit. Must be bd. cert. or elig. We are a Compre. CMHC loc. in scenic Blue Ridge Mtns. of S.W. Virginia. Greater metro. area of 200,000 offers opptys. for pvt. prac. Access to major cities like Wash., New York, and Atlanta. Incls. varied client ages, rural and urban settings. Sal $35-$40K. Resumes to Fredric Schneider, Mental health Services, 920 S. Jefferson St., Roanoke, VA 24016.

Virginia Beach and Chesapeake—ONE GENERAL PSYCHIATRIST AND ONE CHILD PSYCHIATRIST. bd. elig. for expand. multi. discipl. grp. prac. div. between hosp. and OP with prim. OP focus. Forward vita with sal req. to Box 343, Portsmouth, VA 23704.

Williamsburg—Eastern State Hospital: 3 yr. PSYCHIATRIC RESIDENCY TRAINING PROGRAM. Re-accred. recently. Compre. approach involving many discps. In the field. Intra & extra mural rotations. (Affil. with Dept. of Psychiatry at the 3 schools of med. in VA). Weekly supervision by facul. members. All state employees fringe bnfts. Sal.: (With med. lic.) 1st yr.—$21,400.00, 2nd yr.—$22,400.00, 3rd yr.—$23,400.00. (Without med. lic.) First yr.—$18,700.00, 2nd yr.—$19,600.00, 3rd yr.—$20,500.00. Req. Amer. Internship, min. 4 mos.; Internal med.; fam. prac. or pediatrics. ECFMG Standard Certificate for FMG's. Write to: Director of Training & Research, Drawer A, Williamsburg, VA 23185. Phone (804) 229-4200 Ext. 281.

WASHINGTON

Kennewick, Pasco, Richland—PSYCHIATRIST, child or adult, to join Mid-Columbia MHC staff. Econ. thriving area of 100,000. Sal. $40,000-$50,000. Write or call Edgar Warren, M.D. or Owen P. O'Connell, at (509) 943-9104, 1175 Gribble Dr., Richland, WA 99352.

Spokane—Need 2 full-time STAFF PSYCHIATRISTS for growing CHMC inpt. & multiple OP svcs. Sept. 1 Federal Grant enables new pgms. Join 4 psychiats. on staff. 200,000 people in beaut. NW setting, superb place to live. $36,000-$40,000. Call, write Mary Higgins, Executive Director Community Mental Health Center, S. 107 Division, Spokane, WA 99202 (509) 838-4651. EOE.

WEST VIRGINIA

Charleston—PSYCHIATRISTS needed. Looking for more open space for yourself and your family? If the answer is yes, come to West Virginia. The "state for all seasons" needs psychiats. for a growing MH and MR pgm. Openings avlb. throughout the state in state mental hosp. and/or commty. MH pgms. Exc. bnfts. Contact West Virginia Department of Mental Health, Office of the Director, 1800 Washington Street, E., Charleston, West Virginia 25305.

WISCONSIN

Madison—ADMINISTRATIVE/PSYCHIATRIC POSITION Wisconsin's innovative and progressive approach to solving commty. health problems req. top level professionals to develop, implement and administer effective pgms. in this field. Currently, the state's Mendota Mental Health Institute in Madison which is closely associated with the University of Wisconsin, has several key positions avlb. for qual. Psychiatrists. The Institute provides consultative and edu. svcs. to the commty. plus specialized clin. pgms. for mentally ill, deaf, autistic chln., adoles., pre-adols. and adults. 200 inpts. plus a substantial number of out and day patients receive trtmt. We currently have career opptys. for: DEPUTY DIRECTOR—Mendota Mental Health Institute . . . Sal. up to $39,612.00 CHILD PSYCHIATRIST . . . Sal. up to $39,612.00 PSYCHIATRISTS . . . Sal. up to $36,012.00. These posn. req. Wisconsin lic. or elig. and offer outstanding bnfts. plus an oppty. to live and work in one of the most attractive areas in the Midwest. For complete info., please contact: L. A. Ecklund, M.D., Director, Mendota Mental Health Institute, 301 Troy Drive, Madison, WI 53704 or call (608) 244-2411. We are an EOE functioning under an Affirm. Action Program.

Appleton—A progressive and innovative commty. MH system providing inpt., OP, and a wide spectrum of other commty. svcs. seeks a well qual. med. team. Positions currently open include: CLINICAL DIRECTOR-PSYCHIAT.—Bd. Cert. or Bd. elig.—sal. $32,500 to $50,000. STAFF PSYCHIAT.—Bd. cert. or Bd. elig.—sal. $32,500 to $40,000. MEDICAL DIRECTOR, M.D., sal $27,500 to $35,000. Located in the heart of the Fox River Valley, a pleasant combination of both urban and rural amenities. An area with a long history of exc. health care, educ. and living conditions. Contact: John R. Maurice, Outagamie County Unified Board, 410 S. Walnut St., Appleton, WI 54911. Phone: (414) 739-8821.

Eau Claire—PSYCHIATRIST to join newly established clin. Needed immed. for Commty. MH work and assume large pvt. prac. Exc. facil., unusually attractive offices. Commty. exc. for a family man. For further info. contact: A. A. Lorenz, M.D., 2125 Heights Drive, Eau Claire, Wisconsin 54701 715-834-3171.

Elkhorn—PSYCHIATRIST, half time, for small county-owned fed. funded CMHC. $30 per hr. Walter J. Gleason, Ph.D., Exec. Dir., Lakeland Counseling Center, Box 290, Elkhorn, WI 53121.

La Crosse—CHILD-ADOLESCENT PSYCHIATRIST: Oppty. for affil. with a 155-man multi-specialty grp. with an adjacent 430-bed hosp. New clin. bldg. recently completed. We currently have five psychiatrists and a child neurologist. Gundersen Clinic, Ltd. is in a progressive commty. With expanding university and pvt. college. Pop. 50,000. Cultural and rec. facil. Beautiful setting; good schools. Exc. pension pgm., no investment req. Svc. organization Write J. Michael Hartigan, M.D., Chairman, Personnel Committee, Gundersen Clinic, Ltd., 1836 South Avenue, La Crosse, WI 54601.

Madison—An Equal Employ. Education Institution Title IX/Title VI 2 Fac. posns. in Child Psychiat. The University of Wisconsin-Madison invites applics. from child psychiat. int. in a fac. posn. in the Dept. of Psychiat., Division of Child and Adols. Psychiat. Cands. must be bd. qual. in Child Psychiat., and must have had exper. in the dvlpmt. and conduct of teaching, research, and svc. delivery pgms. or have demonstrated int. in same during rsdncy. training. Letter of applic. or nomination should incl. a CV and refs. Correspondence should be addressed to Joseph M. Green, M.D., Director of Child & Adolescent Division, Department of Psychiatry 1300 University Avenue, Madison, Wisconsin 53706.

Marinette—Unique opptys. for PSYCHIATRIST-MEDICAL DIRECTOR to combine professional and rec. pursuits. Established voluntary nonprofit clin. svg. interstate area. Clin. pgm. flex. with focus on commty./fam. Small twin city living bnfts. with college and in 4 season rec. area. Monetary or bnfts. remuneration can be individualized to incl. hourly/contractual/salaried with or w/o pvt. prac. Starting sal. for FT posn. $35-45,000 depending on qual. with fully paid retirement, health/life/disability/liability ins. Tax sheltered annuity avlb. Phone collect 715-735-9034 to T. L. Ver Haagh, ACSW, CSW, Executive Director, The Counseling Center, Inc. 1718 Main St., Marinette, WI 54143.

WYOMING

Evanston—DIRECTOR OF FORENSIC SERVICES—Come help us with the foren. evals. for the courts and legal sys. wkg. under the A.L.I. model penal code. Should be bd. cert. no skeletons, and in good health. Exper. in foren. psychiatry pre. New 3 mill. dollar unit, exc. staff, consultants. JCAH appr. 360 bed hosp. Sal. approx. $43,000 D.O.Q. per annum plus free housing, exc. fringe bnfts. with paid malprac. insur., reimbursement for travel, and only 75 miles from Salt Lake City, Utah; skiing, nightlife, and cult. opptys. Write incl. complete CV to William N. Karn, Jr., M.D., Wyoming State Hospital, Box 177 Evanston 82930; Ph. (307) 789-3464.

REGIONAL

Midwest—LIAISON PSYCHIATRIST wanted by univ. dept. of psychiat. to work with internal med. svcs. duties primarily liaison, consult., and tchng. Opptys. for research and limited prvt. prac. Requires Bd. Cert. or equivalent and liason exper. and/or background in internal med. Send vitae. Box P-713 *Psychiatric News*.

Midwest—Opening for M.D. OR PH.D with background in biochemistry, pharmacology, or related discipline at assistant professor level in research division of psychiat. institute. Clin. int. desirable. Must be prepared to collaborate with clinicians. Send vitae. Box P-709, *Psychiatric News*.

Southeast—ASSOCIATE desired. Outstanding oppty. for pvt. prac. with well estab. psychiatrist. Contact Box P-668, *Psychiatric News*.

POSITIONS WANTED

Bd. Cert. Psychiatrist with extensive exper. in biological psychiatric research clin. and teaching, interested in position, primarily research. Box P-707, *Psychiatric News*.

CHILD PSYCHIATRIST, 37 acad. posn. wanted. Univ. trained and employed. Bd. cert. child Psych. Publications in Basic and Clin. Research. Extensive exper. teachg., indiv. and fam. ther. and ped. liason. Box #P 692 *Psychiatric News*.

Does your talent search specify a background in MH systems planning, grad. and undergrad. curr. devel., health management consultation, behavioral science trng., and a wide variety of clinical exper.? If so, a 53-year old Bd. qual. psychiatrist is seeking a FT or PT admin. or teaching posn. in Fla. or the Southwest. Pref. given to college or univ. setting. Reply Box P-711, *Psychiatric News*.

Psychiatrist, Bd. Cert., 40 yrs. old, married, eclectic, exper. in admin., organization commty. psychiat., gen psychiat., and teaching of med. students and residents. Seeks new posn. and/or pvt. prac. preferably in the West or Southwest. Avlb. from early 1977 on. Write Box P 700. *Psychiatric News*.

PSYCHIATRIST bd. elig. in adult and child psychiatry, formal educ. at University of Rochester, State University of New York, Upstate Medical Center Syracuse, NY, The Menninger School of Psychiatry, wishes to reloc. in Maine, New Hampshire or Vermont. Presently in pvt. prac. with seven yrs. exper. I desire a posn. in a medical school which would incl. clin. and research work as well as teaching, pvt. prac. with a solo practioner or grp., a commty. MHC or hosp. setting. I will be glad to send CV to respondents. Box P 693, *Psychiatric News*.

PSYCHIATRIST—Bd. Elig. Extensive exper. in CMH OP clinic, and day hosp. Can provide clin. and admin. leadership. Seeks posn. western N.Y. Can bring other staff with him. Box P-710, *Psychiatric News*.

PSYCHIATRIST completing trng. at renown univ. seeks posn. July '77. Trng. all modalities with teach., supv., and consults. Seeks clin./adm. posn. in Hosp. or MHC in east or south east. Write Box P-712, *Psychiatric News*.

MISCELLANEOUS

SECOND ANNUAL PSYCHIATRY CONFERENCE—"The Scope of Psychotherapy of the Long-Lived", Mar. 4, 1977, 9-5 pm Luncheon included. Boston University-Conference Auditorium, George Sherman Union, 775 Comm. Ave., Boston, Mass. Sponsored by the Dept. of Psychiatry, Tufts Univ. School of Medicine, in collaboration with Continuing Education in Mental Health, Tufts, New England Medical Center, the Boston Society for Gerontologic Psychiatry, Inc., and the Boston Univ. Gerontology Center. Participants: Stanley H. Cath, M.D.-Vice Pres., Boston Society for Gerontologic Psychiatry; Gene D. Cohen, M.D., Chief, NIMH; Janice L. Gibeau, RN, BA- Clinical Nursing Supervisor, McLean Hospital; Arthur McMahon, M.D.-Associate Professor of Psychiatry, Tufts Univ., School of Medicine; Paul Myerson, M.D.-Professor and Chairman of the Dept. of Psychiatry, Tufts Univ., School of Medicine; Edmond C. Payne, M.D.-Assistant Clinical Professor, Harvard Medical School. APA Continuing Education credits: application submitted. Registration fee: $20.00 (includes lunch). Checks payable to West Broadway Unit, 62 Joyce Hayes Way, S. Boston, Mass. 02127. For further info. call Ms. Yohanna Friedman at (617) 956-6418 or 956-6419.

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TEACHING & TRAINING AIDS: "ASYLUM" (96 min. film), made in R. D. Laing's ther. Commty; ". . . an excruciating experience"—*Psychiatric News*, "APPROACHES" (45 min. videotape) contrasts the interviewing techniques of Drs. Laing and Harold J. Searls, Contact Peter Robinson 176 W. 87, New York, NY 10024 (212) 799-1051.

PSYCHODRAMA. April 21-24, 1977, 35th Annual Meeting and Psychodrama Training Institute, American Society of Group Psychotherapy and Psychodrama, Statler Hilton Hotel, NYC. Contact: A.S.G.P.P., 39 East 20 St., NY, NY 10003. 212-260-3860 (after 1 pm).

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