Psychiatric News

Newspaper of the AMERICAN PSYCHIATRIC ASSOCIATION

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Privilege Denied in Joint Therapy

By B. S. Herrington

DOES THE PRIVILEGE of confidentiality accorded the patient-physician relationship by tradition and statute extend to intimate revelations by a husband and wife in joint counseling? Not in the State of Virginia, according to a lower court interpretation of the state law.

In considering whether psychiatric testimony would be admitted into a recent divorce hearing, Circuit Court Judge Richard J. Jamborsky concluded that "when a husband and wife are in a counseling session with a psychiatrist which is between the husband and wife, there is no confidentiality because the statements were made not in private to a doctor, but in the presence of the spouse." The ruling required psychiatrist Robert B. Neu, M.D., to relate to a divorce hearing commissioner, over the objections of the husband, what the couple had told him about their sexual problems phobias, career failings, insecurities, and physical abuse during the 75 times they had met with him for joint marital therapy.

Although the decision was only a lower court interpretation of a state law and will not be appealed because of the husband's desire to avoid any further publicizing of such private matters, several psychiatrists and lawyers see it as an unfortunate precedent and detriment to therapy.

Jerome S. Beigler, M.D., APA's expert on confidentiality, flatly denounced the decision as "terrible." He argues that it may tend to "foster divorce because a sophisticated couple would not go to counseling if they knew that what they are going to disclose may eventually end up in court" as part of the public record.

Viewing it as "one of the many unanticipated problems of confidentiality that have arisen," Alfred Freedman, M.D., president and chair of the National Commission on Confidentiality of Health Records (NCCHR) and a former APA president, stressed its "serious" inhibitions on clients in group therapy as well as marital counseling in being able to speak freely. In anything beyond one-to-one therapy, he pointed out, an individual patient would fear that anything said

See "Confidentiality," page 9

NAPPH Hits Non-Medical Alcoholism Treatment

THE NATIONAL ASSOCIATION of Private Psychiatric Hospitals, in a white paper presented at the association's recent annual meeting in Florida, has decried the trend in public policy toward elimination of the psychiatric treatment of alcoholism and has declared that the arbitrary restriction on third-party payment for treatment is unfair to the patient and detrimental to long-term progress.

Noting that private psychiatric hospitals have become increasingly concerned over these major changes, NAPPH maintains that "given the collective clinical experience of its member hospitals, the association can make valuable input to public policy in the area of alcoholism treatment. The NAPPH hopes to communicate to others in the field, both providers and payors, those concepts and values which it feels are essential to effective therapy."

The report is the result of an investigation of a special task force conducted from May to August 1978 under the chairmanship of Stuart Ashman, M.D., of the Tidewater Psychiatric Institute in Virginia. It argues that a major thrust in the alcoholism field has been the development of a wide variety of nonmedical treatment programs which "are almost universally oriented toward the Alcoholics Anonymous philosophy and have given birth to a new type of paraprofessional, the alcoholism counselor." Most of these programs, NAPPH asserts, have little psychiatric supervision and are often "openly antagonistic toward the traditional models of therapy and to the professions which represent these models." In addition, NAPPH contends, most of these nonmedical programs and the paraprofessionals staffing them "claim that all alcoholics can be treated in this educational - inspirational - socialization model and that the psychiatric treatment of alcoholism is wasteful of resources and perhaps even harmful to patients."

Continuing, NAPPH states, "Influenced by this thinking, a number of state legislatures, federal and state regulatory agencies, insurance programs, and prepaid medical service plans such as Blue Cross have taken steps to restrict third-party payment for alcoholism treatment to these nonmedical facilities. Furthermore, they tend to limit hospitalization coverage to a brief detoxification period. The NAPPH, being alarmed by this movement toward the elimination of the psychiatric treatment of alcoholism with the resulting loss to patients, is

See "Alcoholism," page 10

Psychologists Lose Antitrust Suit

By Margaret C. McDonald

IN AN ACTION that APA attorney Joel Klein calls "a terrific triumph for American psychiatry," Judge D. Dortch Warriner of the U.S. District Court for the Eastern District of Virginia ruled in early April that a Blue Shield administrative policy denying direct reimbursement to clinical psychologists for psychotherapy covered under Blue Shield contracts unless such services are supervised by and billed through a physician is not in violation of the Sherman Antitrust Act.

The Virginia Academy of Clinical Psychologists (VACP) and psychologist Robert J. Resnick, Ph.D., alleged in the action that Blue Shield of Virginia (BSV), Blue Shield of Southwestern Virginia (BSSWV), and the Neuropsychiatric Society of Virginia (NSV) had conspired to deny clinical psychologists direct reimbursement of services covered in their contracts when those same services are covered when performed by a psychiatrist [*Psychiatric News*, November 3, 1978, and February 2, 1979]. The Neuropsychiatric Society of Virginia, which was represented by attorney Klein, received substantial financial support from APA on the recommen-

See "Antitrust," page 7

News Digest

A supplemental ruling has been made in an important "right-to-refuse-treatment" case, *Rennie* v. *Klein*. *See* Judicial Action Report *on page 3*.

* * *

Seven forums will be held during APA's annual meeting in Chicago. *Story on page 16*.

* * *

Thomas L. Perry, M.D., a Canadian researcher, has investigated the possible role of brain GABA deficiency in some forms of schizophrenia. *Story on page 20*.

* * *

A recent conference on pain pointed to a poor understanding of chronic pain. *Story on page 26*.

* * *

Marvin Wolfgang, Ph.D., has suggested dispersing people who live in a subculture of violence. *Story on page 28*.

Second-class postage paid at Washington, D.C. and at additional mailing offices

Jerome Frank Looks Ahead

By Margaret C. McDonald

PSYCHIATRIST JEROME FRANK, M.D.'s Blanche Ittleson Award Lecture, delivered at the recent annual meeting of the American Orthopsychiatric Association, could not have been more appropriate to the meeting's theme, "Theory and Practice on the Eve of the '80s," or to the status of current events, coming as it did amidst the Pennsylvania nuclear power plant accident.

Titling his paper, "Mental Health in a Fragmented Society—The Shattered Crystal Ball," Frank cited four major developments that he feels have produced in our generation "greater changes in the conditions of life in a few decades than have occurred in previous millennia." They are computer technology, the splitting of the atom, the "conquest of outer space," and mass communications. "Looming on the horizon," he predicted, "is potentially the most unsettling advance of all, the development of genetic engineering, for, unlike the other technological advances, this creates the possibility of changing the nature of human beings themselves by speeding up evolution."

The effects of this rapid change, he feels, are most apparent on the international level, producing dangers that threaten not only mental health but "human survival itself," dangers that are "hugely enhanced by the steady development of weapons of increasing lethality. . . . Today," said Frank, "new weapons tumble over each other so fast that many are obsolete before they are even deployed, and this rapid advance makes nonsense of arms control agreements." Looking at the situation psychologically, Frank feels that "the chief reason national leaders have been unable to cope with modern weapons is that mentally they are still back in the days of spears and clubs, when, indeed, the more weapons your group had, the more secure and powerful it was. Although this is strikingly untrue of nuclear weapons, nations still strive for nuclear superiority."

But advancing technology offers more than the possibility for greater doom and destruction, noted Frank. "Electronic international mass communication, which potentially can reach everyone on earth simultane-

See "Frank," page 14

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.

'Keen Outrage'

ALAN STONE [*Psychiatric News*, March 10, 1979] lambasts organized psychiatry for its failure to become involved in the right-to-treatment litigation of recent years. He notes that "every significant group interested in the needs of the mentally disabled except the American Psychiatric Association" has joined in the litigation. He decries our profession's lack of activism in this important area.

It is an unaccustomed pleasure to have a president-elect who can criticize the membership for its "myopic policies" and who can adjure psychiatrists to be mindful of their "moral obligations" as physicians and professionals. But I wonder if Dr. Stone has noticed that many members of the American Psychiatric Association have made the same criticisms of our organization's stand on the ERA? Does Dr. Stone's keen sense of moral outrage extend to the American Psychiatric Association's policy of holding meetings in ERA-unratified states?

Virginia M. T. Davidson, M.D.
Houston, Tex.

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Tardive Dyskinesia

SINCE 1954, American psychiatrists have treated millions of schizophrenic patients with neuroleptic drugs, and there is general agreement that the vast majority have benefited greatly and that many have avoided chronic hospitalization because of these drugs. In the past decade, we have learned that some of these patients develop tardive dyskinesia, a sometimes permanent and often incapacitating syndrome characterized by involuntary movements of mouth and tongue and choreoathetoid movements of the extremities and trunk.

Most psychiatrists practicing today have not seen substantial numbers of schizophrenic patients who never received neuroleptics and, hence, will tend to think that tardive dyskinesia is a disorder resulting solely from neuroleptic drugs. Therefore, it is important that they should read what Kraepelin wrote in 1904 in his classic textbook, *Psychiatrie, Ein Lehrbuch*, about the neurological manifestations seen in chronic schizophrenic patients. The following quotation occurs on page 189 under the topic "Dementia praecox":

> Highly peculiar disturbances are the often occurring cramp-like manifestations in the facial and speech muscles. Some of them resemble completely the movements of expression, [such as] the furrowing of the forehead, distortions of the corners of the mouth, twisting, opening wide and closing tight of the eyes, in short, those movements which we include among the characteristics of making faces or grimacing; they are reminiscent of the corresponding disturbances of patients suffering from chorea and definitely do not originate in specific imaginations or emotions.
>
> Related to them are the smacking and chewing movements of the tongue, the sudden sighing, sniffling, laughing and coughing. Further we observe [in patients suffering from dementia praecox] mainly in the muscles of the lips, lightning-like or rhythmic jerky movements which in no way bear any signs of voluntary movements.
>
> The same is true of the occasional vibrations of the mouth muscles during speech, which resemble fully those seen in paralytics [paralysis agitans].
>
> Oftentimes our patients showed persistent peculiar choreiform movements, which I think can best be characterized as "athetoid ataxia."

This excerpt clearly describes the buccal-lingual-masticatory movements and choreoathetoid limb movements typical of tardive dyskinesia occurring in patients in the pre-drug era and strongly suggests that neuroleptics are not solely responsible for this syndrome.

A study recently completed by the research department of the Carrier Foundation has shown a significant prevalence of tardive dyskinesia among elderly residents of nursing homes who have never received neuroleptics. This study strongly suggests that aging, either alone or in combination with senile brain disease, may produce this syndrome and that neuroleptics cannot be held solely responsible for its development.

Robert S. Garber, M.D.
Belle Mead, N.J.

5A-10

Ads and Layout

OVER THE YEARS, much discussion has occurred within APA about our relationship with the pharmaceutical industry. The possible ethical impropriety of our accepting $1.5 million of drug company money per year is still being considered, as well as the effect of advertising on the prescribing habits of physicians. However, I write now solely as an annoyed regular reader of *Psychiatric News*.

My experience is that many articles are disrupted by the way advertisements (usually drug) are interspersed on *Psychiatric News'* pages. I suggest your staff consider a way of placing such advertising, if it continues, so that it interferes less with the continuity of the articles you report. For example, in the recent December 15th issue, which reprinted *ICD-9-CM*, you suggested that members "may wish to cut out the . . . outline. . . ." Because of the interpositioning of advertisements, the outline text itself continued for seven pages. In actual column inches, it is clear that it could have been compressed to less than 2½ pages at most, perhaps even both sides of a single sheet.

I do not want to tell the editors how to run a printing operation. But, I do remind you that the "newspaper of the American Psychiatric Association" should be composed in a way that makes it most convenient for its *readers* rather than for its *advertisers*. Perhaps setting the *News* up in a way that permits all advertising to be clustered together in one part of the newspaper (cf., some old London papers) may help separate ostensible kernel from apparent chaff. You may wish to find out whether other readers feel similarly.

Fred Gottlieb, M.D.
Beverly Hills, Calif.

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Insanity Defense

DR. DIETZ'S COMMENTS [*Psychiatric News*, March 16] concerning Dr. Halpern's criticism of the insanity defense [January 19] are correct. The insanity defense is a matter of social policy. Nevertheless, we now have sufficient evidence to justify changes in our present social policy, because it is not only irrational but also a danger to the community.

In 1964, Emil Kemper III, age 15, of California, shot his grandparents, then telephoned his mother to say, "I just wondered how it would feel to shoot grandma." He served five years in the Atascadero State Mental Hospital, was a model inmate, and was discharged in 1970 as "having made an excellent response to the years of treatment." Three years later Kemper confessed that he had murdered and dismembered six young girls, slain his mother with a hammer, and strangled one of her friends. This case is one of several that could be cited.

There is no scientific methodology that can ascertain when a mental disorder begins or when it is terminated.

Psychiatrists do not belong in the courtroom. The "battle of the experts" only helps to confuse the jury and is utilized for plea bargaining. It is the responsibility of the jury to decide whether the defendent has committed the criminal act as charged.

Psychiatrists should refuse to testify in court in regard to what was in the patient's "mind" at the time of the offense. This is an impossible task.

A legal verdict of "insanity" is not equivalent to a declaration of irresponsibility. Therefore, it should not lead to the grossly erroneous inference that the perpetrator of an "insane" act should go free, even after a period of observation in a psychiatric hospital.

Antisocial behavior is not synonymous with psychotic behavior. Therefore, I agree with Dr. Halpern that this essential difference is "blurred" by the insanity defense. Future antisocial "acting out" cannot be predicted. The offender can play the role of a model patient in the setting of a psychiatric hospital. Also, as Dr. Halpern has indicated, since patient's rights are now being emphasized, there is always the danger of premature release.

Only when the psychiatrist is barred from the courtroom can the perplexing problems involved in the evaluation of an insanity plea be more effectively resolved. The psychiatrist can objectively diagnose and recommend the type of treatment *after* the guilt or innocence of the offender has been adjudicated.

Because it is the community that is endangered, the insanity defense should be abolished in order to attain a more rational social policy.

Jacob H. Conn, M.D.
Former Acting Chief Medical Officer
Supreme Bench of Baltimore

5A-21

CHAMPUS Privacy

ON PAGE FIVE, the last column of the February 16 issue of *Psychiatric News* the article "Dispute Focuses on CHAMPUS Privacy" quotes a provision of the Medicare-Medicaid Anti-Fraud and Abuse Amendments and then quotes an "interpretation" of the provision from a congressional committee report. The article is in error on this point, I believe.

At one point in the legislative process, the anti-fraud amendments actually contained language that was virtually identical to the quoted "interpretation." But this language was struck out of the bill before it was passed. The "interpretation" quoted in the article therefore has little if any significance.

Nothing in the final version of the Anti-Fraud Amendments gives a patient veto power over access to his records by a federal agency that is otherwise authorized to get it. The real interpretive question raised by the statutory provision quoted in your article is not patient consent, but PSRO consent: whether a PSRO can choose not to hand over its patient identifying data to fraud investigating agencies. Regulations recently proposed by HEW would take away most of the PSROs' discretion on this point.

Robert F. Aldrich
Washington, D.C.

5A-20

Logan Blain Dies

SARAH LOGAN STARR BLAIN, wife of APA's first medical director, Daniel Blain, M.D., died in Philadelphia on April 1. Throughout her husband's career, Mrs. Blain befriended and played hostess to literally thousands of psychiatrists and their spouses. In 1959, Dr. and Mrs. Blain invited all who attended the APA annual meeting in Philadelphia that year to a cocktail party at their estate, "Belfield," and more than 1,000 attended. Mrs. Blain also donated the picture of Benjamin Rush which hangs in the lobby of APA headquarters in Washington and made several other gifts to APA. She is survived by her husband; a son, Daniel Blain, Jr.; and two grandchildren.

5A-7A

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Judicial Action Report

By Loren H. Roth, M.D., M.P.H.

THIS COLUMN updates *Rennie* v. *Klein*, a "right-to-refuse-treatment" case from New Jersey [*Psychiatric News*, February 2]. In December 1978, John Rennie, an involuntary patient at the Ancora Psychiatric Hospital, appealed again to the federal district court to prevent his physicians from forceably medicating him with Thorazine.

The initial court opinion in *Rennie* supported the patient's constitutional right to refuse forced medication (unless there had occurred a prior due process adversary hearing that had established the necessity for such treatment). When the court issued its initial ruling, it did not issue an injunction prohibiting such treatment.

Almost immediately after the court's initial ruling, Rennie's condition deteriorated. On December 2, 1978, the hospital again began to administer the antipsychotic drug, Thorazine, without Rennie's consent and he objected. Thus, before even one month had passed from the time of its initial ruling, the federal court was presented with an opportunity to review Rennie's right to refuse treatment under the four factors that it had recently delineated as relevant to the patient's right to refuse treatment in non-emergency circumstances, *viz.*, *a*) the patient's physical threat to patients and staff of the institution, *b*) the patient's capacity to decide on his particular treatment, *c*) whether any less restrictive treatment exists, and *d*) the risk of permanent side effects from the proposed treatment.

In its second and supplemental opinion in *Rennie* (December 12, 1978) the federal district court noted that Rennie's mental health began to deteriorate within a few days after the November 9 opinion was issued. He became increasingly manic, abusive, assaultive, and psychotic. It was necessary for the hospital to place him in restraints much of the time during the three weeks prior to the second court hearing. His physical condition deteriorated, and he suffered dehydration and probable infection. His doctor testified that his life had been imperiled. In November 1978, Rennie had also refused to take lithium, even though the initial court opinion had approved the use of that drug. Rennie had, furthermore, also previously refused lithium even at a time when his condition had markedly improved. The supplemental opinion in *Rennie* notes the belief of the doctor that Rennie's persistence in refusing lithium was "buoyed" by the court's earlier opinion. The physician at the hospital also indicated it was his opinion that Rennie's discussion of his case in a hospital ward for the criminally insane encouraged other patients in that ward to refuse medication.

Because lithium failed to stabilize Rennie's condition (he had again begun to take lithium after he was asked to do so by his legal counsel), the hospital renewed emergency injections of Thorazine. Rennie then appealed to the federal district court to prevent the further forced medication.

Reviewing these new facts, the court concluded that

- Rennie had repeatedly threatened patients and staff during the past few weeks;
- His capacity to participate in the choice of medications was limited ("Plaintiff's failure to take lithium the last several weeks is additional evidence of his limited capacity to make treatment decisions, as the expert testimony is almost unanimous that lithium is a helpful drug with only minor side effects to Mr. Rennie.");
- While Rennie's "refusal of Thorazine is partly motivated by a rational desire to avoid harmful and unpleasant side effects, it is also prompted by an irrational desire to rebel against the hospital and its doctors"; and
- A psychotropic medicine was now necessary to alleviate Rennie's psychosis and that there "is currently no less restrictive alternative to Thorazine other than constant restraints."

The court further noted that "this situation will continue until the plaintiff's condition has stabilized and improved, and until [Rennie] demonstrates a convincing willingness to participate in a lithium and psychotherapy regime."

The court also reviewed the problem of the risk of permanent side effects to Rennie from the Thorazine treatment. The court noted that, according to expert testimony (the psychiatric witness for Rennie), in August 1978, Rennie had exhibited mild abnormal movements of the jaw and extremities (Rennie may have had a very mild reversible case of tardive dyskinesia) and at least he has a predisposition to that condition. While the court noted that Rennie should continue to be watched closely for manifestations of tardive dyskinesia, it did not believe that the threat of that condition was great enough to preclude the use of Thorazine at this time. Thus, for the second time the court failed to issue an injunction prohibiting involuntary treatment of Rennie with medication, while inviting continued review of the case.

Finally, in one of the first definitions of psychiatric "emergency" to appear in the legal case literature, the court defined a psychiatric emergency as

> a sudden significant change in the plaintiff's condition which creates danger to the patient himself or to others in the hospital. While restraints can always eliminate this danger . . . this is a realistic alternative only if a few hours confinement are adequate to calm the plaintiff. Otherwise the hospital is not required to place the plaintiff in permanent restraints rather than forcefully medicate.

The court's rather generous interpretation of an "emergency" would seem to allow forced medication in many instances where restraints or seclusion would otherwise be an alternative method of clinical management.

The full significance of the *Rennie* decision remains to be elucidated. The *Rennie* case has now been certified as a class action suit in the federal district court of New Jersey. Rennie has been joined in his complaint by several other patients who together argue that there is a constitutional

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Antitrust

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dation of the Association's Commission on Judicial Action.

The district court had previously denied Blue Shield's and NSV's requests both for dismissal and for summary judgment. The four-day trial was conducted in Richmond by Judge Warriner January 16–19. He handed down his 18-page decision on April 9.

Warriner concluded that evidence does not indicate that NSV acted in conjunction with the Blue plans in their formulation of reimbursement policy, although the Blues did consult NSV, as well as groups representing other disciplines, including psychology.

"BSV had been inconsistent in its policy during the 1960s and early 1970s in regard to payment of clinical psychologists," wrote Warriner. "There is evidence that clinical psychologists had been paid for services independently rendered, and yet it is not clear that this was company policy. Instead it appears that it resulted from a lack of company policy," a situation that apparently changed in 1971 when it was decided that a specific policy was needed. It seems that in seeking to formulate policy, BSV consulted various provider groups, including the Medical Society of Virginia, the Virginia Psychological Association, NSV, the Virginia Institute of Pastoral Care, psychiatric social workers, psychiatric nurses, and others. Noted Warriner, "Although plaintiff VACP was not a separate entity at the time, the views of clinical psychologists were expressed through the Virginia Psychological Association."

During 1971, NSV cooperated closely with BSV and gave assistance as BSV set policy on who should be paid for what type of mental health care, how much they should be paid, when they should be paid, etc. The court concluded that there is no question that NSV and BSV were in agreement that "clinical psychologists should be paid for psychotherapy only when rendered under the supervision of a physician. The question for the court," wrote Warriner, "is whether this cooperation amounted to a 'contract, combination in the form of trust or otherwise, or conspiracy' according to the language of Section 1 of the Sherman Act. . . ." As noted, however, BSV consulted other provider groups as well, including psychologists.

It was only after such consultation, found the court, that BSV's management decided that "as only medical doctors could ultimately determine the medical necessity of treatment for nervous and mental disorders, clinical psychologists would only be reimbursed for services rendered where there was referral to, supervision by, and billing through a medical doctor."

Warriner found that "though prior inquiry, consultation, and negotiation clearly took place, no contract was entered into, no combination was formed, and no conspiracy existed. Section 1 of the Sherman Act does not prohibit a business entity which needs information and advice from obtaining information and advice from other knowledgeable business entities. The operation of a medical insurance plan would be, for all practical purposes, impossible if consultation and cooperation with provider groups were barred."

Further, noted Warriner, even if it were found that a contract, combination, or conspiracy existed, there would still need to be a finding that such activity restrained trade in order to be prohibited by the Sherman Act. Judge Warriner found such restraint to be lacking. He noted that VACP's fundamental contention was that clinical psychologists are equal providers of psychotherapy with psychiatrists. "It is true," he said, "that both psychologists and psychiatrists professionally render psychotherapy to patients. But in the treatment of nervous and mental disorders, psychiatrists are capable of providing a full range of psychiatric treatments, not just psychotherapy. In addition, as medical doctors, psychiatrists may render medical treatment and diagnosis. It is undisputed that clinical psychologists are not qualified to diagnose nervous and mental disorders and to decide from what source these disorders stem. . . . Plaintiffs themselves acknowledge that the best practice for clinical psychologists to follow before psychotherapy is referral to a physician for a physical examination. This is unanimously agreed to be necessary so as to rule out a physical cause of the nervous or mental problems. Psychotherapy is to a substantial extent useless if the disease has a physical etiology.

"It is also undisputed that the only method of making sure that a physical disorder does not complicate treatment by a clinical psychologist is regular contact between the psychologist's patient and a medical doctor."

'Not Competitive'

Warriner concluded that the "clinical psychologist is not competitive with the psychiatrist in regard to the treatment of nervous and mental disorders unless the clinical psychologist is working under the supervision of a medical doctor" and that the competition is rather between a clinical psychologist working with an M.D. versus a psychiatrist working alone. "In this light," he found, the Blue Shield defendants "treat the two competing entities equally so long as they both are shown to be providing medically necessary treatment."

The only exception to this equality of treatment which the judge found was that the psychologist is required to submit his statement of fee to Blue Shield through the supervising physician. "The court can well understand that plaintiffs do not like to bill through a physician as a matter of professional pride," he said, but such practice serves the purposes of ascertaining the medical necessity of treatment and the promotion of contact between physician and psychologist.

The next question raised by VACP and addressed in Warriner's opinion was whether the action of the Blue plans and NSV, if not a Sherman Act violation, was exempt from the prohibitions of the antitrust laws by the McCarran-Ferguson Act, which partially exempts from the antitrust laws " 'the business of insurance' to the extent such business is regulated by state law." Warriner found that the McCarran-Ferguson exemption was applicable in this case and that the Blue plans' activities do not constitute a boycott.

The only theoretical thorn in the side of an otherwise favorable ruling for psychiatry is a Virginia "freedom of choice" of psychotherapist code, the constitutionality of which was recently upheld by Virginia's State Cor-

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Antitrust

Continued from page 7

poration Commission. This code prohibits insurance providers from refusing to reimburse subscribers for otherwise covered services rendered by psychologists and others when these providers are licensed in Virginia to render such services. The Blue plans acknowledge that they have failed to comply with the code and challenged the constitutionality of the statute before the SCC, a battle they lost in a two-to-one decision in mid-February. Attorneys for Blue Cross and Blue Shield say they will appeal the SCC ruling. The "freedom-of-choice" issue, which has been in litigation since 1973, will be appealed by Blue Shield to the Virginia Supreme Court. Until such a decision, the district court and State Corporation Commission rulings are in apparent conflict.

Speaking on the outcome of the antitrust action, NSV attorney Klein noted that "there are two critical points that are now firmly established: *a*) In the operation of a medical insurance program, it is not only lawful but actually desirable to have a medical specialty society such as the Neuropsychiatric Society of Virginia provide input into an intelligent package. *b*) The court recognized that psychologists and psychiatrists are not direct competitors because psychologists are not qualified to diagnose mental illness because the effective treatment of mental illness requires psychiatric supervision and monitoring.' In my view," Klein said, "both of these aspects of the decision should go a long way in helping to assure sensible health care delivery policies." Commenting on the SCC opinion on the freedom-of-choice statute, Klein felt that the federal court decision "raises serious questions about the wisdom of the Virginia statute requiring direct reimbursement."

Warwick Furr, II, the attorney for VACP, told *Psychiatric News* that it is premature to make a judgment at this point as to whether or not VACP will appeal the decision to the U.S. Court of Appeals for the Fourth Circuit. "We disagree with the court's conclusions, of course," he commented. "We think the facts demonstrate that the organized medical profession in Virginia, acting through its Blue Shield organization, effectively stifled competition from non-medical health care providers, that that is what they do in fact and intend to do, and that the sole reasons for doing it are reasons of economic self-interest."

Subscribers 'Cheated'

Furr said that "the most unfortunate aspect of this case is that the subscribers continue to be cheated out of benefits for which they have been paying for six years because Blue Shield continues to deny them their benefits, notwithstanding the State Corporation Commission decision on freedom of choice of psychotherapist." Furr feels that "the Blue Shield decision-making apparatus ignores the fact that a politically responsible body [the SCC] has decided that clinical psychologists are licensed to perform these services and should be reimbursed for the services. . . . The difficulty is this: The Blue Shield board is essentially a group of private interest people who are not politically responsive. They make decisions which have a dramatic impact on public interest considerations, yet they are essentially a private lawmaking body that does not have to answer to the electorate, and in this sense it denies the basic principles of democracy in our society. I don't think these things are resolved at all," said Furr. "This is just one episode. The broader public interest considerations have to be met by somebody."

APA's newly chosen president-elect, Donald Langsley, M.D., who provided expert testimony in the trial, feels that "all of psychiatry ought to be very gratified at this recognition of the specific role and skills of the psychiatrist in the treatment of mental illness. In my opinion," he said, "the court said that many groups are able to do psychotherapy but that the responsibility for the treatment of the mentally ill must include an appropriate role for a physician/psychiatrist." Asked to comment on the apparently conflicting opinions of the federal court and the SCC, Langsley said in reference to the VACP-Blue Shield case, "This is a quality-of-care issue. The administrative issue about how to pay psychologists is complicated and totally separate from the quality-of-care issue; it doesn't directly have anything to do with the federal court's decision, which I consider a quality-of-care decision."

5A-11

Educational Seminar

THE ASSOCIATION for Pet Facilitated Therapy (APFT), a non-profit organization which trains and places assistance dogs as aides to the emotionally and physically handicapped and elderly, is holding the first national educational seminar devoted entirely to the field of pet-facilitated therapy on June 28-30 at the Oakland Coliseum Theater. Primary speakers will include Samuel Corson, M.D., professor of psychiatry and early and middle-childhood education, Ohio State University; Dr. Michael Fox, authority and author on dogs and professor of psychology at Washington University and associate director of the St. Louis Zoo; Michael McCullach, M.D., psychiatrist and leader in studies on interrelationships between people and animals and resulting mental health effects, from the Delta Foundation in Oregon; and Dr. John Paul Scott, regents professor of psychology at Bowling Green State University and author and authority on dogs and human behavior.

The fee for three-day attendance is $25.00. Further information is available from APFT/Assistance Dogs, 1230 Grant Ave. #203, San Francisco, Calif. 94133, (415) 398-6338 or 897-DOGS. 5A-7Q

Meeting

THE CARIBBEAN Psychiatric Association (CARPA) will hold its biennial meeting jointly with the Caribbean Federation for Mental Health (CFMH) July 22-26 in Kingston, Jamaica. The theme of the CARPA meeting is "Mental Health Aspects of Adolescent Pregnancies." The theme of the CFMH meeting is "Power and Mental Health." Papers for the CARPA meeting are invited. Deadline for the receipt of papers is the end of May. They should be sent to Dr. Franklin Ottey, Secretary of CARPA, Department of Psychiatry, University of the West Indies, Mona, Kingston 7, Jamaica. 5A-7N

Confidentiality

Continued from page 1

could be used to his embarrassment or harm.

From a practical legal standpoint, NCCHR attorney Robert Belair said it is "not so much that the Virginia decision is a bad decision legally as it is a reflection of the fact that the doctor-patient privilege is so weak statutorily." He explained that the law simply isn't written in a way to provide adequate insurance to those in marital and group counseling and advised, "The remedy is in the legislature."

That the courts do have a lot of legal room in which to interpret privilege laws was borne out by two cases Belair turned up in his legal research: a 1972 Tennessee case, *Ellis* v. *Ellis*, and a 1975 New York case, *Yaron* v. *Yaron*. Both cases concerned the same issue of whether the confidentiality privilege is lost if confidences are revealed before a spouse. In both cases, either the husband or wife wished to waive the privilege despite objections of the spouse. The rulings, however, were the opposite from the recent Virginia case: In *Ellis*, the court denied that privilege was lost because statements were made before a spouse, while *Yaron* went even further to uphold confidentiality even though aides in addition to the treating physician were present during therapy.

"This still leaves unaddressed what happens in classic group therapy," Belair said, which, he added, could potentially involve litigation between a member of the group and a nonmember, or, what may be more difficult, two or more members of the group. The case he found closest to this involved a physician who recovered libel damages from a former member of a nude marathon treatment group who had written a book about the experience.

State laws guarding the confidentiality of anyone in joint, family, or group therapy are few and far between. Beigler noted that one in Illinois just became effective in January. Belair recalled that statutes in Maryland and recently the District of Columbia protect group confidences. But, as Belair underscored, "We're worried that there are just a good many states that people in group therapy could be awfully surprised and disadvantaged."

Although APA's model law on confidentiality, approved by both the Board and Assembly and published in January 1979 issue of the *American Journal of Psychiatry*, takes into account confidentiality among members in group therapy, its code of ethics does not specifically distingush different types of therapy in its admonition to protect a patient-client's confidences. The code says that a psychiatrist may comply or "hold the right to dissent within the framework of the law" when ordered by a court to reveal "confidences entrusted to him/her by patients." The psychiatrist, however, should "reserve the right to raise the question of adequate need for disclosure" and, if the court demonstrates the need for legal disclosure, "may request the right" to reveal only relevant information.

Psychiatrists have acted on this ethic in a number of ways. Perhaps the two who took it most seriously were Joseph Lifschutz and George Caesar (M.D.s), both of whom spent several days in jail for refusing to reveal patient's confidences even though the patient's emotional state had been entered into testimony and privilege was thus automatically waived.

What was said in therapy between the couple and therapist in the recent Virginia court case was relevant to both the original divorce complaint and in rebuttal to testimony. The husband's attorney, Mark Sandground, told *Psychiatric News* that he questioned the husband on the witness stand about his wife's statements made in therapy in order to challenge the mental cruelty charge in the wife's divorce complaint. Calling it a "rotten case," Illona Freedman, attorney for the wife, countered that she had rested her case on the ground of separation for one year and called psychiatrist Neu to the stand only to most objectively rebut the husband's testimony with an expert witness. "If [the husband] was so concerned about confidentiality," she asked, "why did he bring it up?"

Although Sandground invoked privilege for his client, his objection was overruled by the circuit court judge, who decided that there is no privilege if details are related to a doctor before a third person.

'No Guidelines'

Although Neu declined to comment on the case when contacted by *Psychiatric News*, his testimony was available in a transcript as part of the public record. Before testifying, the former Assembly speaker and former president of the Washington Psychiatric Society clarified that he was to reveal only information that came up during joint counseling sessions (he had been also treating the wife and occasionally the husband separately), although he highlighted the irony of this by pointing out to the judge that "there was hardly anything that came up in individual sessions that did not also, at some time or another, either come up or be referred to during the joint sessions." It was not clear whether he was technically under subpoena to testify, but Freedman said she would have subpoenaed him again had it been necessary.

Under cross examination by Sandground, Neu testified that so far as he knew there was no ethical guideline of psychiatrists practicing in Northern Virginia dealing with the propriety of a psychiatrist being called by one party to testify about what occurred in couples therapy. He proceeded to recall what was said in therapy, refraining from giving a diagnosis and from psychodynamic interpretations.

In view of the decision and his client's reluctance to appeal, Sandground advised that psychiatrists be urged to have patients sign written agreements that neither will call on the physician to testify in litigation. Belair urges legislative changes, noting that although this is only a lower court ruling, usually not reported and used as precedent, he worries that "one of these days we'll get a decision from a state supreme court or a federal court interpretation of a state law that will have a great deal of influence."

5A-1

Tucker Named

GARY J. TUCKER, M.D., has been named chair of the department of psychiatry of Dartmouth-Hitchcock Medical Center. He succeeds PETER WHYBROW, M.D., who will continue to serve as professor of psychiatry. 5A-7H

Alcoholism

Continued from page 1

prepared to work with other providers, third-party payors, and consumers toward a comprehensive, pluralistic effective model of alcoholism treatment."

Treatment planning must also be highly individualized, NAPPH maintains, considering each patient as a "complex bio-psycho-social being with a unique combination of impairments, assets, and treatment needs," as opposed to the view held by most of the nonmedical treatment programs. To support this contention, it offers the following concepts:

• Alcoholism "can be broadly described as a chronic illness in which repeated use of alcohol is associated with the impairment of physical health, emotional and mental stability, occupational and social functioning, and family or other interpersonal relationships."

• The etiology of alcoholism has been attributed to a variety of causative or contributory factors, including genetic, constitutional, nutritional, psychological, family, social, and cultural; and each of these factors has had at one time or another strong advocates "for its primacy, and none can be excluded by current research."

• The course and outcome of alcoholism is highly variable, and it is often difficult with any particular patient "to determine where on the continuum of alcoholic impairment a patient rests and in which direction he is moving."

• "All treatment modalities for alcoholism have been empirically developed, usually without clear relation to any comprehensive theory of etiology. Surely this is true for Alcoholics Anonymous, group or individual psychotherapy, Antabuse therapy, and aversion therapies. Much more research needs to be done to develop a more comprehensive theory of etiology which can then influence treatment methods."

In the traditional psychiatric hospital, the patient is treated by a multidisciplinary team under the supervision of a psychiatrist. "In this environment," NAPPH states, "the patient is viewed not as the property of any single profession or theoretical orientation, but rather as a complex person whose needs require the efforts of different disciplines at different states of treatment."

Criteria

In the discussion of treatment settings, NAPPH notes that some alcoholics will require inpatient treatment while others will only need outpatient care. Those most likely to succeed as outpatients, it believes, are those who are medically stable, having only mild withdrawal symptoms, those who are able to stop drinking without continuous supervision and are able to remain abstinent long enough to become involved in therapy; those motivated for long-term outpatient therapy and participation in supportive groups such as Alcoholics Anonymous; and those supported by a stable family, and/or social and occupational system willing to participate in therapy. Alcoholics should be hospitalized when one of the following is present: a life-threatening medical condition exists; the patient is dangerous to himself or others; "there is an impairment of mental and/or physical functioning or alteration of mood sufficient to interfere substantially with the capacity to meet the ordinary demands of their familial, occupational, or social environment"; "there is a requirement for continuous, skilled staff interventions and observations to safely detoxify the patient and to observe and confront the patient with the interaction between drinking and every other aspect of functioning"; or the patient has failed to respond to treatment at alternate, less restrictive levels of care.

The paper also describes four larger groups of patients and their varying treatment needs. In a psychiatric hospital alcoholism program, the patient can generally be placed in one of these groups within one to two weeks of admission after a comprehensive treatment plan has been formulated. "We feel strongly that any benefit package must take into account these four groups of patients with their varying treatment needs and must avoid unrealistic limitations on the availability of appropriate treatment." They are the following: alcoholics with a major mental illness, alcoholics with serious medical or neurological complications, alcoholics requiring concomitant psychiatric and addiction treatment (These patients have a significant "neurotic illness or personality disorder reciprocal with the alcoholism which in itself requires intensive psychiatric therapy."), and alcoholics who, after detoxification, have no significant medical or psychiatric illness. This last group may be treated in nonmedical alcoholism treatment facilities.

Discussing length of stay, NAPPH states that many inpatient settings are organized around a standard four-week program of therapy and that, while this length of time may be adequate for the majority of uncomplicated alcoholics, a substantial number of patients require a longer period of treatment for a successful outcome. "Experienced psychiatrists can usually predict early in treatment which patients will require a longer stay. Justification of additional care can be made in terms of clearly defined factors in the patient's history, mental state, motivation, attitude toward treatment, and social support system."

It also calls for a plan for aftercare. "It has been empirically demonstrated that success in maintaining sobriety is equated with an effective aftercare program. Such a program should be an integral part of all alcoholism treatment programs and should be individualized to meet each patient's treatment needs. Medical insurance plans must be required to include reimbursement for aftercare."

Finally, NAPPH maintains that the treatment plan and setting should be determined by the patient and physician after a comprehensive diagnostic evaluation. "Third parties, be they payors, unions, or employers, should not arbitrarily preempt this decision, especially since appropriate treatment invariably is cost-effective."

Other members of the task force were John Connelly, M.D., of the Menninger Memorial Hospital in Kansas; George Wilson, M.D., of the Carrier Clinic Foundation in New Jersey; Jay Cross of the Sheppard and Enoch Pratt Hospital in Maryland; and William Maughan of the Psychiatric Institutes of America. NAPPH is a national organization of more than 180 nongovernmental, free-standing psychiatric hospitals "dedicated to improving patient treatment, raising administration standards, and developing strong community ties." 4B-2

A DATE TO REMEMBER

MAY

SUNDAY

2 PM

on the afternoon prior to the APA annual meeting

"LONG-TERM PSYCHOACTIVE DRUG THERAPY: BENEFITS AND RISKS"

A symposium presented by the Department of Mental Health, State of Illinois honoring the Illinois State Psychiatric Institute on its 20th anniversary

CHAIRMAN:

John Davis, MD
Illinois State
Psychiatric Institute
University of Chicago
Chicago, Illinois

FACULTY:

Harold Klawans, MD
Rush Presbyterian Hospital
St. Lukes Medical Center
Chicago, Illinois

Adrian M. Ostfeld, MD
Yale University
School of Medicine
New Haven, Connecticut

Oje Rafaelisen, MD
Psychochemical Institute
Rigkhospitalet
Copenhagen, Denmark

Ken Rosen, MD
University of Illinois
School of Medicine
Chicago, Illinois

Boris Surawicz, MD
University of Kentucky
Medical Center
Lexington, Kentucky
President, American College
of Cardiology

LITHIUM AND THE KIDNEY

Comprehensive presentation of latest data concerning the role of lithium and kidney damage

- Does lithium cause long-term renal damage?
- How serious are the findings and what do you do?

PSYCHOACTIVE DRUGS AND THE HEART

Review of the effects of psychotropic agents on cardiac conduction, EKG changes, and cardiac side effects

- Sick Sinus Syndrome—what is it, how do you recognize it, what is its relationship to lithium?
- Do the tricyclics cause heart block; what to watch for in the EKG?
- Do the tricyclics have antiarrhythmic properties?
- What to watch for in cardiac patients taking tricyclics
- Do the phenothiazines cause repolarization effects; do they have any clinical significance?

SUDDEN DEATH AMONG THE MENTALLY ILL

Epidemiologic inquiry into the alleged role of psychoactive agents and sudden death

- History and incidence over past 100 years
- Clinical description, known precipitants and precursors
- Establishing criteria for autopsy findings

DRUG INDUCED TARDIVE DYSKINESIA, A LONG-TERM NEUROLOGIC SIDE EFFECT

- Neurologic review of movement disorders and differential diagnosis
- Premiere film on Tardive Dyskinesia

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Judicial Report

Continued from page 3

right for all voluntary and involuntary psychiatric patients to refuse medications in nonemergency circumstances. The patients will also argue that the court's plan for reviewing the patient's right to refuse, i.e., that due process adversary hearings must be provided the patient prior to forced medication in non-emergency circumstances, should be implemented for all patients.

In reviewing the subsequent developments in the *Rennie* case, it would be boorish to remark that this might have been predicted. The supplemental opinion in *Rennie* reinforces the interpretation of the case presented in the previous "Judicial Action Report," namely, that it is a "right-to-the-right-treatment" case as much as it is a right-to-refuse-treatment case. The paternalism of the court is on display when it concludes that "plaintiff's failure to take lithium the last several weeks is additional evidence of his limited capacity to make treatment decisions. . . ." The supplemental opinion suggests that the court has itself balanced the risks and benefits of medication for the patient, rather than allowing Rennie, on the basis of his own values and preferences, to weigh and compare for himself the risks and benefits of medication or no medication. A portion of the earlier *Rennie* opinion seems to indicate that it is the patient's right to do so. The *Rennie* case stands for the proposition, not that the patient has an absolute right to refuse treatment, but that there is continuing professional and judicial controversy concerning how the risk/benefit ratio of treatment for the patient is to be established and who has the right to establish it.

From the doctor's perspective, brief treatment with Thorazine may appear as needed or even as "safe" as does the lithium treatment appear to the court. *Rennie* suggests that the courts may be willing to recognize only a heavily qualified right to refuse treatment for the committed patient. If the right to refuse treatment were to be genuinely recognized in law, as some advocate, it should be patients, *not judges or doctors*, who from their own perspective are permitted to weigh the risks and benefits of treatment for them. It is thus of some interest that nowhere in the *Rennie* opinion is it discussed whether Rennie now prefers to avoid the risks and discomfort of medication, even if continued restraint is possible.

The distressing facts of the *Rennie* case are that, over time, Rennie has failed to consistently manifest a willingness to take several different medications, including lithium, the drug whose use was approved by the court in a previous opinion; Thorazine; and Prolixin Hydrochloride. Rennie desires not the "least restrictive medicine," but clearly (at least on some occasions) no medication at all. This reality is currently acceptable to neither the court nor the doctors. The court's response has been to provide procedural due process but not the relief that Rennie seeks. *Rennie* illustrates the consequences that may flow in a given case from even this relatively protectionist court ruling, i.e., very severe repercussions upon the patient's health, while nevertheless yet failing to protect the patient from medication that he does not want.

The *Rennie* decisions are a florid example of the ongoing controversies between doctors, the courts, and patients. They have recently been reported at 462 F. Supp. 1131. 5A-8

Frank

Continued from page 1

ously and hurdles the literacy barrier, provides a uniquely powerful means of fostering mutual understanding among all peoples. . . ." However, greater effort must be forthcoming. "Badly needed," he said, "is an international collaborative effort to control pollution of the atmosphere and oceans. Such programs are especially powerful antidotes to mutual distrust because for full effectiveness they *require* international cooperation. . . .

"The only reasonably safe prediction is that unless humanity controls environmental pollution and war within a fairly short space of time, it will exterminate itself."

The picture in this country is as unsettling as the international view, believes Frank, referring to a life "that offers instant gratification without effort" and an "instantaneous society. The mass media," he said, "bombard us with news of transient events, all presented with the same air of importance regardless of the long-term significance. President Carter's social *faux pas* receives the same attention as China's invasion of Cambodia." From the individual's perspective, "loss of temporal continuity weakens feelings of personal meaning and significance by undermining those features of character and personality on which these feelings depend."

Frank compared today's family to the 19th century one, noting that now "transitions into adult role follow a more ordered sequence and are accomplished over a shorter time period" and that the family "functions less as a corporate unit essential for continuity and survival than as a center for nurture and affection." He suggested that this development "foreshadows a new type of mutually supportive grouping, the neo-extended family, which is superseding both the nuclear and extended biologically based families as the main source of social support. The neo-extended family," he explained, "consists of a shifting network of friends, neighbors, business associates, and professional helpers, based on reciprocity of services by its members." Frank feels that the contemporary family in whatever form has a much harder time than its predecessors in inculturating the upcoming generation into society. "How," he asked, "does one prepare children to live in a society that is constantly changing in many ways, some of which cannot be foreseen?"

To maintain a sense of control over a changing society, its members will cling to a belief system "that promises to provide this. For decades the belief system that seemed to meet this need has been science," he said. But "science easily becomes perverted into scientism—faith in the scientific method as not only the solution to all problems but also as the generator of all values." Although scientism for a while appeared to be an appropriate philosophy for a world in flux, Frank noted, "it is clear now . . . that it is a Pied Piper, luring humanity down the path to destruction by dazzling it with endless goodies."

Science 'Likely to Disappoint'

With the exception of existential-humanist therapies, Frank continued, "psychotherapists from psychoanalysts to behavior modifiers share the American faith in science. They appeal to science to validate their methods just as religious healers appeal to God. For several decades," he continued, "American society has heavily financed psychotherapeutic research in the hope that it would heighten understanding and thereby bring some order into this chaotic field. It is likely," he predicted, "that science will disappoint this hope as it has others." Despite great progress in developing methods of observing and analyzing the numerous variables involved in psychotherapy, the gains "in comparison with the amount of effort and ingenuity involved . . . have been disappointing, and it is by now quite clear that the relevance of research findings for therapeutic practice will be limited. This conclusion derives from the obvious fact, the implications of which have not been adequately appreciated, that psychotherapy is not primarily an applied science. In some ways," commented Frank, "it more resembles a religion—that is, the promulgation of a set of values; in others, the art of rhetoric or persuasion. To the extent that psychotherapy is a religion, science stands helpless before it. To the extent that it is an art, science can cast light on some of its aspects but not on its essence; for art deals with patterns, and patterns are lost when analyzed into their elements."

Frank noted that the "scientific study of psychotherapy is applicable only to those features which can be reduced to objectively measurable units." While "such knowledge has some usefulness . . . its contributions to psychotherapeutic practice, an essentially subjective experience for both patient and therapist, will probably remain modest," he predicts.

The lack of quantifiability of results of therapy is why funding for some mental health programs is beginning to erode, Frank feels. "This is in part a manifestation of the general decline of trust in all professionals, but it gains force from the inability of scientific research to demonstrate conclusively that professional psychotherapists produce results sufficiently better than those of non-professionals to justify their existence. As self-help groups gain self-confidence, the question of whether it is possible to stake out a realm to which mental health professionals have exclusive claim becomes increasingly problematic." Third-party payers, Frank feels, escalate the problem by exacerbating "interprofessional tensions as each profession seeks to define what it does as reimbursable while excluding members of other professions who do essentially the same thing. Since there is no rational way of resolving this conflict, it is being decided in reality by the relative political power of the dif-

See facing page

Houck Named

JOHN H. HOUCK, M.D. has been named psychiatrist-in-chief of the Institute of Living in Hartford, Connecticut, succeeding JOHN DONNELLY, M.D., who will remain as consultant. Houck has been the institute's medical director for 13 years.

5A-7E

Simmons Named

JAMES E. SIMMONS, M.D., director of child psychiatry services at the Indiana University School of Medicine, has been appointed to a newly-named professorship, the Arthur B. Richter Professorship in Child Psychiatry.

5A-7F

Continued from facing page
ferent professional organizations," he said. "The battle is being waged primarily, therefore, by psychiatrists and psychologists, with the relatively powerless social workers under attack by both."

When asked about third-party reimbursement in an interview with *Psychiatric News*, Frank said that as far as covering psychotherapy, "society should decide what it wants to pay for and whether third parties should reimburse for psychotherapy." He suggested established criteria to verify the qualifications of the therapist, making a distinction between certification, which he feels "makes sense," as opposed to licensure, which he feels offers less validation of quality. Asked to define the two, he said, "Certification speaks to the qualifications of the therapist; licensure gives someone the authority to do something."

Frank predicted that in coming years psychotherapy will cease to be the main ground of psychiatry, as psychiatrists move to place greater emphasis on the biological aspects of their discipline. " 'Therapy' means 'treatment,' " said Frank. " 'Patient' means 'sufferer.' Physicians are still better equipped to handle suffering people than non-physicians. The psychiatrist has more understanding of the mind-body continuum and the interaction between the two. Medicine in the future," he predicted, "is likely to be based on psychosomatics, especially in light of the recent research findings involving neurotransmitters. . . . Psychotherapy with 'patients,' meaning 'sufferers,' will still be done by psychiatrists; psychotherapy for troubled people will be done by members of other disciplines."

Asked about his comments on advancing technology, Frank said the Pennsylvania nuclear reactor incident is a perfect example of the problems he pointed out. "Technology has come upon us too fast," he said. "Biologically, humans are not built to change in a few hours or even in a few years. That's why I'm pessimistic about the future in a society of increasing technological advance." The most immediate danger, he feels, is the arms race. "The only hope," said Frank, "is that humans can symbolize—adapt through a symbolic process. We have outrun our ability to solve problems. I keep thinking of the *Doonesbury* cartoon in which the television news commentator Roland Burton Hedley says, 'We'll give this issue in-depth coverage—45 seconds.' "

In concluding his paper, Frank cited the challenge for psychotherapists as being "to prepare our patients to adjust to a world in flux." He said group approaches are "particularly promising" for this purpose, "particularly those that preserve and strengthen social support systems, such as family and marital therapies. Psychotherapists can also promulgate values that strengthen social bonds and temporal continuities. And if we cannot be certain which to select, we can always rely on those which are timeless and universal, notably compassion and love. In this way, psychotherapy may, to the limit of its small powers, foster improved mental health and thereby increase human welfare in the troubled years ahead."

5A-12

Deaths

Edwin F. Alston, San Francisco, Calif.
Francis M. Barnes, Jr., Hillsboro, Mo.
David B. Barron, Skokie, Ill.
Eugene N. Boudreau, Syracuse, N.Y.
Leonard Cammer, Manhattan, N.Y.
Kermit C. Edwards, Wheaton, Md.
Samuel G. Hibbs, Tarpon Springs, Fla.
Robert P. Hinshaw, Beverly Hills, Calif.
Edith Jacobson, Manhattan, N.Y.
Emanuel Katz, Marlboro, N.J.
Alfred C. Labine, Mullett Lake, Mich.
Honora McCarty, Menlo Park, Calif.
William A. Sandy, Augusta, Ga.
Amy N. Stannard, Walnut Creek, Calif.
George M. Stevens, Houston, Tex.
Hildegarde Weinberg, New York, N.Y.
Wilson W. Wren, Myrtle Beach, S.C.
Henry W. Barrier, Concord, N.C.
Betsy Blackmore, Westerville, Ohio
Ralph Brancale, Brecktown, N.J.
John R. Callan, San Antonio, Tex.
Fernando M. Canino, Hato Rey, Puerto Rico
Anna Colomb, New Orleans, La.
Mildred Davis, Chevy Chase, Md.
Harold Dillon, Philadelphia, Penn.
Browning Hoffman, Charlottesville, Va.
John W. Howard, Mattapoisett, Mass.
Stefan P. Kraus, Wellesley, Mass.
Sol Levy, Spokane, Wash.
Stephen S. Lowe, Santa Rosa, Calif.
John S. McCormack, West Babylon, N.Y.
John McKnight, New Hyde Park, N.Y.
Bruce R. Merrill, Belvedere, Calif.
Houston H. Merritt, New York, N.Y.
Stanislaw Potocki, Silvis, Ill.
Hadelin Jean Rademaekers, Belgium
Harry Rosenberg, San Ysidro, Calif.
Theodore Rothman, Los Angeles, Calif.
Ronald S. Rubin, Newton Centre, Mass.
Harry F. Schwenker, Iowa Park, Tex.
Erasmus H. Taylor, Morganton, N.C.
Ilona Vass, Forest Hills, N.Y.
Victor H. Vogel, Ben Lomond, Calif.
Francis E. Weatherby, Wernersville, Pa.
Mark Zeifert, Fresno, Calif.
Ethel Friedman, Mt. Carmel, Haifa, Israel
Eli Holmes Orr, Youngstown, Ariz.
Arthur D. Sable, Oak Park, Ill.
Martin A. Sander, Rochester, N.Y.
Samuel Schindelheim, Miami Beach, Fla.
Walter A. Sikes, Raleigh, N.C.
Maximilian Silbermann, New York, N.Y.
Clyde Byron Simson, Detroit, Mich.
Joseph E. Smelser, Topeka, Kan.
Earl H. Snavely, Miami, Fla.
Myron Stanton, Detroit, Mich.
Isaac N. Wolfson, Palm Beach Shores, Fla.

New Payment Policy

EFFECTIVE JUNE 1, all domestic orders for APA publications amounting to $35 or less must be accompanied by payment. Foreign orders, regardless of amount, must be accompanied by payment in U.S. funds. The new policy was approved by the APA Board of Trustees in April in order to reduce administrative costs for billing.

5A-7T

APA Chicago Meeting Forums Scheduled

SEVEN FORUMS will be held during APA's annual meeting in Chicago. "Consolidated Standards and JCAH Reorganization," led by Myrene McAninch, Ph.D., will be held on Monday, May 14, at 12:00 noon, in the Williford Room of the Hilton Hotel. Effective October 1, 1979, new standards will be applied for facilities seeking accreditation under the Accreditation Program for Psychiatric Facilities. The consolidated standards will be used for adult psychiatric, children, adolescent, alcoholism, and drug abuse programs. The conceptual framework of the standards, survey procedures, and compliance assessment areas inclusive of quality assurance standards will be presented in this forum. Participants will be Richard D. Weedman, Ph.D., and Tom McMullin, MAPA.

A forum on "District Branch Auxiliaries" will be held on Monday at noon in Private Dining Room One of the Hilton, to be co-chaired by Mary Ann Bartusis, M.D., member of the APA Board of Trustees and the Joint Commission on Public Affairs; and Ardis Candy, M.D., Assembly chair, Task Force on Auxiliaries. This forum will be directed towards three groups —those already in active auxiliaries, those interested in forming an APA or district branch auxiliary, and those who are interested in doing volunteer work for APA. There will be discussion of these areas and an updated report from the Task Force on Auxiliaries.

Thomas E. Bittker, M.D., will chair a forum, "Special Problems in the Mental Health Services Delivery of a Health Maintenance Organization," also to be held on Monday at noon in the Waldorf Room (third floor) of the Hilton. This forum will offer brief presentations by four panel members representing HMOs from geographically and culturally diverse communities. Focal concerns will include problems of cost effective mental health delivery, ethical issues, and identity issues for the psychiatrist involved.

A forum on "Vietnam Veterans in Trouble with the Law: A Crisis in Mental Health Care Delivery," will be held on Tuesday, May 15, at noon, in the Boulevard Room of the Hilton, and chaired by Stephen M. Sonnenberg, M.D. This forum will explore the emotional difficulties experienced by large numbers of Vietnam veterans. It will include discussion of the nature of the relationship between the emotional disorders seen in these veterans and their Vietnam experiences and will describe the scope of the medical problem, the nature of the legal problems encountered with these veterans, the relationship between their legal and psychological problems, and the available treatment programs within and outside the VA system. Participants will be Elliott S. Milstein, J.D.; David F. Addlestone, LL.B.; Denise Seidelman, J.D.; Deborah K. Woitte, J.D.; Jack Ewalt, M.D.; and John P. Wilson, Ph.D.

Alan Stone, M.D., will chair a Tuesday forum on "The Case of General Grigorenko: A Re-Examination of a Soviet Dissident," also to be held at noon in the International Ballroom (south, second floor) of the Hilton. Participants will be Lawrence Kolb, M.D., and Walter Reich, M.D.

The last Tuesday panel to be held at noon in the Caracas Room of the Radisson will be "Radical Psychiatry: What

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Suit Ended Over Patients' Rights Advocacy

A PSYCHIATRIST and a psychologist from Kansas who for over four years have been legally wrangling over mental patients' rights and interference in each other's affairs recently agreed to drop the matter.

Plaintiff Donald B. Rinsley, M.D., associate chief for education of the psychiatric service of the Topeka VA Medical Center, and Louis Frydman, Ph.D., associate professor of social welfare at Kansas University, were in March granted their joint motion for dismissal with prejudice of the case in the district court of Shawnee County.

Rinsley originally filed a $400,000 lawsuit in August 1974 charging the psychologist, a mental patients' rights activist, with meddling in his treatment of patients at Topeka State Hospital. Then head of the children's section at Topeka, Rinsley charged that Frydman had in claims to news media, hospital investigations, and patients' parents damaged the treatment program and the reputation of its staff.

Frydman argued in turn that he was exercising his free speech, that the patients had approached him for help and been only appreciative as far as he knew, and that he had done nothing wrong.

The Committee for Free Speech in the Helping Professions in Kansas at the time was worried that the suit would not only "stifle public investigation but deprive clients and their relatives of access to advocates outside the institution."

After being dismissed in district court for failing to state a cause of action, the suit went on appeal to the Kansas Supreme Court which remanded it to the lower court again.

Following further rounds of legal motions, both parties agreed to drop all charges against each other and to take no future action pertaining to matters involved in it. In the journal entry of dismissal, they concurred that each "maintains certain professional principles which each seeks to uphold in pursuit of his individual point of view," and that "areas of disagreement between them can best be discussed within the appropriate professional associations and forums and not within the context of formal legal proceedings." 5A-13

Forums

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Is It?" chaired by Kenneth Solomon, M.D. The panel will define different aspects of radical psychiatry, including social inputs into psychiatric disorders, radical analysis of social-psychological phenomena, political action, and the delivery of mental health services. The goals of radical psychiatry in these areas will be clarified. Panelists will be Carl I. Cohen, M.D., and Paul Lowinger, M.D.

Finally on Thursday, May 17, Jules H. Masserman, M.D., will chair a noon panel entitled, "Musical Review of Annie," to be held in the Crystal Room of the Blackstone. 5A-19

Schwab Named

DONALD I. SCHWAB, M.D., formerly coordinator of the third-year medical student clerkship in the department of psychiatry of the State University of New York Downstate Medical Center, has been appointed coordinator of psychiatric education at Lenox Hill Hospital.

Poet and Madman– Differences, Similarities

By John Wykert

THE DIFFERENCES between a poet and a madman were used to delineate the patient deficits inherent in psychosis by a famed NIMH schizophrenia researcher who presented the first annual David Wechsler Lecture, sponsored by the department of psychiatry of New York University Medical School.

"The pervasive dissolution of personality in schizophrenia has been called the most disruptive and disorganizing of all psychological disorders. And rightly so," senior research psychologist David Shakow pointed out. "Language, metaphor, and symbolization are the ultimate skills of homo sapiens. The ability to think rationally, to conceptualize across time and space, the competence to feel accurately, and, above all, the power to communicate and act upon his thoughts appropriately distinguish the normal human being. The schizophrenic faces us with a person who, rather than uses concept formation, indicates in his speech severe fragmentation and irrelevancies in thinking. . . . As to the claims of genius in relationship to schizophrenia, may I point out that the gift of genius includes the infinite capacity to take pains and the institution of the rigors which this implies. The schizophrenic—as schizophrenic—lacks this requisite capacity for genius, although he may share the marked fluency of association that superficially characterizes genius."

In his lecture, the senior researcher at the National Institute of Mental Health discussed adaptation in schizophrenia and, specifically, his theory of segmental set. He commented on "E. E. Cummings' ability to manipulate levels of abstractions, the absence of which faculty Bateson and his colleagues consider *the* strongest disorder of schizophrenia. And there is the further important difference found in the intense air of nonverbal expression that inheres in Cummings' writing, whereas the schizophrenic form is disconcertingly inappropriate . . . . There are four differences between the integrated poet and the disorganized schizophrenic," Shakow noted, citing the work of Forrest:

- The poet realizes that what he does with the words for things is not thereby done to the things themselves; the schizophrenic does not always realize this. For the schizophrenic, the word for an object may acquire the properties of the object and may be substituted for the object when the latter is not available. This is called word magic; and the result is that, for the schizophrenic, things may be no sooner said than done.

- The poet is a master of language; and the schizophrenic, even more than anyone else, is a slave to language.

- The poet consciously or preconsciously manipulates levels of abstraction in arriving at metaphors, but the schizophrenic tends to have difficulty distinguishing levels of abstraction and differentiating concrete from metaphorical.

- The poet expresses emotional attitudes clearly and movingly (albeit subtly and complexly) in the tone of the poem; whereas the schizophrenic's emotional attitudes are confused and contradictory, and the tone of schizophrenic utterances seems flat or inappropriate, rather than moving in any direction.

"All in all, it is that infinite capacity to take pains which the poet has acquired through long and hard experience which distinguishes him from the schizophrenic," Shakow noted. "The schizophrenic's emotional disturbances have impeded his ability to acquire this capacity."

It is Shakow's contention that the ability to pay attention and the way or the "set" of this attentiveness (and also the nature of reaction to stimuli) seem basic to the schizophrenic disorder. He differentiates between two kinds of set, *generalized* and *segmental*. The generalized set is the kind of adjustment that disposes a person to perceive a situation objectively and to respond equally objectively. It is a conceptual process in which the stimulus-response is pertinent. What is irrelevant is ignored.

"Bound into the very fiber of generalized set are the varied features of specific, appropriately *adaptive* responses," Shakow explained. "These derive from both the transient and persistent integrative structures of the cognitive/conative/affective components basic to information processing, motor control, and personality functioning. The level of generality achieved is the one needed for the most effective response to the task. Obversely, *segmental set* is disclosed by an inconsistency within an aspect of the response, as in cognitive dispersion or in the incongruous combination of the cognitive, affective, and conative aspects into a spontaneous unit. It is revealed by aberrancies in the level, speed, and the consistency of preparation achieved. There is a dependency on the part rather than on the whole self and/or on others rather than on oneself. Segmental set involves a preparatory adjustment that is particularly directed to partial or minor aspects of the total simulus-response situations, or in the extreme case, to aspects entirely unrelated to the stimulus situation. A preponderance of successive unintegrated, rather than consecutive, stimulus-responses results.

"Above all, the responses in segmental set appear to hark back to previously experienced but inadequate responses. Novelty is the anathema, so there is a reversion to earlier modes of response. This may consist of 'schizokinesis,' where old autonomic responses that were satisfactory in the past are called upon to serve in situations where they are no longer adaptive. Or it may be skeletal responses that were adaptive in the past but that are no longer adaptive . . . [but] may be tried again in the current situation, despite their persistent inadequacy. In any case, the response is of the same general character. It is nonadaptive *now*, because the response is inappropriate to the essential aspects of the present stimulus situation. It may involve a strong focus on the irrelevant and a weak focus on the relevant or may fall at either end of the bipolar extremes that so characteristically occur in schizophrenia. There may be a strong trend toward perseveration or its contrary,

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flightiness of response, where no two successive responses are alike. . . . [T]here is non-habituation. In fact, the response may be actively segmental because of a positive need to segmentalize."

According to Shakow, the general setting for the stimulus-response process, on which set depends, involves the "personalness" of the stimulus, the resting state of the organism, and the stress conditions. The circumstances of the process involve great complexity. Even complex analyses, Shakow concludes, are relatively simplistic.

Still, there are only seven basic steps: preparation for stimulation; perception of stimulus (sensing, scanning, articulation, figure-ground establishment, apperception, percept establishment); encoding of perception; response to the perception; consolidation of stimuli-responses; inhibition, reactive and retrograde; and return to the preparatory state for new stimulus.

"These states are basic to any true understanding of the underlying mechanisms of set," the research investigator pointed out. "Often in schizophrenia, the present situation has little or no effect on the subsequent situation, except on a rather superficial level. When the stimulus situation has changed and the subject manifests a definite carry over of part or all of a response he has already given, usually that given to the immediately preceding stimulus, he perserverates.

Reacts with 'Apparent Ease'

"A perseverating schizophrenic subject may react with apparent ease, for he is merely repeating his previous response. . . . [I]t is as if there is a commitment to the past, an unreadiness to give up a no longer relevant or even existing stimulus. Perseveration may be either short- or long-term. In the latter case, the schizophrenic is 'past-bound,' reaching back to experiences from the past for present responses."

The title of a book by the American poet Donald Hall, *String Too Short To Be Saved,* stems from the report of a man who found a box full of tiny lengths of string while clearing out the attic of an old New England house. This, Shakow feels, best describes the "defect of long-time perseveration, especially for irrelevant associations from the past.

"Nothing I have come across over the years has epitomized for me as much as has this [title] what I consider to be a core behavioral characteristic of the schizophrenic—his constant dependency upon a store of behaviors which were never adaptive but he persists in using. Of course, he also has available that other box, the one containing useful lengths of string rolled up into balls of different colors and kinds, the box most of us find so necessary to living. But he uses this box of good string relatively infrequently in his day-to-day psychotic states. The normal person calls upon this box constantly, rarely reverting to the other. . . . The schizophrenic not only treats new as old, by perseverating, but he treats old as new, by non-automatizing, that is, he treats every stimulus with one of a static system of responses. It is as if the schizophrenic, when faced with a choice, is forced because of his anxiety or cognitive dysfunction—which is ultimately based on anxiety—to take what appears to be the immediate way out of his dilemma. This turns out to be unadaptive, or the least adaptive, solution to the situation."

Concluded Shakow, "In attempting to address the intricacies of the problem of schizophrenia, I have conceptualized and analyzed the major differences between schizophrenic and normal psychological processes by analyzing the stimulus-internal process-response functions. This is the basic operation of behavior together with the accompanying processes of perception and extended response, the groundwork for generalized and segmental sets. . . . [S]chizophrenic responses are out of balance in their cognitive, affective, and conative aspects as well as in their speed, intensity, and content.

"The schizophrenic is seen as vulnerable because of a neophobia resulting from long-continuing oppressive factors that have accumulated from the past but that are no longer effective for adaptation. It is in this context that the terms deterioration, regression, depersonalization, deanimation, inefficiency, and institutionalization may be used. These are all considered to be different if overlapping classes of behavior which rely on past reactions . . . or on totally irrelevant aspects of reactions to the environment. . . . Even in their most aggressive, reactive states, schizophrenics are in many ways like timorous rabbits. The unpredictable quality of their behavior and affect appears to stem from an almost continuous state of anxiety and fright. The reaction may be to freeze or flee, to dart suddenly here or dash suddenly there, overtly or covertly, or to come out with an expression of extreme anger. When at all possible, the researcher must be prepared to help schizophrenics circumvent such inconstancies in the nature of their responses. Often, this requires great dedication. . . . The prerogatives of schizophrenics as persons must be fully recognized and their qualities as human beings given special respect.

"Control in the sense of manipulation has to be reduced to the minimum if one hopes to reduce their anxiety. Insofar as possible, they should be made partners in the study process, with the explicit and implicit superior-subordinate relationships that typify research projects minimized. The fundamental spirit inherent in therapy—often called the therapeutic attitude—is also necessary in research studies."

Generalized set, Shakow believes, is bypassed by the schizophrenic in favor of segmental set, systems where fragmented cognitive functions and irrelevant aspects of information are dominant. It is only by forcibly pulling the schizophrenic back under the umbrella of generalized set . . . that a cure can occur. . . . [T]he manner of achieving such therapy is only through the utmost dedication of the person doing the therapy, both as therapist and as human being. The philosophy of the specific therapy must be of secondary importance in comparison to the general devotion and humanity necessarily consecrated to the task." 2B-32

Reinhart Appointed

MELVIN REINHART, M.D., director of psychiatric education and professor of psychiatry at McLaren General Hospital in Flint, Michigan, has been appointed program director for psychiatric education for the University Affiliated Hospitals of Flint. 5A-7S

Role of GABA In Schizophrenia Probed

By Dorothy Trainor

A CANADIAN RESEARCHER looks forward to better treatments for schizophrenia. His work has indicated the possibility that brain GABA deficiency plays an important part in some forms of schizophrenia and that, if this finding can be confirmed, new therapeutic modalities may unfold.

In this study, gamma aminobutyric acid (GABA) was measured in two areas of the brain from patients who had died with schizophrenia or Huntington's chorea and from control subjects. Mean GABA content was found to be significantly reduced in both brain areas of the subjects who had suffered from one or the other of these diseases.

This finding, made by a team headed by Thomas L. Perry, M.D., professor of pharmacology at the University of British Columbia in Vancouver, suggests that there may be a link between schizophrenia and Huntington's chorea and that the two diseases share what may be potentially treatable biochemical brain abnormalities.

A report on the study published in the February 3 issue of *Lancet* states that the team's explorations of extraneous factors, such as age, interval from death to necropsy, cause of death, and drug use, did not readily explain the observed GABA reduction.

Perry, who is known for innovative and careful research, has been conducting investigations on diminished GABA in Huntington's patients for some years. In the new study, one of the interesting "extraneous factors" considered was that chronic administration of antipsychotic drugs might have contributed to ante-mortem low GABA content.

"Almost all schizophrenic and Huntington's chorea patients receive these drugs sooner or later. Even where mental hospital charts do not record the use of dopamine-receptor blocking drugs terminally, it is difficult to be certain that the patient has not actually received them. In the present study, one schizophrenic patient with greatly reduced GABA content in the nucleus accumbens and two schizophrenic patients with normal GABA content in the thalamus reportedly had not been treated with antipsychotic drugs. One Huntington's chorea patient received no antipsychotic drugs during the last six years of his life, according to the hospital chart. Nevertheless, the GABA content of his thalamus and of other brain areas was greatly reduced.

"Lloyd and Hornykiewicz found that chronic administration of haloperidol and clozapine failed to reduce GABA content or glutaminic acid decarboxylase activity in the substantia nigra of the rat, and we observed no effect of chronic administration of chlorpromazine or haloperidol on the GABA content of the rat's mesolimbic area. The absence of GABA-lowering effect of long-term use of antipsychotic drugs in rodents does not, of course, exclude the possibility that this may occur in man but it makes it unlikely," the *Lancet* report states.

What these researchers found to be a more intriguing possibility is that the GABA deficiency observed in schizophrenic brains is a biochemical characteristic of the psychiatric disorder itself.

"The GABA system might be the

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vulnerable component in a complex balance of interacting, dopaminergic, cholinergic, GABA-ergic—and possibly other neurons—as suggested by Roberts."

While a GABA deficiency was not found in all of the individual brain specimens of schizophrenic subjects, the report states that this fact need not invalidate the possibility that brain GABA deficiency plays an important part in some forms of schizophrenia, since the researchers view schizophrenia as a group of diseases.

In this study, brain was obtained at necropsy and stored frozen until analyzed for amino acids. The thalamus was examined from a total of 23 control subjects, 18 patients with schizophrenia, and 26 patients with Huntington's chorea. The nucleus accumbens was examined from 16 control subjects, seven patients with schizophrenia, and seven patients with Huntington's chorea.

How does the GABA deficiency hypothesis fit in with the belief that the therapeutic action of anti-schizophrenic drugs is via a blockade of dopamine receptors? In part, the *Lancet* article states:

"Dopaminergic overactivity in schizophrenia may not necessarily involve increased release of dopamine by presynaptic dopaminergic neurons. It could also result from supersensitivity of dopamine receptors on neurons in the mesolimbic system or from deficiencies of one or more other neurotransmitters which normally oppose or modulate the effects of dopamine."

The candidate, they suggest, is GABA—"an inhibitory neurotransmitter present in relatively large amounts in the mesolimbic system."

Still on the subject of schizophrenia, what these researchers suggest is that GABA content should be measured in other regions of schizophrenic brain and particularly those areas likely to be involved in psychotic disturbance. They also provide some hints of various things to which attention should be paid.

"If a brain GABA deficiency that is not drug-induced can be confirmed for some forms of schizophrenia, new therapeutic possibilities for this disorder may be developed," the report concludes.

Co-authors of the report were Janet Buchanan, Stephen J. Kish, and Shirley Hansen, all of the department of pharmacology, University of British Columbia.

5A-14

Annual Institute

THE PITTSBURGH REGIONAL COUNCIL of Child Psychiatry will sponsor its second annual institute June 8 on "Learning Disabilities: Untying the Gordian Knot of Assessment and Intervention" at the Western Psychiatric Institute and Clinic in Pittsburgh. What is known about learning disabilities will be explored, as well as how to use this knowledge for both prevention and intervention. A special emphasis will be placed in fostering a dialogue between physicians, educators, and other professionals whose academic orientations may be quite different. Registration fees, including a luncheon, will be $30 and $20 for students and trainees. Further information is available from Theodore Petti, M.D., WPIC, 3811 O-Hara St., Pittsburgh, Pa. 15261, (412) 624-2096.

5A-7J

Family Therapy Said in Popular Upswing

PSYCHOANALYSIS has "gone around the bend" and is now experiencing a downward swing in popularity, despite the fact that few, if any, evaluative studies have thus far appeared. On the other hand, behavior therapy is riding the crest and has provided inspiration for a bumper crop of studies, possibly because this approach takes weeks, not years, to produce some results. Clearly, schizophrenics are not likely to derive enduring benefit from training in social skills, while phobic and obsessional patients may, thus indicating the drawbacks of this approach.

This was the shifting panorama sketched at the recent APA regional meeting in New York by Julian P. Leff, assistant director at the Medical Research Council Social Psychiatry Unit of the Institute of Psychiatry in London. He acknowledged that the attention and interest of serious research workers are not likely to be aroused by new social therapies until they have made their mark and hit the peak of popularity. After a time, such climbing on a bandwagon may sow its own seeds of disillusionment as therapists find patients who do not respond in the much touted way. The popularity rating for the particular therapy slumps, and only those practitioners who have invested their time, research facilities, and concerns in the particular modality will continue to pursue it and to apply it where there is specific indication for its probable success.

"Family therapy fits into this category," Leff pointed out. "It is well on its way to the peak of popularity in the States, although it has only recently been introduced in England. It seems to take at least ten years for new therapies to cross the Atlantic."

Family therapy, first promulgated as an approach to the problems of schizophrenia, implicated the family as the prime etiological factor in the development of this type of mental illness. It seemed logical to assume from various theories current at the time that the patient's deterioration could be halted by correcting the interpersonal distortions in the patient's family, whether these aberrations were verbal or emotional communications or role performance. By 1974, Rubenstein, for one, conceded that the early optimism surrounding family therapy trials had soon become tarnished. With time and experience, it became clear that it was not at all easy to modify the behavior of a schizophrenic merely by sorting out interpersonal dynamics.

Where does that leave family therapy today? Has it at least clarified the basic question of whether or not parents actually cause schizophrenia in their offspring?

Leff conceded that all efforts to date have yielded only negative and disappointing results. But in reviewing the literature on the subject, he managed to retrieve some positive pointers:

- More parents of schizophrenics are psychiatrically disturbed than parents of normal children, and more of the mothers have schizoid personalities.
- The parents of schizophrenics show more conflict and disharmony than the parents of other psychiatric patients.
- The pre-schizophrenic child more frequently manifests physical ill-

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health or mild disability early in life than the normal child.

• Mothers of schizophrenics show more concern and protectiveness than mothers of normals, both in the current situation and in their attitudes to the children before they fell ill.

"All these findings could be explained on the basis of a common genetic background in both parents and children, finding a partial expression in the parents as abnormal personalities. They could alternately be explained as parental reactions to the physical illness and disability that characterize the children before they develop frank schizophrenia," Leff remarked.

"The separation of environmental from genetic effects and the determination of the direction of cause and effect should eventually be achieved by longitudinal studies of children at risk for schizophrenia. A number of these are currently in progress, but it will take many years for the pay-off to materialize."

Meanwhile, does this leave family therapy in limbo?

"Very few schizophrenic patients throughout the world have the benefit of family therapy, yet their prognosis has been vastly improved by the use of phenothiazine drugs. A number of studies have shown conclusively that phenothiazines not only suppress the florid symptoms of schizophrenia, but prevent recurrences of the illness," Leff noted.

"Furthermore, very long-term studies, like that of Bleuler, have identified a small but exceedingly important group of patients with typical schizophrenic illnesses who recover completely and never have another attack throughout their lives even without further treatment. This is all strong evidence against the proposition applying to schizophrenia in general. But there is a sizeable proportion of schizophrenic patients—amounting to about one third over a year or two—who relapse despite being on regular maintenance treatment with phenothiazines."

The British physician said that a series of studies carried out at the Institute of Psychiatry in London disclosed a significant association between schizophrenic relapse and certain emotional attitudes in relatives. In fact, the patients more likely to relapse are those living with relatives whose attitude toward them is either highly critical or emotionally overinvolved. Although these patients get some protection by maintenance therapy with phenothiazines, the emotional atmosphere generated by their relatives leads to an "alarmingly high" relapse rate: about 50 percent in nine months. Still, fewer than half the schizophrenic patients living with their families are exposed to this type of emotional stress.

"In families where relatives do appear to be maintaining the illness by their emotional attitudes to the patient, systems theory could well apply. But in the majority of families containing a schizophrenic patient, this is not the case; and systems theory appears to have nothing to contribute to our understanding of the schizophrenic process," Leff said.

"You may well inquire why schizophrenic patients living in an emotionally 'safe' atmosphere relapse at all. The answer appears to lie in the impact of life events on schizophrenia. In a recent study with Vaughn, I took a history of life events preceding on-

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set or relapse of schizophrenia. The data indicate that for patients not on maintenance phenothiazine treatment, independent life events form a statistical 'cluster' for those living in homes where the emotional factor is low. This is not the case for those living in a highly emotionally charged home. In other words, schizophrenic relapse is associated with *either* certain emotional attitudes in the relatives *or* with the occurrence of independent life events."

Two specific corollaries stem from the systems approach: first, that alteration in attitude or behavior of *one* family member should trigger changes in other family members. Studies on this to date have been equivocal, disappointing, or only partially supportive of the systems theory. Second, on the basis of this theory, treatment of the family *as a whole* and not merely the designated patient, should lead to disappearance of the patient's symptoms.

"This is not the case. As long as treatment is focused on the symptomatic individual, the aim is clearly to remove the symptom. Once the focus shifts to the disturbed family, then the aim is to ameliorate the disturbance and return family functioning to normal," Leff observed.

"This immediately confronts us with the necessity of deciding what is normal family functioning. Of course, there can be no absolute answer to this question. Who is to say that the Victorian father as epitomized by Mr. Barrett of Wimpole Street, or even by Charles Dickens, is more normal or abnormal than the father of today who avoids being labeled as a male chauvinist pig by changing diapers and washing dishes."

When the chips are down, does family therapy work for any situation at all? Leff believes that it does. It can be applied usefully to some families when the identified patient suffers from certain conditions, but not all forms of schizophrenia. Attempts to change the attitude and behavior of one family member can be achieved, but the changes do not necessarily spread to the other adults. However, when the patient is a disturbed child, working with the family as a whole can successfully modify deviant behavior. He also believes the time is ripe for similar efforts with psychiatrically disturbed adults, providing certain precautions are observed in the protocol:

- Accurate and detailed designation of the psychiatric state of the identified client.
- Random assignment of families to treatment and control groups.
- Intervention focused on specific areas of family transaction which are believed to perpetuate the pathology in the client.
- The nature of the intervention specified as carefully as possible.
- Avoidance of ideal of "normal family functioning" as aim of intervention.
- Outcome measured in terms of change in specific areas of family transaction and disappearance or nonrecurrence of client's symptoms.
- Separation of effect of drugs from effect of social intervention.

"We have recently initiated a study of the effectiveness of social intervention in the families of schizophrenics and have designed it to take these precautions into account," the London researcher said.

"Once the patient has recovered

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from the acute episode of schizophrenia, he is put on long-acting injections of fluphenazine and randomly assigned to social intervention, or no social intervention groups. Since both groups are known to be receiving medication, any reduction of the relapse rate in the experimental group must be due to the social intervention."

Leff said that the technique used to work with the relatives is similar to multiple family therapy and that the patient is excluded from the group. He conceded that barring the patient is an unusual step. But preliminary results indicate that there are already some modifications in the attitudes of the relatives who traditionally were highly emotionally charged and critical of the patient. Though too early to be conclusive, these reactions have led the British researchers to be "guardedly optimistic" of the long-range outcome.

"We have hope that a deviation-amplifying family system can be changed into a deviation-reducing one and that by this means, we can substantially improve the prognosis for those unfortunate persons suffering from schizophrenia," Leff remarked.

2A-10

Appointment

E. RICHARD FEINBERG, M.D., associate professor of psychiatry, has been appointed director of the division of child-adolescent psychiatry of the department of psychiatry at the Albert Einstein College of Medicine, Bronx, New York.

5A-7K

Chronic Pain Said Poorly Understood

DESPITE ALL the modern drugs and the wide contemporary understanding of the complexity of any human experience, the phenomenon of pain remains badly handled and only now is being aggressively researched. The Interagency Committee on New Therapies for Pain and Discomfort and nine institutes of the National Institutes of Health presented a two-day conference, February 15-16, on "Pain, Discomfort and Humanitarian Care."

Acute pain, "Man's oldest protective device," is better understood and better handled. Chronic pain, it appears, is quite different, bringing about debilitation, revising the body's systems and pathways, and in general, serving no useful purpose. It was chronic pain that most concerned the experts at this conference. A multidisciplinary approach, involving psychologists and psychiatrists, was recommended in the treatment of chronic pain since, almost inevitably, anxieties, fears, and learned responses play a role.

Chronic pain has generally not been studied in laboratories due to a widespread reluctance of researchers to submit animals to chronic pain. In rather heated discussion on this subject, it was mentioned that if the new rules for human subjects were applied to animals—specifically, the right to escape the pain—then such research might go forward.

John Bonica, director of the pain center at the University of Washington, Seattle, called for improved treatment of pain and cited his own experience of "36 years of pain" from a hip injury. He estimates that 40 percent of Americans suffer pain annually with a subsequent cost of $75 billion dollars. The mechanisms for acute pain which signal damage are better understood than those for chronic pain that appears to be a self-perpetuating problem. Bonica noted that the body changes with chronic pain: Specifically, cardiac complications, abdominal and visceral changes, and altered pulmonary function all occur. A fear of aggravating the pain may cause a patient to limit his movements, causing hypoventilation or poor circulation ending in phlebitis. Measurable endocrine changes occur. Psychologically, chronic pain causes despair, anxiety, loss of appetite, loss of sleep, depressions and suicides, inappropriate dependency on medication, and somatization.

Identifying cancer pain and burn pain as two extreme problems, Bonica noted that more than 160,000 Americans suffer burn pain and that in 1978 some 700,000 new cases of cancer were identified, 390,000 cancer deaths occurring. Many more persons suffer from arthritis, backaches, trigeminal neuralgia, herpes zoster, post-surgical problems, and headaches—including 24 million suffering severely disabling migraine and losing up to four days a year to pain.

Although all present appeared to agree that the conference signaled a new interest in pain research, Bonica noted that NIH had previously spent a fraction of one percent of its research budget on pain studies.

Neurobiological Perspective

Neurobiologists are studying the specific body mechanisms of pain and the receptor sites for medications. Micro-injection of narcotics in animals is providing promising information for increasingly specific pain control, but these techniques have not yet been tried on humans. Studies of non-pharmacological methods of treating pain—including surgery, hypnosis, electrical stimulation, and acupuncture—are underway. All participating experts agree that it was important to find nontraumatic methods of controlling pain. There is considerable evidence that the brain has its own pain-suppression mechanism, and the search is on for methods to activate such mechanisms.

Martin T. Orne, M.D., professor of psychiatry at the University of Pennsylvania and director of the unit for experimental psychiatry at the Institute of Pennsylvania Hospital, stressed that the phenomenon of pain is not simply a matter of stimulus but also of psychological factors. He noted that the placebo effect is often valuable and that biofeedback, while of small use in acute situations, is often helpful in chronic ones.

Speaking on the management of pain in the terminally ill, Thomas S. West, of St. Christopher's Hospice in London, reported that the pain of the terminally ill patient could be and should be handled in a preventative manner. Objecting to the idea of medication on demand, which perpetuates the fear of pain, doctors at St. Christopher's survey the entire social, psychological, and medical structure of the patient to prescribe medications that will prevent pain, he said. Multiple medications, physiotherapy, psychotherapy, and activity programs

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APA/NIMH Fellows To Participate

APA/NIMH FELLOWS will participate in two sessions to be held at the annual meeting in Chicago. A group will participate in a panel, "Psychiatric Services to Medical Students," to be held Tuesday, May 15, at 8:00 p.m. The report of a survey conducted by a group of the fellows was recently approved by the Board of Trustees as a task force report. In addition, Ronald Harmon, M.D., an APA/NIMH Fellow who will be completing his psychiatric training at the Yale New Haven Medical Center, will participate in a special session on "Emergency Psychiatry" on Friday, May 18, at 8:30 a.m. Harmon's paper, "Emotional Crisis and Crisis Intervention," was based on a study undertaken by Harmon, Shelby Jacobs, M.D., and Gary Tischler, M.D., which investigates the outcome of crisis intervention on an inpatient service.

5A-7G

Meeting

THE SECOND Pacific Congress of Psychiatry will be held May 11-16, 1980, in Manila, Philippines, immediately following the APA annual meeting in San Francisco. Norman Rosenzweig, M.D., is chair of the APA task force to organize the congress. The specific arrangements for this meeting, including post-meeting trips to Hong Kong, Bali, and mainland China will be announced shortly.

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all are routine. "Diversion may be the most successful pain reliever of them all," said West. Families and friends report that when the patient is alert and free from pain they are more able to visit and share the remaining time.

West identified the use of drugs from the phenothiazine and tricyclic groups for control of physical pain as important topics for research.

Robert N. Butler, M.D., director of the National Institute on Aging and a psychiatrist, urged better general medical care for the aged with specific attention to those illnesses that often change their presentation in the older person. He noted that even terminally ill persons can be suffering from a variety of illnesses and that each needs attention. "Pain on one 80-year-old woman's leg was the result of three separate conditions—trochanteric bursitis, lumbar stenosis, and intermittent claudication. . . . Loneliness, boredom, fear, and depression, all common problems in the aged, can contribute to pain and transform the sensation of pain into the experience of suffering." Butler also commented that complaints of pain may be motivated by other problems—to cover a loss of memory, to hide decreased sensory perception, or to explain anxiety.

Noting that relief of other kinds of discomfort can also help, Butler pointed to the problem of itching. Simple measures, such as using less soap or using clear water rinses, flannel sheets, lotions, and oil in the laundry, can give relief, he said.

Agreeing with others at the conference, Butler stressed that avoidance of addiction should not be a concern in the care of the dying. He sounded a cautionary note, however, about the hospice movement. Its principles—that is, humanitarian care—should be incorporated into all care of the aged, but Butler expressed anxiety that the abuses that have come to nursing homes might develop in hospices. "Rather," he said, "may the humane, sensitive care that the hospice concept signifies pervade all sites for care for young and old—the home, outpatient facilities, nursing homes, and hospitals."

At its recent regional meeting, APA's Area II honored four people for their services to the mentally ill and the profession of psychiatry. Pictured after the presentation cermony are Henriette Klein, M.D., who received the Oscar Diamond Award; S. Mouchly Small, M.D., honored with the Distinguished Service Award; Alice Fordyce, recipient of the Citizen's Award; and *Psychiatric News'* New York correspondent, John Wykert, who received the Media Award.

Researcher Suggests 'Dispersing' Subcultures

A NATIONALLY KNOWN sociologist and criminologist has suggested dispersing people who live in a subculture of violence to break "the intergenerational and intragenerational communication of this value system." Marvin E. Wolfgang, Ph.D., professor of sociology and law at the University of Pennsylvania at Philadelphia and director of the Center for Studies in Criminology and Criminal Law, made his comments at a symposium on violence held late last year at the Texas Research Institute for Mental Sciences in Houston.

Neither biology nor psychology, he said, "helps to explain the overwhelming involvement in crime of men over women, slums over suburbs, youth over age, urban over rural life. It is this set of macroscopic regularities to which the sociological perspective addresses itself.

"There is no society that does not contain in its normative system some elements of acceptable limits to violence in some form." The model of parent-child interaction based on the application of force is, Wolfgang said, a "universal feature of all human societies. The model is one that the child himself comes to ingest, i.e., that superior force is power permitting manipulation of others and can be a functional tool for securing a superordinate position over others, for obtaining desires and ends. The violence in which the child engages is but an expressed extension of this basic model.

"The use of physical restraint and force is not a feature only in lower-class families, although studies have shown that its persistent use, and use in greater frequency over a longer span of childhood, is more common in that social class. The substitutions by middle-class parents of withdrawal of rights and affection, of deprivation of liberty, and of other techniques are designed to replace the need for force. And by these substitutions, an effort is made to socialize the child to respect other forms of social control. They are also ways of masking the supreme means of control, namely physical force.

"Socialization means changing the

Marvin Wolfgang, Ph.D.

individual into a personality; it is the process of cultural transmission, of relaying through the social funnel of family and friends a set of beliefs, attitudes, values, speech, and habits. . . . What is not empirically clear is the extent to which such transmission is later translated into violence by the child, as a child, youth, or adult. . . ."

One finding that Wolfgang found significant was that a high proportion of criminal offenses, particularly serious acts of violence, are committed by the same people over and over again. In a study conducted at the Center for Studies in Criminology and Criminal Law at the University of Pennsylvania, chronic offenders represented only 6.3 percent of a birth cohort study group and 18 percent of a delinquent cohort group, yet they were responsible for 52 percent of all delinquencies committed by the entire birth cohort.

That "such a high proportion of offenses—particularly serious acts of violence—are funneled through a relatively small number of offenders is a fact that loudly claims attention for a social action policy of intervention," Wolfgang asserted.

Another important study was conducted by James Collins of the criminology center. It indicated that for each index offender incarcerated in the 14-to-17-year age span, four to five index offenses would be prevented. For each adult offender incarcerated for a year between ages 18 and 25, about three to three and one half index offenses would be prevented. "The general model shows that restraint of the chronic offender would have the greatest per capita impact. . . . Perhaps as meaningful as anything to emerge from this longitudinal study thus far and in the context of [the subject of violence] is that with respect to chronicity of offenders, the juvenile/adult statutory dichotomy has little justification. . . . It may be, therefore, that if the severity of the sanction is proportionate to the gravity of the crime and to the cumulative history of serious crime, the sanction should be similar for chronic serious offenders whatever their age."

Within the broader cultural context, there is what Wolfgang and Ferracuti have previously called a "subculture of violence," a set of values, atti-

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General Hospital Psychiatrists

THE AMERICAN Association of General Hospital Psychiatrists is planning a session on "Contemporary Issues, Programs, Problems, and Challenges in Relation to Psychiatry in General Hospital Settings," which will take place at the time of the APA annual meeting in San Francisco in 1980. Persons interested in participating by presenting papers should send an outline to the program committee for consideration. Correspondence should be addressed to Stuart L. Keill, M.D., Chair, Program Committee, American Association of General Hospital Psychiatrists, Nassau County Medical Center, Department of Psychiatry and Psychology, 2201 Hempstead Turnpike, East Meadow, N.Y. 11554.

5A-7D

Appointment

JAMES A. BOYDSTUN, M.D., formerly deputy chief, clinical sciences division, USAF School of Aerospace Medicine, Brooks Air Force Base, San Antonio, Texas, has been promoted to colonel, USAF, MC, and reassigned to Fairchild Air Force Base, Washington, as commander, USAF Hospital.

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tudes, and beliefs "congealed in pockets of populations characterized by residential propinquity and shared commitment to the use of physical aggression as a major mode of personal interaction and a device for solving problems."

One aspect of the social problem of this subculture is the frequency of domestic emergency disturbance police calls. Wolfgang discussed as yet unpublished data on homicides and aggravated assaults occurring in Kansas City, Missouri, during 1970 and 1971. In one fourth of the homicides and one third of the aggravated assaults, either the victim or the suspect had had an arrest for a disturbance or assault within two years prior to the homicide or assault in question. Even more striking is the fact that about 90 percent of the homicide victims and suspects had had previous disturbance calls to their homes, about 50 percent of them having had five or more calls. "Unfortunately," Wolfgang said, "in most of these previous disturbance calls, the police did nothing more than prevent immediate physical injury. . . . The best set of variables to predict a future domestic killing or aggravated assault includes the presence of a gun, a history of previous disturbance calls, and the presence of alcohol. Moreover, when physical force was used in a family disturbance, known threats to do so had preceded it in eight out of ten cases. . . .

"Violence in the family is partly a reflection of violent expressions in the culture generally. But serious crimes within the family are most commonly related to subcultural values that minimally do not much inhibit physical responses or maximally condone and encourage them."

Wolfgang then observed: "The residential propinquity of the actors in a subculture of violence has been noted. Breaking up this propinquity, dispersing the members who share intense commitment to the violence value, could also cause a break in the intergenerational and intragenerational communication of this value system. Dispersion can be done in many ways and does not necessarily imply massive population shifts, although urban renewal, slum clearance, and housing projects suggest feasible methods. Renewal programs that simply shift the location of the subculture from one part of a city to another do not destroy the subculture. In order to distribute the subculture, so that it dissipates, the scattered units should be small. Housing projects and neighborhood areas should be small microcosms of the social hierarchy and value system of the central dominant culture. It is in homogeneity that the subculture has strength and durability. . . . Once the subculture is disintegrated by the dispersion of its members, aggressive attitudes are not supported by like-minded companions, and violent behavior is not regularly on display to encourage imitation and repetition."

He concluded: "Parental affection and firm supervision cannot be legislated. Teachers and significant others cannot, by administrative fiat, become kind and gentle. But activities can be promoted in the home and schools to socialize children—even those from a subculture of violence—into nonviolence, to desensitize them to linguistic and behavioral cues that evoke violence. Pleasurable rewards and lucid, certain, but not severe sanctions promote the greatest probability of nonviolent conformity to social rules of conduct."

Parapsychology Focus of New Attention

By Margaret Markham

IN ITS 1910 minutes, the Vienna Psychoanalytic Society reflected the pervasive interest held by its members in matters touching on the occult, clairvoyance, and spiritism. Publicly, Freud expressed skepticism but allowed that if such phenomena existed, they most likely belonged to the realm of physiology, not psychology. Yet, mysticism would continue to fascinate him and his disciples no less than the rest of humanity. Sandor Ferenczi was an early enthusiast in support of telepathy, and to Jung the occult was a terra incognita far more seductive than any Lorelei. Freud recognized man's primal craving for mysticism and, in a moment of candor, according to the classic biography by Jones, admitted, "If I had my life to live over again, I should devote myself to psychical research rather than psychoanalysis."

Following World War I, Freud began to deal with the subject more openly, recognizing early on the potential of telepathic dreams and by 1921 delivering a paper on psychoanalysis and telepathy. In the ensuing years, problems of the occult continued to haunt investigators in psychiatry and related fields. Despite the landmark efforts of J. B. Rhine and associates at Duke, there are still far more questions than answers.

"A major drawback in the field," according to parapsychologist Rhea A. White, who spent four years at Duke and whose personal library on the subject dating back to 1880 is said to be the world's largest source for English titles in the field, "is the fact that thus far nobody has come up with a formula specifying certain conditions or certain types of people that will always more or less and to a statistically significant extent enable workers to get the same order of results. To be sure there are different levels of reproducibility, but this whole area of reproducibility is the big stumbling block."

Experiments currently under way in laboratories in the U.S. and in Russia have recently focused attention on psychokinesis and telepathic suggestion. Here, too, the question of reproducibility is paramount, as it was in the fall of 1885 when Freud's famous contemporary, Pierre Janet, along with F. W. H. Myers, founder of the Society for Psychical Research, watched a Le Havre physician conduct 25 inexplicable experiments. The physician induced an unsuspecting woman patient to leave her home at night and walk across town to his own house. This effort of suggestion at a distance succeeded 19 times, note White and co-author Michael Murphy, one of the founders of the Esalen Institute, in their recent volume on *The Psychic Side of Sports*. They cite numerous efforts to achieve reproducibility of results based on objective criteria. One of them, devised in 1970 by Dr. Helmut Schmidt, is based on ramdom radioactivity. To approach psychokinesis scientifically, Schmidt "designed and built a random event generator triggered by the radioactive decay of strontium-90 nuclei. The electron emission from such decay is one of nature's most random processes," White and Murphy write.

"Since then, at least 45 psychokinesis studies using this device or similar equipment have been reported

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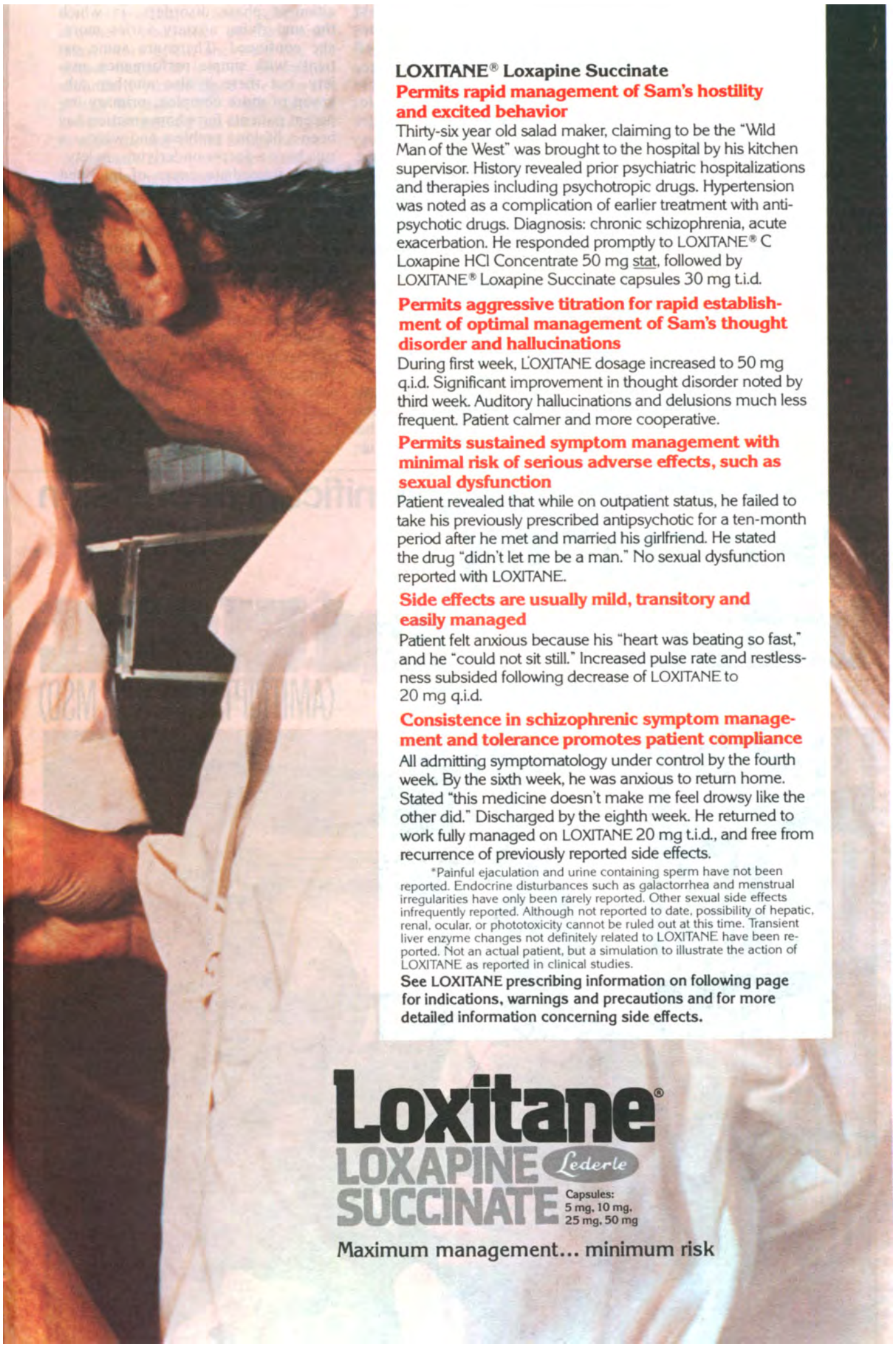

parkinson drugs at usual dosages. Dystonic and dyskinetic reactions, while less frequently occurring, may be more severe, requiring dosage reduction or temporary withdrawal plus appropriate counteractive drugs. Persistent Tardive Dyskinesia may appear during prolonged therapy or following discontinuance, the risk greater in the elderly, especially females, on high dosage. Symptoms, persistent and in some patients apparently irreversible, are characterized by rhythmical involuntary movement of the tongue, face, mouth and jaw sometimes accompanied by involuntary movement of extremities. Since there is no known effective treatment, discontinue all antipsychotic drugs if symptoms appear. Reinstitution of treatment, increased dosage, or switching to another agent may mask syndrome. The syndrome may not develop if medication is stopped when fine vermicular movements of the tongue first appear. Cardiovascular Effects: Tachycardia, hypotension, hypertension, lightheadedness and syncope. ECG changes, not known to be related to loxapine use, have been reported. Skin: Dermatitis, edema of face, pruritus, seborrhea. Possible photosensitivity and/or phototoxicity; skin rashes of unknown etiology seen in a few patients in hot summer months. Anticholinergic: Dry mouth, nasal congestion, constipation, blurred vision (more likely to occur with concomitant use of antiparkinson agents). Other: Nausea, vomiting, weight gain or loss, dyspnea, ptosis, hyperpyrexia, flushed facies, headache, paresthesia, polydipsia. Rarely, galactorrhea and menstrual irregularity of unknown etiology.

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Parapsychology

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in the scientific literature. In most of these studies, subjects were able to influence this random process mentally, primarily by getting sensory feedback whenever a decrease in the randomness occurred. Interestingly, experienced meditators learn the task more easily than non-meditators."

Meditation and trance-like techniques have also begun to play an increasingly important role in the training and performance of athletes—both amateur and professional. It is the altered perceptions of time and space, exceptional feats of strength and endurance propelled from within, states of ecstasy, and similar striking aspects of sports gathered from several thousand athletes that form the nucleus of this new volume.

"I had always been interested in sports and at one time had aspired to become a professional golfer," White said in an interview. "But I realized I would never make it to the top. Then one day I had an incredible experience. I was playing with a visiting pro and for the first nine holes I was simply terrible. I couldn't hit anything. In the second half I suddenly felt as if I were a different person. Time and again all I had to do was to pick up a club and almost blindly put the ball where I wanted it. I sunk a 50-foot putt effortlessly and for the first time came in phenomenally below par for that part of the course. This experience opened my eyes to a level of functioning I had never known before. It made me wonder what state of mind I was in and if I could repeat that experience. I realized I had been in a detached state of mind and I did not even feel as if I were the one doing it. Perhaps it was a part of the unconscious that stepped in, but it was not a fleeting phenomenon. That part of the game lasted for two-and-a-half hours and all that time I felt as if I had slipped into another personality."

White and co-author Murphy note that extraordinary conditions often elicit extraordinary feats. "The altered states of perception experienced by athletes indicate that there are ways of perceiving ourselves, each other, and our world that can enable us to extend our boundaries. We can go beyond our limits and experience a rewarding oneness both within and without."

2B-25

Educational Programs

THE AMA Department of Negotiations is again presenting educational program for physician and medical executive negotiations on conflict resolution and management through negotiations. The programs are designed to help physicians and medical society executives acquire knowledge and skills of negotiations and conflict management to cope with the increasing influences and intrusions from outside the profession affecting the delivery of medical care. On May 3-6 in New York City, there will be an "Introductory Seminar for Physician Negotiators: Dynamics of Conflict Resolution," and from August 10-11 in Denver there will be an "Institute for Salaried Physicians: Dynamics of Conflict Resolution." Further information is available from AMA Department of Negotiations, 535 N. Dearborn St., Chicago, Ill. 60610, (312) 751-6652. 4A-31V

Sex Therapist Sees Renewed Psychodynamic Interests

THE PENDULUM of sex therapy, which Masters and Johnson set swinging away from the practice of uncovering deep unconscious motivation toward behavioral and experiential treatment of the more superficial symptoms, now appears to be edging back to a synthesis of the two approaches.

Sex therapist Helen Singer Kaplan, M.D., at the recent annual meeting of the American Orthopsychiatric Association, described a spectrum of sexual dysfunctions that ranged from the more superficial orgasmic inhibition to more serious desire inhibitions and indicated a corresponding range of treatment.

"The greatest lessons have been learned from studying the failures of sex therapy and from trying to develop more effective modes of treatment for the population which has failed to have been helped," declared the diminutive but assertive New Yorker, who has been investigating 800 failures out of 2,000 persons treated by sex therapy techniques over the past five years.

Within that time period, she said, two significant new developments have emerged from the field. First, the "basic tenets" of sex therapy, developed by William Masters, M.D., and Virginia Johnson—that many sexual problems are due to rather superficial causes and can be repaired rapidly—"have on the whole stood up and been confirmed again and again. . . ."

There remains, however, a core subgroup that will not respond to these techniques, she said.

Second, she continued, in trying to develop more effective techniques for these more complex problems—desire inhibition problems are heavily represented—sex therapy has become increasingly more insight-oriented and has drawn more and more on concepts of unconscious motivation.

Kaplan noted that "one of the benefits of recognizing various subgroups related to specific phases is that we begin to understand the specific etiologies better and are able to develop more specific and much more effective treatments."

All sexual dysfunctions that are not organically caused are on some level due to sexual anxiety: different disorders vary in the depth of the underlying anxiety, in the point at which the anxiety surfaces, and in the specific antecedent or defense mechanism that the patient has used to handle the anxiety, she said. Although the sexual reponse looks like one smooth sequence, it is really composed of "three neurophysiologically discrete but interlocking responses," she told the audience. These stages, delineated in the soon-to-be-published *DSM-III,* are the *appetitive or desire,* analogous to other biological appetites; *excitement,* erection in the male, lubrication and swelling in the female, essentially parasympathetic; and *orgasm,* contraction of genital muscles, basically a sympathetic response.

Generally, Kaplan continued, orgasm phase disorders are caused by fairly mild sexual anxiety that does not emerge until late in the sexual act. If, at the last minute, a woman begins obsessing about her partner's hand getting tired, she is likely to inhibit orgasm. A male who begins worrying, "if it gets too good and lasts too long," may anxiously deny his feelings and prematurely ejaculate in a reflex state. The strategy in sex therapy is to modify the immediate antecedent—the tendency to obsess, the thoughts about performance—and ignore the underlying conflict or anxiety, which very often works with this kind of dysfunction, she said.

These behavioral and experiential techniques also often work with excitement phase disorders, in which the underlying anxiety varies more, she continued. There are some patients with simple performance anxiety, but there is also another subgroup of more complex, primary impotent patients for whom erection has been a lifelong problem and who as a rule have a deeper underlying anxiety.

The immediate cause of inhibited sexual desire is much more obscure and complex, and behavioral techniques here are used more in confrontation to illuminate unconscious and conflictual material that becomes a more important dynamic, according to Kaplan. "We know clinically and experimentally that the emotions which are lifesaving—anger and fear—have priority over the sex centers." Very often, she said, "there are saber-toothed tigers in bed and the marriage is a battlefield, which turns off the naturally recurring appetite."

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Nominations Invited

THE GERONTOLOGICAL SOCIETY has announced the Brookdale Awards in Gerontology. Two awards for distinguished service to gerontology will be given annually for the next three years: one in the biological sciences or clinical medicine and the other in the behavioral and social sciences. The amount of each award will be $20,000.

Nominees must be U.S. citizens who have made outstanding contributions to the field of gerontology "and thus to our knowledge and understanding of the aged and aging," according to the society. Nominations may be made by members and fellows of either the Gerontological Society or of the professional society of the nominee's own discipline. Each nomination must be endorsed by three additional persons, one of whom must be a member of the Gerontological Society. Nominations must be made in the form of a letter setting out in detail the significance of the work upon which the nomination is based. Accompanying the nomination must be a curriculum vitae, a selected bibliography, and reprints of at least three articles published in relevant publications. Ten copies of these materials must be submitted.

Final selection of the award winners will be announced by the society's awards committee at a ceremony at the society's 1979 annual meeting November 26-29 in Washington, D.C. Deadline for receipt of nominations is August 1, 1979. They should be sent to Chair, Brookdale Awards Screening Committee, The Gerontological Society, 1835 K St., N.W., Washington, D.C. 20006.

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Briefly, she said, sexual desire can be blocked globally or situationally; it can be primary or secondary. The primary type is rare, existing in some serious psychopathology, endocrine disorders, and other physical problems. More often, she went on, the sexual desire is lost or diminished secondarily; for instance, the case of a young woman who, while dating, kissed and necked but felt nothing on or after the day of her honeymoon.

Kaplan stressed the importance of differentiating inhibited sexual desire from depression and from sexual avoidance due to phobias. "When desire is lost totally, the patient will report no fantasies, no masturbation, nobody looks good to them on the street. . . . The genitals may function if they're stimulated, but it doesn't feel very good and ejaculation doesn't feel like an orgasm." This, she pointed out, can often be a first sign of depression, even before mood becomes perceptibly sad. Many patients who complain to sexual experts of a low sexual frequency also have phobias, of the penis or of the female genitals, for instance, or panic reactions to various sexual activities. They have an excellent prognosis if they're recognized, she said.

"The type of inhibited sexual desire of most interest to people in sex therapy fields," she observed, "is situationally inhibited desire," a fairly common complaint in which desire is restrained in specific and presumably threatening situations although it might be unconscious. A man may perform well with a prostitute, but not desire his wife. Desire may wax in casual encounters but dissipate in committed relationships. "These are situations that are clearly neurotic," she stated.

Kaplan cautioned the clinician to be alert during evaluation to the stage at which anxiety occurs and to patients' resistances to reporting a lack of sexual desire for their partners. "A good deal of failures in sex therapy clinics are really desire inhibition patients who are not recognized as such. It's kind of hard for the patient . . . to admit they don't feel desire for the partner." Patients are more likely to complain about genital dysfunction and, if the clinician is alert to investigating this, he will avoid a lot of unnecessary frustration since only ten to 15 percent will respond to standard sex therapy techniques, she said.

Kaplan also underscored the necessity of taking a detailed history of the process of the patient's sexual experience in order to pinpoint the exact antecedent rather than relying exclusively on free association. "Unless you do this, you'll never know what the deeper structure is that underlies this symptom.

"In psychoanalysis we have dealt beautifully with the unconscious and totally neglected the immediate causes, with the result that many patients who are really helped with analysis in many areas of their lives still can't have an orgasm. Behavioral therapists make the opposite mistake. They are wonderfully equipped to deal with the immediate antecedent, but they are helpless when it comes to resistances because the notion of the unconscious is not even part of the construct. . . . Combining both," she concluded, "is the best approach."

Problems of Gender Identity Clinic Explored

By Dorothy Trainor

IF ANYONE wants to know the nitty-gritty of legal, monetary, and other problems in operating a gender identity clinic, Louis H. Gold, M.D., of Hartford, Connecticut, is very conversant on this subject. The Gender Identity Clinic of New England, where he works as one of two psychiatrists on "a unique team," was set up in 1974. This non-profit organization was established and is directed by Michael Beggish, M.D., chief of obstetrics and gynecology at Mount Sinai Hospital in Hartford. In their five years of experience with 225 applicants, they have completely reassigned 30 patients and provided partial change for some others, the ratio of male to female candidates being about four to one.

Obviously, Gold is proud of the clinic, of the team, and of what they have accomplished and the fact that there have been no untoward incidents and no suicides. He has also found the gratitude of successful patients rewarding; but he told the annual meeting of the American Academy of Psychiatry and the Law that they have had to face very specific problems, problems that have required most careful study.

"Even after some five years of experience with the transsexual condition, some questions remain unanswered and will require further study and research. . . . Will we one day be able to prove by accepted medical standards that he or she is a legitimate transsexual person? Can we ever believe that a candidate for gender reassignment is 100 percent transsexual or 80 percent or perhaps 60 percent, as one of my patients maintained? Are there some persons who fantasize that by corrective surgery, they will alter their personalities? Are these pseudotranssexuals? Our clinic has been and continues to be fully aware of all the equivocal by-products and challenges that the issue of transsexualism offers. We are not omniscient. However, we believe gender dysphoria to be a valid complex medical problem. It should not be disregarded."

Imperative at once upon the setting up of the clinic were the services of a lawyer. A prominent attorney did join the team, he said.

"He found nothing in the statutes forbidding care and treatment of transsexual candidates but made it very clear that great attention has to be devoted to the matter of informed consent."

This attorney also helped to set up specific standards for acceptance of the patient or approval for surgery and has investigated other legal problems concerning change of birth certificate and driver's license, among others.

With respect to policy, a list of criteria had to be prepared. These included the statement that the patient must be unanimously approved by the members of the team as a true transsexual.

"But, of course, there are no specific laboratory or clinical tests to validate such an opinion, so we have had to formulate our own concept of certain behavior characteristics that a transsexual should possess to enable us to make this diagnosis."

They realize, he said, that there are no absolutes here, and as expected, they encountered numerous

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complex phenomena and variations. They have therefore had to turn to other consultative measures, such as re-examination, talking with families and friends, and although he refrained from commenting on "places which require little waiting," some criticism seemed to be implied.

That the patient not be in conflict with the law or have a past history of felony is another necessary precaution; although, he pointed out, this requirement may be waived on proof of rehabilitation or an authoritative statement concerning a trend away from antisocial activity.

A surprising number of minors present themselves, he told the conference; and patients definitely *must not* be minors. Psychiatric or psychologic help is suggested to these young people until treatment can be considered legally feasible.

Another criterion they set up concerned the circumstances that the patient must not have been married (in the former sex). But as one will understand, there are various facets to this problem with respect to separation, divorce, and the desire to stay married, among others; and every possible variation did present.

"At present, the clinic has asked our attorney to research and review the non-married rule and determine if it can be modified in any way without jeopardizing the clinic or its patients," he said.

Their rules concerning the fact that the patient must be living and working in the desired gender for a minimum of one year and that no psychosis be present can be passed over in this report. A good deal has been reported in these areas. But additional questions came up: Money was the most important of these questions. It reflected the hiring of personnel and the reality that the cost of hospital care and surgery (about $5,500 to $6,500) is prohibitive for many patients.

"And we have not been able to do much about it. While every patient, with or without means, receives equal time and consideration, those who are poor and welfare recipients have found little hope for actual reassignment. Public funds have not been available (a court case is pending), and these unfortunate people have had to be satisfied with hormone therapy." In some instances, Gold said, that is all they desired; but one applicant wrote very strong letters criticizing them for catering to the rich, using unfair delaying tactics, and holding out assurances that were not kept.

"It should be emphasized that the clinic has never made any promises to set specific datelines until every detail has been satisfactorily worked out," he said.

At present, there has been some easing of hospital coverage restrictions by "a few insurance companies," he continued; but payment for various surgical procedures had been denied on the ground that the operation is primarily cosmetic.

"But not everything can be blamed on money. Other problems have included a relatively recent surge of Puerto Rican candidates whose symptom complex has defied a clear diagnosis of transsexualism or even an approximation of this condition."

These young newcomers, he reported, are unable to speak English; and practically all are without funds and on welfare rolls. Their unfortunate histories include a variety of carnal

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experiences as well as prostitution, broken homes, and absentee parent(s). Their garb is usually bizarre, and many describe an ongoing relationship with a female or male who contributes little to their support.

"Their psychological tests have revealed intellectual scores toward the lower levels in quite a few, and we have suspected that a varying degree of economic and cultural deprivation may have been partly responsible. . . . Our attempt to secure a consensus by correspondence with others in the field regarding the possible existence of a subculture has not been successful to date," Gold said.

Surgery

Finally, there is the matter of surgery and its possible complications, which he discussed. Not all can endure the lengthy delay that such surgery entails, he said, and some prefer reassignment in a more distant area for personal reasons. In the latter case, they do not permit the clinic to be held responsible for care, and the patient is so advised.

For those particularly interested in the legal aspects of transsexualism, he recommended a review by Douglas K. Smith ("Transsexualism, Sex Reassignment Surgery, and the Law," *Cornell Law Review*, Volume 56, number 6, pages 963-1009, July 1971).

Gold is emeritus director of psychiatry, Mount Sinai Hospital. The team consists of two plastic surgeons, two psychiatrists, one clinical psychologist, a urologist, an endocrinologist, an attorney, and an Episcopal priest.

1A-9

Manual Available

THE MANUAL, "Definitions for Mental Health Information System," which was developed by a joint American Psychiatric Association/American Hospital Association subcommittee, is now available. It was prepared to assist mental health professionals at all levels and in all settings in standardizing usage of common terms in the mental health area. The report updates the 1973 National Institute of Mental Health Series C, Number 8, methodology report, "Definitions of Terms in Mental Health, Alcohol Abuse, Drug Abuse, and Mental Retardation." Information about obtaining copies is available from Carl. A. Taube, Deputy Director, Division of Biometry and Epidemiology, NIMH, 5600 Fishers Lane, Rockville, Md. 20852, (202) 655-4000.

4A-31U

Conditions of Care

ON RECOMMENDATION of the Joint Committee of APA/AHA, the Council on Professions and Associations, and the Reference Committee, the APA Board of Trustees, at its December meeting, endorsed the principle that legislation on involuntary hospital treatment of the mentally ill should include a provision that such treatment can take place only in a hospital accredited by the Joint Commission on Accreditation of Hospitals. While this principle could be pronounced through court decrees, it was felt that there is an advantage to it being part of legislation since legislatures have the responsibility of providing the public resources to meet accreditation standards.

4A-31Y

New Therapy For Narcolepsy Outlined

By Dorothy Trainor

NARCOLEPSY is truly debilitating and is a lot more common than is generally thought. Two Canadian researchers—one a neurologist, the other a psychiatrist—have a different slant on its treatment, and preliminary results are very encouraging.

"Its victims are really unfortunate. Narcolepsy has marked detrimental effects involving education, recreation, interpersonal relations, driving, accidents in general, and other constants in daily life," Mortimer Mamelak, M.D., said in an interview with *Psychiatric News*. Mamelak, who is with the department of psychiatry at the Sunnybrook Medical Centre in Toronto, has been working with Roger Broughton, M.D., of the Ottawa General Hospital department of medicine, for several years.

What sparked the Broughton-Mamelak studies is the finding by other investigators using polysomnographic techniques revealing that sleep attacks of narcolepsy-cataplexy patients begin in REM sleep in 50 to 100 percent of cases, "depending on the author," as Mamelak suggested. This REM finding led to the use of drugs that suppress REM sleep, tricyclic antidepressants or, less frequently, MAO inhibitors, or the more traditional stimulant medication.

"However, despite improvements, treatment remained unsatisfactory," Mamelak stated. "Control of symptoms was not complete, and some undesirable side effects occurred."

The strategy Broughton and Mamelak devised featured two variations: It did not concentrate as usual on suppressing daytime symptoms but rather attempted to improve *nighttime* sleep, and it introduced a different medication.

"The nighttime sleep of narcoleptics has been shown to be characterized by early or direct entry into REM sleep, much sleep fragmentation with particular inability to sustain periods of REM, and other features," Mamelak noted. "By giving them a better sleep at night, we hoped that daytime sleep-related symptoms would be reduced."

There were at least two reasons for suggesting that disturbed nocturnal sleep might be the central problem, Mamelak explained. First, periods of sleep deprivation or of irregular sleep precede the onset of major symptoms possibly in most cases; and second, narcoleptics are known to be very vulnerable to the effects of shift work and such alteration in their circadian sleep/wakefulness rhythms. Such disturbances regularly aggravate symptoms.

The medication they chose was the sodium salt of *gamma*-hydroxybutyrate (GHB), which had previously been used in some sleep studies. This acid is a normal constitutent of the human nervous system, as Doherby and Roth showed in 1976, and possesses definite hypnotic properties. It differs from the hypnotics generally used in that it much more closely approximates normal sleep, Mamelak said; and animal studies have failed to demonstrate tolerance with prolonged use.

As a consequence, 16 patients (eight men and eight women), aged 21 to 58 years, were treated with GHB. It was given at night and tailored to achieve as continuous a night's sleep

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Narcolepsy

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as possible. The dosage usually consisted of 1.5 to 2.25 g taken orally at bedtime, then one or two further 1.0 to 1.5 g doses on awakening during the night. Before starting this treatment, all previous drug use was discontinued for at least 14 days. Also, a number of physical tests, a psychological examination, and the MMPI were given.

"The dosage totalled about 50 mg/kg," Mamelak observed. "Apart from one patient who took only the bedtime dose, the subjective quality of their night sleep improved in all cases. At the same time, the number of irresistable daytime sleep attacks and cataplexy substantially diminished," he said.

"Some residual drowsiness remained but this usually responded well to low doses of methylphenidate. Improvement has been maintained for up to 20 months without the development of tolerance. Two patients experienced adverse effects necessitating withdrawal of GHB treatment, but no serious toxic effects occurred."

Mamelak provided numerous other details of the study, including that the patients studied were severe cases and assessment and monitoring procedures were very thorough. An interesting feature of the work was that it was carried on concurrently at both the Toronto and Ottawa settings with seven and nine patients respectively. The Toronto patients were hospitalized, and the usual polysomnographic techniques were used; but the Ottawa patients were outpatients and were monitored by a portable four-channel apparatus in their normal home or work environment. The GHB was obtained from the Labatoire Egic in France, which markets this drug in syrup as "GammaOH."

"We found it best to dilute the syrup in milk or juice in order to reduce gastrointestinal upset brought about in some patients when the drug was given in undiluted form. Dilution also retarded GHB's rate of absorption, so that sleep induction was experienced as gradual and more normal," Mamelak pointed out.

In the interview, Mamelak would address only the clinical aspects of his results. Not all of the data have been analyzed yet, including the Stanford Sleep Scale data (self-assessment), psychological findings, etc. However, on the clinical side, he stated that the ameliorating effects of GHB on major daytime symptoms appeared gradually. On the other hand, the subjective quality of nighttime sleep improved very rapidly. Another effect noted was that most patients found themselves much more refreshed after the night's sleep and hence were better able to cope during the day.

"Despite these beneficial effects, many patients continued to feel somewhat tired and drowsy during the day. We then added five to ten mg of methylphenidate three times a day to their regimen. It was taken on an empty stomach before breakfast and lunch and then again in mid-afternoon. With this addition, the drowsiness and fatigue became minimal," he said.

Patients generally reported that sleep gradually consolidated into a seven- to eight-hour period. One patient, however, reported that if she slept through the night and failed to take her second dose of GHB, the narcolepsy and cataplexy recurred on the following day. The single patient who failed to respond at all to GHB treatment turned out to be taking only

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Residents' Forum

A Feature of the APA Committee of Residents

The APA Committee of Residents solicits contributions to this column from all psychiatric residents. Inquiries and submissions should be addressed to Stevan Gressitt, M.D., c/o Psychiatric News, 1700 18th St., N.W., Washington, D.C. 20009.

By M. Korenblum, M.D.

THE DEPARTMENT of psychiatry at the University of Toronto in Ontario has the largest residency training program in Canada. One hundred and twenty postgraduate M.D.s in 13 clinical centers take the four-year course that leads to certification by the Royal College of Physicians and Surgeons of Canada. Residents not only from across the country but from the U.S. and Commonwealth nations as well are attracted because of the unique subspecialty opportunities not offered elsewhere. In this article, I would like to outline the structure and function of the resident's organization, Psychiatric Residents' Association of Toronto (PRAT).

Each resident is a member of PRAT simply by being registered in the department. There is no fee for joining. Each year, the resident body elects a 12-person Executive which represents them on the various departmental committees. This Executive publishes a monthly newsletter to inform the residents of important issues and provide an instrument for feedback. The newsletter is funded from the postgraduate education budget. It also publishes job opportunities for those finishing their training. In addition, it conducts an annual poll that rates all of the teaching settings along different variables (e.g., quality of supervision and level of academic emphasis). Objective data such as frequency of on-call are included in the survey. This information is then distributed in one of the newsletters to assist residents in making their choice of placements for the year. Finally, the Executive acts as an ombudsman for the residents, looking into any matters which they bring forward and then raising the issues at the appropriate level in department.

To give some idea of the kinds of issues with which the PRAT Executive has concerned itself, let me review PRAT's role on the more important committees.

The executive committee is the overall decision-making body. It consists of all the setting chiefs, the chairs of major committees, and the chair and vice-chair of the department. Of this 20-person group, PRAT has three representatives: the PRAT president, vice-president, and secretary. Issues of funding, liaison with government, and general policies in education at both undergraduate and postgraduate levels have come up here.

The four major subcommittees are postgraduate, undergraduate, research, and continuing education.

The first is the most relevant one to residents, and the entire PRAT Executive (12) sit on it. It is constituted by the education coordinators of the 13 centers in Toronto (two mental hospitals, six general hospitals, and five child/adolescent settings). In turn it has three sub-committees—curriculum, evaluation, and applications—and is headed by the director of postgraduate training.

Fortunately, PRAT enjoys a close relationship with the director (the Executive shares an office with him), and hence a real sense of cooperation exists. At this level, residents have been instrumental in preparing a core curriculum; in revising resident evaluation procedures; in helping screen applicants to the program; in setting guidelines and minimum standards for psychotherapy supervision, consultation-liaison experience, and psychopharmacology teaching; in ensuring fair examination procedures and reasonable appeal mechanisms; and most recently, in looking at a method of evaluating supervisors. As you can see, residents have a strong voice in areas of central concern to their education.

The research, undergraduate, and continuing education subcommittees each has one resident member.

PRAT basically organizes itself around the above committees. It has a president, vice-president, and secretary. Each hospital-teaching setting elects one PRAT representative who is responsible for relaying residents' concerns to the Executive via a "hospital representative coordinator".

Although the committee representation is vigorous, a not unexpected problem is apathy among the resident body at large (and it is large). Turnout for the PRAT Executive elections, held every September, regularly runs in the neighborhood of 20 percent or less, which means that positions are often filled by acclamation. We have tried to comfort ourselves by interpreting this as a high level of satisfaction with the program; but of course, we could be guilty of rationalization.

Another interesting dilemma is the ambivalent relationship that the PRAT Executive has with the chief residents in our network. No formal association of chief residents exists, although at times the idea has been raised. Yet, these people are often in an advantageous position to represent residents. By definition, they work in liaison with setting chiefs, and their function overlaps to a certain extent with that of the PRAT Executive. Furthermore, the persons who are interested in being chief residents are often the same ones who run for PRAT Executive. Furthermore, the persons who are interested in being chief residents are often the same ones who run for PRAT Executive posts. To this end, a structural merger between the two groups is being debated this year.

Finally, with a program as large as ours, it is difficult to be in touch with issues which concern subspeciality groups: child psychiatry residents, forensic trainees, research-diploma candidates, etc. The very breadth and depth that makes Toronto such a vital and exciting place in which to train al-

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the single bedtime dose. Some tried to discontinue GHB and to rely on methylphenidate alone, but they all noticed a recurrence of symptoms after a few days. Tolerance did not develop either to GHB or to methylphenidate.

Altogether, there were few side effects and no impotence or reduced libido.

The two researchers are very interested in the possible mechanisms of GHB. Their hypotheses in this area and all details of the study will be published in the *Canadian Journal of Neurological Sciences*.

4A-4

Penile Transducer Said Aid in Rapist Diagnosis

A PENILE TRANSDUCER to measure the percentage of penile erection can be an important new indicator to discriminate rapists from non-rapists and to more objectively monitor the effectiveness of treatment, a new study has found.

Gene G. Abel, M.D., described major findings from a study comparing the penile tumescence of rapists with non-rapists at the annual symposium of the Texas Research Institute of Mental Sciences last November.

First, he said, it is now possible to differentiate rapists from non-rapists by this objective, physiological method. In a study supported in part by the National Institute of Mental Health and the Center for the Studies of Crime and Delinquency, he compared the erections of seven non-rapist sexual deviates to the erections of several rapists in response to taped audio depictions of scenes of mutually enjoyable intercourse and of rape. Results showed that although both groups sexually respond equally to consensual coitus, rapists' erections in response to rape scenes were identical to consensual intercourse while non-rapists failed to respond.

Describing a typical case study, Abel said that one non-rapist, defined as such because he had never forced himself on a female, denied urges to rape and had warm, empathetic relationships with women, had greater than 80 percent of a full erection in response to cues of normal intercourse and less than 20 percent to rape cues. By contrast, a 19-year-old rapist, who has an extensive history of sexually aggressive acts since he was 13, had 93 percent and 54 percent of full erection to consensual intercourse and 68 and 100 percent to rape cues.

"It thus appears that rapists do vary from non-rapists on the basis of their physiological responding," commented Abel. "The importance of such a finding is that it is now possible, using an objective physiological measure, to discriminate between the rapist and non-rapist."

This is particularly important in light of further findings that expose the invalidity of rapists' verbal assessment of their arousal to specific stimuli, the traditional method of evaluating rapists. In comparing the same group, Abel found that while the seven non-rapists reported that arousal correlated highly with their recorded arousal, the seven rapists consistently reported less arousal than the transducer recorded. In one flagrant example, an 18-year-old single male, during a fourth presentation of rape stimuli, insisted that he was unaffected and could not even visualize any portion of the rape scene, while concomitant measurement revealed his 94 percent full erection.

New Level of Accuracy

This new level of accuracy has the potential to significantly aid treatment, which, according to Abel, has suffered from lack of specification as to what changes are to occur and has relied almost exclusively on the rapist's report of improvement. Now, measurement by penile transducer allows more objective assessment of improvement by repeatedly gauging the patient's arousal to rape and non-rape stimuli. In so doing, Abel cautions that rapists are able to suppress portions of their erections and that the therapist should control for this by measuring ability to suppress before beginning treatment. In addition, he said, it is critical to plot an ongoing graph of the rapist's arousal to rape or non-rape sexual cues as treatment progresses.

"Plotting of such values insures the therapist that appropriate measurements have been obtained and also allows the therapist a constant check on incidents occurring during treatment that may have a marked influence on the rapist's responses," said Abel. "Ideally, as treatment progresses, one is looking for a gradual but progressive reduction of deviant arousal concomitant with the implementation of treatment to reduce same, and a parallelling maintenance or increase in the patient's arousal to non-rape, mutually enjoyable sexual cues in addition to improvement in social skills. . . ."

Abel said that measurements of penile tumescence can also aid exploration of motives behind rape and

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Residents' Forum

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so tends toward distance, isolation, and fragmentation. Using the premise that outward-bound foci sometimes increase cohesiveness ("Let us unite to fight the common enemy."), the PRAT Executive has involved itself in such *inter*-departmental bodies as the postgraduate education committee of the faculty of medicine at the university; PAIRO, the Professional Association of Interns and Residents of Ontario, which looks into residents' salaries, fellowship exams in all specialities, etc.; and COPE, the Coordinators of Psychiatry/Postgraduate Education, which consists of all the directors of training across Canada, and their resident delegates.

This again may be a bit of defensive displacement, but the Executive believes that by being cognizant of matters at a university, provincial, and national level, it can have a greater perspective on education and thus better serve its residents.

The faculty of the department of psychiatry at the University of Toronto has been very responsive to suggestions put forth by the residents. In the process, the quality of training has gone up. *But*, I believe that this situation exists because our postgraduate association has been organized, cooperative in spirit, and vigorous in its representation. Despite room for improvement, the Toronto program is one of the best on the North American continent.

It didn't get that way without resident input. So for those readers who are residents, I would urge you to actively participate in whatever trainee-associations there are at *your* center. If there are none, then create them. For those who are staff members, I hope this has demonstrated some of the advantages that a resident organization has or can have in contributing to psychiatric education.

Korenblum is vice-president of the residents' section of the Canadian Psychiatric Association and chief resident in child psychiatry at the University of Toronto.

2B-31

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PN 5/4/79

Tumescence

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understanding treatment of rapists: In one case it confirmed that rapists frequently divide the world into good women (non-victims) and "bad" women (victims). It also has proved valuable in devising covert sensitization therapy (pairing of aversive images with images or thoughts of carrying out inappropriate sexual behaviors). It can also be used to establish a rape index (plotting erections against their rank order number and number of rapes committed), a valuable barometer in predicting dangerousness as defined as those with high rape frequencies, those likely to have injured their victims in the process, and those whose victims are more likely to be very young or very old, according to Abel.

He recommended trying to generate heterosexual arousal in therapy before using aversive methods to reduce arousal unless the patient is incarcerated and runs a high risk of raping fellow prisoners or is in an outpatient program in which control is imperative to protect potential victims.

A significant finding surfaced during a part of the research in which 13 rapists responded to a two-minute aggression scene depicting a rapist beating up a female, injuring her, or slapping her in the face, which leads credence to the classification of rape as a violent crime. "Individuals' arousal to assault scenes was almost exactly 40 percent of their arousal to rape cues," said Abel, "suggesting that arousal to aggression and arousal to rape are directly related in some manner."

Finally, Abel commented that "as newer evaluative techniques develop which are capable of determining a patient's progress beyond his awareness, the potential for ethical abuse becomes more serious," particularly since decisions regarding continuing or ending therapy may rely on them more and more. To avoid this, he recommended not using penile measurements as the sole method of assessment and requiring, as in their own program, the patient's informed consent for calibration.

Abel is with the department of psychiatry of the University of Tennessee Center for the Health Sciences and the Tennessee Psychiatric Hospital and Institute in Memphis.

4A-11

National Conference

THE NATIONAL Association of Private Psychiatric Hospitals (NAPPH) will sponsor a two-day conference June 7-8 in Washington, D.C., on "Patient Reentry Into the Community." The conference will focus on the national movement on deinstitutionalization of patients with particular emphasis given to the legal, social, community, treatment, state, and national, aspects of the problem. Further information is available from NAPPH, 1701 K St. N.W., Suite 1205, Washington, D.C. 20006.

4A-31T

Alger Assumes Office

IAN E. ALGER, M.D., a training psychoanalyst with the New York Medical College, in the family studies section at the Albert Einstein College of Medicine, and president-elect of the American Orthopsychiatric Association, assumed office in April at the association's annual meeting.

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Jonesboro, CMHC in college town near Memphis needs Bd. Elig./Cert. PSYCHIATRISTS to join staff of state operated ctr. AR licensure. Sal. approx. $50,000, excel. frng. state paid malpractice ins. Excel. recreat. opptys. Contact: Robert M. Rankin, M.D., M.P.H., Com. Mental Health, 4313 West Markham St., Little Rock, AR 72201, ph. 501-664-4500.

Little Rock—Bd. Cert. PSYCHIATRIST for Medical Director, modern, 300-bed psychiatric hosp. with 24 bd. cert./bd. elig. psychiatrists. Closely integrated with Univ. of AR Schl. of Med. Sciences, loc. on same campus. Clinical appts. at Med. Ctr. Research encouraged. Approved 3-yr. rsdncy. in psychiatry. Referrals accepted from CMH centers throughout state. Sal. $50,000, house provided, excel. frng., state-pd. malpractice ins. AR licensure. Recreat. opptys. unlimited. Contact: Robert M. Rankin, M.D., M.P.H., Com. Mental Health, 4313 West Markham St., Little Rock, AR 72201, ph. 501-664-4500.

Little Rock—Bd. Cert. PSYCHIATRIST with interest and trng. in trtmt. of adols. to run a compre. network of Adolescent Treatment Services for the Arkansas State MH Div. Closely integrated with Univ. of Ark. Schl. of Med. Sciences, loc. on same campus. Clin. appts. at Med. Ctr. Sal. approx. $50,000, excel. frng., state-pd. malpractice insur. Excel. recreat. and cult. opptys. Contact: Robert M. Rankin, M.D., M.P.H., Com. Mental Health Services, 4313 West Markham St., Little Rock, AR 72201, ph. 501-664-4500.

Little Rock—GEN. PSYCHIATRIST and CHILD PSYCHIATRIST Bd. Elig. or Cert. to join growing multi-discpl. prof. staff in prvt. outpt. setting. Privileges at gen. hosp. Pts. of all ages and diagnoses. A broad variety of therapeutic modalities are encouraged. Flex. non-salaried financial agreement includes frng. bnfts.: grp. life and health insur., malprac. insur. For details contact: Mary Kaczenski, M.D., The Counseling Center, Suite 405, Southland Plaza Bldg., Little Rock, AR 72205 (501) 664-4666.

Little Rock—PSYCHIATRIST interested in working with post-hosp. pts. in new and innovative deinstitutionalization prgm. AR licensure. Sal. $50,000, house, excel. frng. bnfts., state paid malpractice ins. Recreat. opptys. unlimited. Contact: Robert M. Rankin, M.D., M.P.H., Com. Mental Health, 4313 W. Markham St., Little Rock, AR 72201, ph. 501-664-4500.

CALIFORNIA

CLINICAL PSYCHIATRIST-PRIVATE PRACTICE. Work in a garden 3,750 sq. ft. Multidisc. MHC seeking a psychiatrist who will become an equal partner after one year and then buy into the prac. over a period of time. All offices have at least one wall of glass looking out on a lush, colorful, tropical garden with streams, waterfalls, orchids and black volcanic featherock. Grp. therapy room has 3 walls of glass surrounded by garden, grp. hydro-spa seats 11 people and has an adjacent dressing suite. Business office completely equipped, staffed and computerized. You'll know exactly where you stand with monthly computerized management reports. Psychologists do most of therapy and intakes leaving you free to concentrate on evals., consults., psychopharm., and supervision of the trtmt. team. Psychiatric hosps. utilized are Ingleside MHC, which has an exc. adols. prgm., and Glendale Adventist Med. Ctr. Svcs. now in operation inc. inpt. and outpt. psychotherapy, biofeedback, hydro-therapy for relaxation, marriage and family counseling, hypnosis for habit control, divorce workshops and singles seminars. Audio visual room has prgm. to orient new patients and can be used for patient instruction. Please send us your CV and/or letter of interest and we will immed. send you a personal letter directed to your particular concerns describing practically every possible detail we think you would want to know. Center for Living, 1910 Huntington Dr., South Pasadena, CA 91030. We suggest you hold your phone call until after you have received our letter.

PSYCHIATRIST: Immed. opening for young psychiatrist, bd. elig., to practice in commty. free-standing Psychiatric hosp., liaison, office and inpt. svc. primarily. This situation requires well-balanced eclectic, congenial, able, available-type person who would like to share a dynamic busy practice. Oppty. for some acad. and research activity. Send CV to 751 West H St., Ontario, CA 91762.

PSYCHIATRY RESIDENT POSITIONS. First, Second and Third yr. rsdncy. posns. Dept. of Psychiatry at Univ. of Calif., San Diego is currently accepting applications for all levels of rsdncy. trng. An exciting, stimulating, eclectic trng. prgm. in psych. emphasizing an integration of biological psych. and psychodynamics. Unique trng. exper. in liaison/consult. psych. and alcohol trtmt. as well as solid clin. exper. in Inpt. and Outpt. psych. Contact: Rita Ballard, Coordinator; Residency Training Program; Dept. of Psychiatry M-003; Univ. of Calif., San Diego; La Jolla, CA. 92093 for application and full information.

Auburn—PSYCHIATRIST: posn. for Bd. Elig. psychiatrist/MEDICAL DIRECTOR in compre. CMH Prgm. Prgm. loc. near Sacramento in the beautiful Sierra foothills with easy access to mtns. and lakes. Excel. winter and summer recreat. Posn. offers broad variety of clin. work with chldrn., adults and consul. Sal. $43,191 to $58,538. Excel. frng. bnfts. Contact: David P. Michener, M.D., Exec. Dir., Sierra View Mental Health Services, 11512 B Ave., DeWitt Ctr., Auburn, CA 95603. EOE.

Bakersfield—Bd. cert. or elig. PSYCHIATRIST with admin. exp. needed for CLINICAL (MEDICAL) DIRECTOR of growing and compre. federally designated and Joint Commission accred. prvt. CMHC and psychiatric hosp. Center provides svcs. to all age categories in inpt., outpt., day trtmt., emergency, and consul./educ. Applics. must have at least two yrs. of admin. and supervisory exp. in a multi-disc. approach to trtmt. CA license req. Sal. nego., plus liberal frng. bnfts. Commty. near mtns., desert, and lake recreat. areas. Submit resume to Personnel Dept., Kern View CMHC and Hosp., 3600 San Dimas, Bakersfield, CA 93301.

Bakersfield—CHILD PSYCHIATRIST to provide consul. and clin. supervision of a clin. and educational team in a highly innovative adol. day trtmt. prgm. Addtl. involvement in all Ctr. prgms. for youth, incldg. some direct therapy. Also considerable consul. with juvenile probation dept. Prefer a psychodynamic orientation and familiarity with behavior modification techniques and an interest in lrng. disabils. Sal. range $40,845-$53,397 per annum dep. on exper. and quals. Lib. frng. bnfts. Malprac. insur. provided and prvt. prac. allowed. Contact Larry R. Yoder, Administrator, Kern View CMHC and Hospital, 3600 San Dimas, Bakersfield, CA 93301.

Central Calif.—BD. ELIG./CERT. PSYCHIATRIST-Sal. to $43,032 ann. plus employer paid Social Security through 7/79 (12% increase effective 9/79). Growth opty. in estab. Kern County MH Prgm. New facilities serving metro. area of 200,000 pop. Excel. bnfts. incldg. retirement, vac., sick leave, insur. Contact Kern County Personnel Dept., 1120 Golden State Ave., Bakersfield, CA 93301 or call Daniel Grabski, M.D., Director (805) 861-2261.

Colusa—DIRECTOR; psychiatrist or non-medical-direct svc., consul., coordination of prgm., dvlpmt. of county plan—up to 20 hrs. per week at $35 per hr. OR-PROGRAM PSYCHIATRIST—outpt. and consultative work only—up to 12 hrs. at $50 per hr. County of 13,000 approx. 120 miles N.E. of San Francisco. Colusa County MH Services, 251 E. Webster, Colusa, CA, 95932. Phone 916-458-5179.

Los Angeles—Cedars Sinai Medical Ctr.—PSYCHIATRIC RESIDENCY avail. PGY-3 Level, psychodynamic emphasis; UCLA affiliation. Contact Thomas E. Preston, M.D., Director Psychiatric Residency Training, Dept. of Psychiatry, Cedars Sinai Medical Center, P.O. Box 48750, Los Angeles, CA 90048. Phone (213) 855-3461.

Los Angeles—CLINICAL RESEARCH opptys. in CMHC. Duties include systematic assessment & diag.; tchng.; patient care. Univ. appt. Sal. nego. Calif. State Lic. req'd. Send vitae to Robert Liberman, M.D., Research Center, Box A, Camarillo, CA 93010.

Los Angeles—FULL TIME ADULT AND CHILD PSYCHIATRIST Career opptys. avail. in well estab. prepaid medical grp. Outpt. svcs. provided to diverse pop. in collaboration with multidisciplinary staff. Includes crisis, long term, family, marital and grp. therapies. Stimulating environment, lib. bnft. package ($44,000-$48,000). Ca. Lic. req. Bd. Elig. or Cert. Send CV to Jay C. Mortimer, M.D., Ross-Loos Medical Group, 1711 W. Temple St., Los Angeles, CA 90026. Ph: (213) 995-3991.

Los Angeles—PSYCHIATRY AND LAW FELLOWSHIPS. Accepting applics. for 7/1/79-6/30/80. Didactic fulltime acad./clin. prgm. Supv'd. clin. exper. thru pts. referred by state, fed., county, civil & crim. agencies for psychiat.-legal. eval. & trtmt. Rotation thru forensic units in prison & state hosp. 3 yrs. apprvd. psychiat. rsdncy. trng. req'd. Foreign Med. Grads. MUST BE ELIG. for Calif. Med. Lic. Send CV and applic. letter to: SEYMOUR POLLACK, M.D., Univ. of So. Calif. Inst. of Psychiatry & Law, 235 Graduate Hall, 1935 No. Hospital Pl., Los Angeles, CA, 90033. (213) 226-4942.

Los Angeles—UCLA Neuropsychiatric Institute invites applications for three posns. avail. 1 July 1979. (1) EXECUTIVE ASSOCIATE DIRECTOR: Senior professor with demonstrated executive skills and exper. in hosp. psychiatry. (2) CLINICAL RESEARCH TRAINING DIRECTOR: Senior professor accomplished in clin. research and research trng. in psychiatry and psychosomatic med. (3) ADULT PSYCHIATRY PROGRAM CHIEF: Experienced professor or associate professor with major interest in hosp.-based psychiatry and admin. of clin. tchng. svcs. AA/EOE. Write L.J. West, M.D., 760 Westwood Plaza, Los Angeles, CA 90024.

Los Angeles/Newport Beach. Dynamic, academically-oriented, multi-discpl. grp. is accepting applications for one (1) ADULT PSYCHIATRY and (1) CHILD PSYCHIATRY posn. Applicants must possess background in behavioral approaches and a current lic. in Cal. Bd. Cert. desirable. Send CV to: Gene R. Moss, M.D., Behavioral Medical Group, Inc., 10950 College Pl., Cerritos, CA 90701.

Patton—PATTON STATE HOSPITAL has opening for FORENSIC PSYCHIATRIST. Applic. should be Bd. Elig. or Cert. in Forensic Psychiatry. Sal. to $44,964 with extra income for MOD duty. The hosp. is east of L.A. with over 700 Penal Code patients. Contact Mr. Robert Martinez, Executive Director, Patton State Hospital, 3102 East Highland Ave., Patton, CA 92369; Ph: (714) 862-8121, Ext. 321.

Patton—PATTON STATE HOSPITAL needs PSYCHIATRISTS AND FAMILY PRACTITIONERS. 1200 bed, modern hosp. for Mentally Disordered, Mentally Disabled, and Penal Code patients; 66 miles east of Los Angeles. Many recreat. facils., health insur. plan, other frng. bnfts., malprac. coverage. Regular hrs., occasional O.D. duty. Starting sal. $41,660 to $44,964 dep. on quals. Contact: Bob Martinez, Exec. Dir; Patton State Hospital; 3102 E. Highland Ave.; Patton, CA. 92369. PH: (714) 862-8121 ext. 321.

Pomona—Pomona Valley MHC-PSYCHIATRIST, Bd. elig. or cert. to establish list for Short Doyle CMHC serving cities of Pomona, Claremont and La Verne. Monthly sal. Level I-$2,589.00 to $3,147.00, Level II-Requires addtl. quals. $3,283.00 to $4,007.00 per month. Duties and respons. to include diag. and therapeutic coverage of all clinic pts.; crisis eval.; supervision and tchng. of MH trng.; admin. task at Level II. Direct inquiries to Personnel, Pomona Valley Mental Health Center, 1149 North Garey Ave., Pomona, CA 91767.

Redding—PSYCHIATRIST—New posn. recently authorized for experienced staff psychiatrist in a crisis oriented county MH prgm. Semi-rural setting with full range of svcs. budgeted at $1,300,000 ann. High level of clin. interest req'd. for numerous brief trtmt. contacts. Consulting and tchng. functions, incldg. affiliated Family Practice rsdncy. prgm. (U.C. Davis). Sal. $43,000 yr. (Bd. elig.) or $44,500 (Bd. cert.). Excel. bnfts., incldg. one of the few remaining beautiful environments in Ca. Contact Arthur Gatenby, M.D., 2750 Eureka Way, Redding, CA 96001 (916) 241-8340.

Roseville and Auburn—PSYCHIATRIST: posn. for Bd. Elig. psychiatrist in compre. CMH Prgm. Prgm. loc. near Sacramento in the beautiful Sierra foothills with easy access to mtns. and lakes. Excel. winter and summer recreat. Posn. offers broad variety of clin. work with chldrn., adults and consul. Sal. $37,265 to $56,228. Excel. frng. bnfts. Contact: David P. Michener, M.D., Exec. Dir., Sierra View Mental Health Services, 11512 B Ave., DeWitt Center, Auburn, CA 95603, EOE.

San Diego—Beg. July 1, 1979, RESEARCH FELLOWSHIPS in clin. psychopharmacology and psychobiology are avail. in the Dept. of Psychiatry, Univ. of Ca., San Diego. These Fellowships are avail. for the 3rd, 4th and 5th year rsdnts. in gen. psychiatric rsdncy. trng. prgms. and specifically for candidates interested in acquiring research skills and exper. in clinically oriented psychobiological/psychopharmacologic research under the direction of a variety of senior investigators in a MH Clinical Research Ctr. This one yr. exper. balances an oppty. to work as an integral part of an ongoing research prgm. and developing and carrying out independent research projects. Sal.: Ann. sal. ranges from $16,100 to $18,400 dep. upon level of trng. accomplished. The Univ. of Ca., San Diego is an EO/AAE. Send CV to: Lewis L. Judd, M.D., Chairman, Dept. of Psychiatry, M-003, Univ. of Ca., San Diego, La Jolla, CA 92093. Attn.: Residency Trng. Program.

San Gabriel Valley-L.A. area—PSYCHIATRIST. Our Private MHC needs a full-time, eclectic psychiatrist to enhance our energetic, autonomous but team-oriented multi-disc. staff. Inpt., Outpt., supervision & consultation with the freedom to grow. Exc. financial & emotional rewards. Deluxe offices. Write Mark Kosins, M.D., P.O. Box 519, Rosemead, CA 91770 or call (213) 285-2241.

Southern California area—PRIVATE PRACTICE POSITION with General Psychiatric Group. Growing Interdiscpl. Grp. Prac. Short term Inpt. exper. helpful. Multi-discpl. Team approach. Prgm. dvlpmt. encouraged. Gen. and Sub-specialization currently includes Family Therapy, Sleep Disorders, Encounter Groups, Alcoholism Trtmt. Prgm., Psychodrama, etc. Theoretical Orientation include Traditional, Integrative, Gestalt, Behavior Mod., Existentialism, Psychobiological etc. Full Bnfts. incldg. Pension Plan, Profit Sharing, Health Insur., Malprac. Insur. New Offices and Hosp. Cal. Lic. Req'd. Contact John Beck, M.D. or Ms. Christianson-Santa Monica Med. Plaza, 1260-15th St., Suite 1402, Santa Monica, CA 90404. 213-451-8828.

Stockton—HOSPITAL LIAISON PSYCHIATRIST, full-time, to lead and supervise existing hosp. consul. team. Includes methadone maintenance and residential alcohol prgms. and interface with CMH svc. Tchng. hosp., loc. between San Francisco Bay and the Sierras. Nego. sal. or contract employment. Malprac. Insur. provided. Contact D. F. Rupel, M.D., Medical Director, San Joaquin Mental Health Services, P.O. Box 1020, Stockton, CA 95201, (209) 982-1800, Ext. 6015. AA/EOE.

Susanville—Lassen/Plumas Bi-County MH Services is seeking Bd. elig. PSYCHIATRIST to work in low-stress outpt. setting. No on-call req'd. Sal. $45,000 with excel. bnfts. and paid malprac. insurance. Mail CV to or call: Don W. Huggins, M.A., Lassen/Plumas MH Services, Hospital Lane, Susanville, CA 96130, (916) 257-5373.

COLORADO

MEDICAL DIRECTOR—Fully accred., 100 bed, prvt. psychiatric hosp. with adult and adol. svcs. in Colorado Springs, CO. Must be Bd. Cert. and Bd. Elig. in Child Psychiatry. Sal. in the $60,000 range and opptys. for prvt. prac. as well. Contact Dennis Brady, Administrator—(303)-473-4460-Box 640, Colorado Springs, CO 80901.

MEDICAL DIRECTOR—Represents Ctr. psychiatrically in internal and external matters. Coordinates psychiatric coverage and assists with emerg., on-call coverage. Fulfills a limited number of admin. duties. Assumes primary psychiatric care of hospitalized pts. Provides some outpt. svc. Sal.-$2960-$4166 per month, dep. on exper. and cert. plus frng. bnfts. Contact: Gratia Hoffman, Personnel Coordinator, Adams County MHC, 4371 East 72nd Ave., Commerce City, CO 80022, (303) 287-8001.

Alamosa—MEDICAL DIRECTOR: Bd. Cert./Bd. Elig. Psych. to supervise and direct all phases of clin. prgms. in an estab. rural CMHC with a multi-discpl. staff of 64. Loc. in a small college town in the world's largest alpine valley in Southern Colorado with an intriguing Hispanic, Indian and Anglo cultural heritage, the Ctr. offers the oppty. for a prof. challenging career combined with an unlimited potential for outdoor recreat. activities. With one of the nations largest percentages of possible sunshine, the area offers exc. skiing, hunting, fishing, climbing, back-packing, etc., for year 'round outdoor enjoyment. Sal: $40,000 to $56,000 dep. on quals. and exper. Submit resume to: Dr. Luis B. Medina; 1015 4th St.; Alamosa, CO. 81101 Ph: (303) 589-3673

Colorado Springs—PSYCHIATRIST: Bd. cert. or elig., for full or part-time posn. in vibrant, non-profit, well estab. CMHC. Part-time, outpt. posn. focuses on diag., medication, supervision and some psychotherapy. Part-time or full-time intensive svc. posn. focuses on short-term inpt. care, crisis care, medications, consul. and clinical supervision. Beautiful environment; 65 miles from Denver and close to mtn. recreation. Up to $38,510 starting sal. for 40 hrs. per week, plus excel. bnfts. Vita to Pikes Peak MHC, 1353 South 8th St., Colorado Springs, CO 80906, c/o Luallen King, Personnel Coordinator or call (303) 471-8300, Cynthia Rose, M.D., Medical Director for further info. EOE/AAE.

La Junta—There is an opening for an experienced PSYCHIATRIST, for the posn. of MEDICAL DIRECTOR, of a prgsv. and expanding CMHC located in this city. The annual sal. is nego. in the $50,000 range, plus excel. frng. bnfts. An acad. affiliation is encouraged. Candidates should have exper. in Commty. Practice, be licensable in Colorado, and be Bd.-cert. in Psychiatry or working toward same. The Center wishes to select the candidate by Spring—and to commence discussions with interested applicants as soon as poss. Please reply with a copy of the CV to: FORREST ASSOCIATES, P.O. Box 472, Murray, KY 42071 or call collect (502) 753-9772. FORREST is retained by the Ctr.

CONNECTICUT

PSYCHIATRIST DIRECTOR OF INPT. SVCS. IN CMHC SYSTEM. 80% TO 100% TIME APPT. INPT. SVC. WITHIN FULLY ACCREDITED PSYCHIATRIC HOSP. WITH 6 MEMBER DEPT. OF PSYCHIATRY. INCLUDES OUTPT. LIAISON AND FOLLOW UP IN CMH CLINICS. FACULTY APPT. AT THE UNIV. MED. SCHL. AND LIMITED PRVT. PRAC. POSS. BD. ELIG. OR CERT. ELIGIBILITY FOR CONN. LIC. REQ'D. sal. NEGO. UNITED SOCIAL & MH SERVICES, INC. MILLARD J. AMDUR, M.D., ASSOCIATE DIRECTOR (CHIEF MEDICAL OFFICER), 132 MANSFIELD AVE., WILLIMANTIC, CT 06226. PHONE: 203-456-2261.

PSYCHIATRISTS AND PHYSICIANS to work in one of several specialized prgms.—drug dependence, alcoholism, geriatric rehab., and gen. psychiatry. The setting is dynamic, decentralized and commty. oriented. A trng. hosp. with Univ. affil. with Yale Univ. Schl. of Med. Oppty. for prvt. prac. or consul. Eligibility for Conn. licensure req'd. Sal. commensurate with exper. and trng. Lib. bnfts. Send all particulars in first letter incldg. refs. to: Mehadin K. Arafeh, M.D., Superintendent, Connecticut Valley Hospital, Box 351, Middletown, CT 06457. An EOE.

THREE YEAR full accred. PSYCHIATRIC RESIDENCY PROGRAM avail. at Norwich Hospital, a commty.-orient. MH facil. Computerized and problem orient. record-keeping. Close association with Institute of Living, St. Francis Hospital, and Univ. of Conn. Health Center. Beautiful surroundings close to ocean and near metro. ctrs. Sals: First yr. $14,219; Second yr. $14,886; Third yr. $16,667. Free housing when avail. Exc. frng. bnfts. Write: Director of Training, Norwich Hospital; P.O. Box 508; Norwich, CT. 06360

Bridgeport—CHILD PSYCHIATRIST to join full-time staff of Dept. of Pediatrics in Yale affiliated tchng. prgm. based in 650 bed commty. hosp. Role includes consul. svcs. for hospitalized chldrn. and adols., major tchng. respons. for primary care pediatric rsdnts., development of commty. linkages with existing chldrns. MH svcs. and development of plans for proposed inpt. adol. psychiatry unit. Reply: Julius Landwirth, M.D., Bridgeport Hospital, Bridgeport, CT 06602.

Hartford—SERVICE CHIEF (PSYCHIATRIST) opening at unique combined substance abuse hosp. Outpt. and inpt. svcs. at 72 bed hosp. Oppty. for faculty appt. For info., contact Roger Howard, Administrative Director, Blue Hills Hospital, 51 Coventry St., Hartford, CT, 06112, Phone (203) 566-4405.

Middletown—Bd. cert. or elig. PSYCHIATRIST with admin. experience needed for CLINICAL/MEDICAL DIRECTOR of JCAH approved adolescent facility in the Central Connecticut Valley Region. Other clin. opptys. poss. within the shoreline commtys. and Fairfield Hills region. Poss. affiliation Yale Child Study Center. Sal. competitive plus excel. frng. bnft. package. Contact Harold Davidson, M.D., Chief Psychiatrist, 345 Main St., Hartford, CT 06115.

New London—CLINICAL DIRECTOR. New London Psychiatric Institute is a newly developing 45-bed prvt. psychiatric hosp. on the Conn. shoreline with a psychosocial trtmt. focus that emphasizes intense milieu and family therapy. The Clinical Director assumes supervisory respon. for a trtmt. unit consisting primarily of adults and older adols. and assists the Medical Director in developing and managing the hosp's. trtmt. progm. Comp. sal. is related to applicant's exper. and quals. Posn. avail. July-Aug., 1979. Send resume to Henry B. Mann, M.D., Medical Director, 54 Liberty St., Madison, CT 06443.

Newtown—CONNECTICUT PSYCHIATRIC RESIDENCIES. AMA approved psych. rsdncy. vacancies. Active varied trtmnt. prgm. dynam. oriented and affil. with Yale, Univ. Trng. in New Haven avail. to qualif. residents. Prgm. includes affil. at CMHCs for ambulatory psych. in a commty. setting. Three and four pgms. avail. dep. on level of trng. Extensive didactic tchng. schedule includ. basic and clin. neurology. Superv. provided for inpt. and outpt. exper. with adult and adols. Apts. avail for married residents with no children at no cost. Limited housing for married physicians with families. Sal. 1st yr. $14,219, 2nd yr. $14,886, and 3rd yr. $16,667. Write to: Robert B. Miller, M.D.; Superintendent; Fairfield Hills Hosp.; Newtown, CT 06470.

Norwich—PSYCHIATRISTS—clin. and tchng. posns. avail. in 800-bed commty.-orient. MH facil. with many specialized, forward-looking prgms. Computerized record keeping. Fully apprvd. 3-yr. rsdncy. trng. prgm. Sals. starting at $26,199-$36,959, with addit. paid call, exc. frng. bnfts., retirement and insur. prgms. Housing avail. Write: Superintendent; Norwich Hospital; P.O. Box 508; Norwich, CT. 06360

Portland—STAFF PSYCHIATRIST, Elmcrest Psychiatric Institute is a 105-bed prvt. psych. hosp. for adols. and adults, sit. in Central Conn. We are seeking a full-time Bd. Cert. or Bd. Elig. psych. to work in a prgsv. trtmt. setting that is primarily psychosocial with emphasis on grp. and family psychotherapy. Sal. dep. on exper. and quals. Call or write: Louis B. Fierman, M.D., F.A.P.A., Medical Director; Elmcrest Psychiatric Institute; Portland, CT. 06480 Ph: (203) 342-0480

Waterbury—CHILD PSYCHIATRIST, half-time Bd. Qual. to work in new prgm. providing liaison svcs. to a Pediatric Ambulatory Care Clinic from a Commty. Child Guidance Clinic. Opptys. for tchng., consult., and svc. Poss. of another part-time posn. in the commty. Knowledge of Spanish helpful. Exc. frng. bnfts. Sal.—HT—$17,000. Write: Robert S. Adams, M.D.; Child Guidance Clinic of Waterbury; 70 Pine St.; Waterbury, CT. 06710.

DISTRICT OF COLUMBIA

PSYCHIATRISTS—Saint Elizabeths Hosp., Washington, D.C. offers both part-time and full-time psychiatrist posns.; Saint Elizabeths is a 2100 bed Fed. psychiatric hosp., with over 100 psychiatrists providing a wide variety of care for chldrn., forensic, alc., addict, geriatric, deaf and adult pts. in outpt., day care and inpt. svcs.; about 40 gen. practitioners, internists and other med. specialties serve the broad med. and surgical needs; the hosp. is organizationally a part of the National Institute of MH (DHEW) and offers both Civil Svc. and Public Health Svc. Commissioned Corps. appts.; Civil Svc. appointees sals. usually range from $35,688 to $47,500 per yr. dep. upon trng. and exper.; low cost compre. life and health insur., generous vacation and sick lv. bnfts., periodic sal. increases, promotional opptys. based on merit, and automatic liability coverage are some of the frng. bnfts.; PHS Commissioned Corps appts. are patterned after the rank and pay structure of the military svc.; prvt. prac. off the grounds on non-duty time is permitted. For further info. contact Charles Meredith, M.D., Superintendent, (202) 754-7167 or mail your resume to: Saint Elizabeths Hosp., 2700 Martin Luther King Jr. Ave., S.E., Washington, D.C. 20032. An EOE.

FLORIDA

STAFF PSYCHIATRIST. CMH interest. Duties include outpt. and inpt. trtmt., consul., and prgm. dvlpmt. Sal. range $35,000-$40,000. Send resume or call: Peter T. Hampton, Ph.D., Executive Director, 621 North MacArthur Ave., Panama City, FL 32401. Phone: 904-769-2407.

Gainesville—Fully trained PSYCHIATRIST to serve as Assistant Professor with the VA Med. Ctr. and the Dept. of Psychiatry, Univ. of Fla. Respons. will include pt. care, tchng., and research. Sal. range: $32,000-$35,000. Application deadline: June 1, 1979. Anticipated starting date: July 1, 1979. Send CV to John E. Adams, M.D., Professor and Chairman, Dept. of Psychiatry, Univ. of Florida, Box J256, JHMHC, Gainesville, FL 32610. EO/AAE.

Gainesville—Fully trained PSYCHIATRIST with demonstrated expertise in Alcohol and Drug Abuse preferred to serve as Assistant Professor with the Dept. of Psychiatry, Univ. of Fla., to direct the activities of the newly estab. Alcohol and Drug Abuse Unit at the VA Med. Ctr. Respons. will include pt. care, tchng., and research. Sal. range: $32,000-$40,000. Application deadline; June 1, 1979. Send CV to John E. Adams, M.D., Professor and Chairman, Dept. of Psychiatry, Univ. of Florida, Box J256, JHMHC, Gainesville, FL 32610. EO/AAE.

Gainesville—The newly estab. Alcohol and Drug Abuse Unit at the VA Medical Center, Dept. of Psychiatry, Univ. of Fla., has an opening for a PSYCHIATRIC RESIDENT at the PGY 3 or PGY 4 level to begin July, 1979. Contact Medhat G. Ashamalla, M.D., Director of Residency Training, Dept. of Psychiatry, Univ. of Fla., Box J256, JHMHC, Gainesville, FL 32610, for an application.

Lakeland—Prvt., non-profit CMHC has immed. opening for an addtl. FT, Fla. lic. PSYCHIATRIST to join multi-disciplinary staff in providing full range of outpt. svcs. to chldrn. and adults in crisis intervention, day trtmt., and aftercare prgms. Frng. bnfts. incl. malprac. insur., generous retirement plan, health and life insur., etc. Sal. competitive. Send resume to: W. G. Kremper, Ph.D., Director, PEACE RIVER CENTER FOR PERSONAL DEVELOPMENT, INC., 1745 Highway 17 South, Bartow, FL 33830 (813-533-2738).

Macclenny—PSYCHIATRISTS—Several recently established psychiatrist posns. are avail. for a new prgsv. MH prgm. in a JCAH accred. state mental hosp. loc. in rural commty. twenty-five mins. west of Jacksonville, Fla. Frng. bnfts. include paid vacation, sick time and retirement; State supplemented group life and health insurance; pleasant working conditions. Sal. range: $28,500-$45,400 depending upon the posn. and applicant's quals. Contact Janos Kurucz, M.D., Clinical Director, Northeast Florida State Hosp., Macclenny, FL 32063. Phone (904) 259-6211. An EOE.

Pensacola: PSYCHIATRIST; G.P. PHYSICIAN openings are anticipated from time to time in well estab. CMHC. Fla. lic. req'd. This is a CMHC with four large prgms.: Drug Counseling Prgm.; Child Dvlpmt. Prgm.: Alcohol Counseling Prgm. and the Adult and Adol. Counseling Prgm. Pensacola offers beautiful beaches and excel. recreation opptys. No state income tax. Letters of inquiry, with resume, should be forwarded to Personnel Dept., CMHC of Escambia County, Inc., 1201 W. Hernandez St., Pensacola, FL 32501. We are an EOE.

Tallahassee—CMHC is recruiting for full-time bd. cert. or bd. elig. PSYCHIATRISTS. Catchment Area in rural North Fla. Hunting and fishing paradise. Beautiful Gulf Beaches. Tallahassee has two state univs. and is the state capital. Sal. nego. Send vitae to: John P. Williams, Personnel Administrator, Apalachee CMH Services, Inc., P.O. Box 1782, Tallahassee, FL, 32302.

GEORGIA

UNIVERSITY PSYCHIATRIST: Compre., well-equipped, multi-discpl. MH prgm. loc. in pleasant univ. town looking for psychiatrist, preferably Bd. elig., with interest in compre. commty. approach. Sal. and Frng. bnfts. competitive. If interested contact Caroline Jacobs, Chairperson Search Committee, Health Service, Univ. of Georgia, Athens, GA 30602, or call (404) 542-1162, Ext. 310. Deadline to apply is June 1, 1979. THE UNIV. OF GEORGIA IS AN EO/AAE.

Atlanta—PSYCHIATRISTS-Full time posns. in the prgsv. DeKalb County MH centers. Competitive sals. and frng. bnfts. If you want to get into real commty. psychiatry, call or write to Ilhan M. Ermutlu, M.D., Director, DeKalb Division of Mental Health, P.O. Box 987, Decatur, GA 30030, 404/371-2483.

Columbus—PSYCHIATRIST, full time, Bd. Cert. or Elig. or PHYSICIAN with psychiatric exper. This is a state funded, JCAH accred., multipurpose psychiatric hosp. with an average pt. census of 200, which serves a 28 county hosp. district. Four CMH centers are affil. with the hosp. providing a fully integrated system of hosp. and commty. svcs. Starting sal. range $34,194 to $41,016 with lib. frng. bnfts.; bnft. pkg. includes malprac. insur. Opptys. for prvt. prac. Write to: Sadi Oguz, M.D., Medical Director, West Central Georgia Regional Hospital, P.O. Box 6563, Columbus, GA 31907.

Milledgeville—Central State Hosp., a prgsv. psychiatric Hosp. located in Milledgeville, Ga., has openings for STAFF PSYCHIATRISTS. Milledgeville is a beautiful and prosperous city of approx. 15,000, two hrs. from Atlanta, 45 mins. from Macon and immed. accessible to Lake Sinclair, a large hydro-electric lake. It is within easy reach of Ga. and Fla. beaches. Beginning sal. up to $42,942.00 ann. dep. on quals. with subsequent sal. advances of approx. 5% ann. The hosp. pays approx. 17% sal. for an excel. frng. bnft. package. Limited housing on Hosp. grounds avail. Contact W. T. Smith, M.D., Chief Medical Officer, Central State Hospital, Milledgeville, GA 31062, phone (912) 453-5381.

HAWAII

THE HAWAII MH DIVISION has immed. openings for CHILD PSYCHIATRISTS in admin. and clin. posns. Ann. sal. is $32,792 with excel. working and living conditions, generous frng. bnfts. Vacancies for ADULT PSYCHIATRISTS & FORENSIC PSYCHIATRIST also avail. Send CV and 3 refs. from psychiatrists to M. W. Neal, M.D., Chief Psychiatrist, Mental Health Division, 550 Makapuu Ave., Honolulu, HI 96816.

IDAHO

PSYCHIATRISTS—Idaho's State MH System, having raised sals. to meet market, is now recruiting to fill several posns. Well integrated (CMHC's/Hospitals) system features excel. functional design, management and funding. Idaho's small pop. (850,000) eliminates many problems. Pop. centers, loc. on high altitude plateaus, are free of crowding, smog, hot summers, high humidity and arctic blasts. Nearby, recreation abounds. Good schools. Vacancies in State Hosp. South (Blackfoot) State Hosp. North (Orofino) and CMHC in Caldwell. Sals. to $45,444 to $50,100 (dep. on posn.) Good frngs. include moving if employed. Idaho lic. req'd. Vita to Psychiatrist Search Team, Dept. of Health & Welfare, Personnel, Statehouse, Boise, ID 83720, (208) 384-2825. EOE.

ILLINOIS

Four well-trained exp. bd. cert. psychiatrists and one equally well-trained clinical Ph.D. psychologist are looking for a PSYCHIATRIST to join us in our busy Midwestern practice. We have a friendly commty. with a good schl. system and many cult. and recreat. advantages incl. two Universities. We will provide an exc. sal., books, trips, insurance, dues, and many other bnfts. We are growing and anticipating adding two clinical Ph.D. psychols. and one or two social workers in the next year. We are all members of a med. schl. faculty and there is an oppty. to teach med. students if desired. We are looking for a psychiatrist with good trng. who is bd. cert. or who intends to become bd. cert. Applics. must be exp. in psychotherapy, chemotherapy, inpt. and outpt. psychiatric trtmt. Additional trng. in other therapies, forensic psychiat., agency consul., etc. are desirable. We're proud of our group and we'll provide an exc. oppty. for the right person. Reply Box P-876, *Psychiatric News*.

UNIV. PSYCHIATRIC RESIDENCY—Approved 4 yr. prgm. Openings all PG levels. Inpt. & outpt. psychiatry, liaison-consul., neurology, child psychotherapy. Electives and research encouraged. Stipends $14,497-$16,779. Call collect: (312) 473-9200, Ext. 251. Michael A. Taylor, M.D., Professor and Chairman, Dept. of Psychiatry, UHS/The Chicago Medical School Bldg. 50, North Chicago, IL 60064. AA/EOE.

Champaign-Urbana—DIRECTOR OF PSYCHIATRIC SVCS., CMHC located in a cosmopolitan East Central Ill. commty. with the major campus of Univ. of Ill., 2½ hr. drive via interstate to Chicago. Provides outpt., day trtmt. and emerg. svcs. to chldrn., adols. and adults. Ctr. svc. philosophy is committed to the balanced svc. system. Budget $900,000, funded by State MH, local tax funds and fees for svc. 40 salaried staff plus Univ. of Ill. placement interns and volunteers. Opptys. for prvt. hosp. prac. and/or acad. appt. Sal. base $40-$50,000 (35 hr. work week). Lib. frng. bnfts. (incldg. professional liability coverage). Bd. certification and Ill. lic. or ability for req'd. Contact: Greg Sikora, ACSW, Executive Director, Champaign County MHC, 1402 West Park, Urbana, IL 61801. Tel: 217-384-5200.

Chicago—PSYCHIATRIST—Bd. Cert., full-time. Asst./Assoc. Prof. level based on tchng. and clin. exper. and publications, to have clin. care respons., to teach undergrads. and grads., and admin. Must have eligibility for Illinois lic. Posn. avail. Sept. 1, 1979. Contact: Lester Rudy, M.D., Head, Dept. of Psychiatry, Univ. of Illinois at Medical Center, Chicago, IL 60612. EOE.

Decatur—PSYCHIATRIST-Affiliate with an expanding modern facility in Central Ill. Innovative Commty. and inpt. care prgms. involving adults and adols. Exceptional environment, recreation and family setting. Major Universities nearby. Part-time possibilities as well as prvt. prac. potential. Send vita or contact Dale L. Kelton, Ph.D., Regional Administrator, Adolf Meyer MHC, Decatur, IL 62526. Phone: (217) 877-3410.

Springfield—PSYCHIATRIC RESIDENCIES—SIU SCHOOL OF MEDICINE. Addtl. posns. in the gen. psychiatric rsdncy. newly avail. at the PGY 2 and 3 yr. levels beg. July 1, 1979. Broad based prgm. utilizing a variety of commty. health and MH care facils. Wide variety of clin. expers. supplemented with an intensive didactic prgm. covering all aspects of psychiatry. Prgm. emphasizes intense supervision and flexibility to meet ind. career goals. Electives in commty. psychiatry, alcoholism, drug abuse, consul.-liaison, child, adol. and adult psychiatry, research, and acad. prgms. avail. Ample oppty. avail. to teach med. students. Many cult. and recreat. activities as well as historical sites make Springfield a desirable place to live. For full info. write: E. L. Loschen, M.D., Southern Illinois University School of Medicine, P.O. Box 3926, Springfield, IL 62708.

INDIANA

MEDICAL DIRECTOR—Staff Psychiatrist posns. open in new developing Compre. MHC. Located in the resort area of Northeast Ind., the posns. offer the combination of an excel. employment posn. with close access to several large cities for prvt. life. The Ctr. offers excel. sals., complete frng. bnfts., paid malprac. insurance and other expenses. Your applic. will be accepted in strict confidence. Call or write Dale Cochard, Executive Director, Northeastern Comprehensive CMHC, Inc., 305 East North St., Kendallville, IN 46755. Phone Number: 219-347-4400.

OPPTYS. FOR COMMTY. PRACTICE. The following CMH Ctr.'s have current openings for PSYCHIATRISTS as follows: **Jasper**—The Southern Hills MHC, an established Commty. Prgm. in this city, has a current opening for a PSYCHIATRIST, to supervise Inpt., Partial Hospitalization and related activities. Entry sal. nego. from $45,000 depending on quals. and exper. Candidates should have commty. exper. and motivation for practice in a non-urban setting which provides professional satisfaction and an abundant life-style, at a moderate cost of living. An adjunct prvt. prac. can be discussed. **South Bend**—There is a current opening for a STAFF PSYCHIATRIST in a lrge. and well-estab. Commty. Prgm. loc. in this city. The successful candidate will prac. under the direction of the Med. Dir.-Psychiatrist and be involved in Diagnostic, Trtmt., and Consul. svcs. Entry sal. is nego. in the $46,000 range (dep. upon ind. quals. and exper.), plus exc. frng. bnfts. An acad. affil. is poss. and an adjunct prac. can be discussed. Exper. in a commty. setting and motivation for prac. with a multi-disciplinary staff important. **Indianapolis**—There are two (2) openings (ADULT PSYCHIATRIST and CHILD PSYCHIATRIST) for prac. at the Gallahue MHC in this city. These psychiatrists will be affiliated with the prvt. group contracting with the Ctr. and have opptys. for addtl. prvt. prac. Opptys. for professional growth and satisfaction are strong. Sals. nego. dep. upon ind. quals. and exper., plus generous frng. benfts. An acad. affil. is poss. For further info. concerning any of these opptys., please respond with a copy of the CV to: FORREST ASSOCIATES, P.O. Box 472, Murray, KY 42071 or call collect (502) 753-9772. Forrest is retained in support of the Ctr's.

OPPORTUNITIES FOR HOSPITAL PRACTICE. THE INDIANA STATE HOSPITALS, at various locations throughout the State, have current and exceptional openings for PSYCHIATRISTS of most exper. levels. The sal. schedule ranges from $36,436 to $48,828, with incremental increases. Frng. bnfts. are broad and generous. An adjunct prvt. prac. is poss. and acad. affils. can be discussed. While the Hosps. primarily seek full-time Physicians, part-time associations may be poss. Please reply, with a copy of the CV to: FORREST ASSOCIATES, P.O. Box 472, Murray, KY 42071 or call collect (502) 753-9772. Forrest is retained in support of the Hosps.

Indianapolis—CHILD PSYCHIATRY FACULTY POSNS. Indiana Univ. School of Medicine is developing its Child Psychiatry Svcs. into a Child Psychiatric Ctr. Current faculty has 18 Child Psychiats., 11 full-time. A $1,000,000 staff expansion budget will create NEW posns.; Immed. (1978) Ass't. Prgm. Director. Must be Bd. Cert. in Gen. and Child Psychiat. Potential posns. for 1979: Two Bd. Cert. Child Psychiats. for Director Psychosomatic Svc. and Coordinator of Short-term Inpt. trtmt. Three Child Psychiats., Bd. Elig. for Unit Care Managers of Child and Adol. Inpt., Outpt. & Commty. Liaison. One research Child Psychiat., Bd. req. trng. completed and demonstrated research potential. Sals. comp. & nego. Send CV and ref. letters to James E. Simmons, M.D., Prof. & Director of Child Psychiat. Services, Riley Rm. 341, 1100 W. Michigan, Indianapolis, IN 46223, Ind. Univ. is an EO/AAE.

Indianapolis—FELLOWSHIPS IN CHILD PSYCHIATRY—Ind. Univ. School of Medicine Child Psychiatry Services. Applicants must have completed 3 yrs. training in General Psychiatry. Write James E. Simmons, M.D., Prof., Riley 341, 1100 W. Michigan, Indianapolis, IN 46223.

Muncie—CONSULTANT PSYCHIATRIST. A growing CMHC is seeking bd. elig. or cert. psychiatrist with high level skills in clin. consul. and direct svc. Loc. in commty. of 90,000 with univ., 1 hr. N.E. of Indianapolis and ½ day drive from other urban ctrs. with many cult. and recreat. advantages. Low crime rate area, reasonable taxes, average living costs, ample housing. Sal. nego. up to $57,000. We offer an excel. bnft. prgm. incldg. relocation allowance, retirement, annual and sick leave, professional meetings, malprac. insur., med. insur., income disability. Tchng. at local hosp. and univ. poss. Send resume to R. D. McKnight, M.D., Medical Director, CMHS, 708 N. Calvert St., Muncie, IN 47303 or phone (317) 288-2032.

IOWA

Clarinda—WANTED: PSYCHIATRISTS with or without subspecialty int. Sal. nego. from $36,400 to $48,880. Frng. bnfts. and deferred compensation avail. Info. concerning institution and commty. avail. on request. Contact: Supt. Mental Health Institute, Box 338, Clarinda, IA 51632, or call collect (712) 542-2161. EO/AAE.

Des Moines—CHILD PSYCHIATRIST, FT, Bd. Elig. and must have Iowa Lic. to work in D.M. Ch. Guid. Ctr., a prgsv. well-estab. prvt. agency with mult. dimen., pgs., incl. partial hosp., outreach prgm. prof. trng., commty. cons. and eval. prgm. Member of AAPSC. Poss. part time consul. and tchng. posn. at Raymond Blank Children's Hosp., Pediatric Residence Program. Exper. desirable pref. with both dynam. & eclectic approach. Sal. nego. Frng. bnfts. incl. ret.; mal-prac.; insur.; vacat. & sick lv. Posn. open. Send vita and refs. to Mary E. Kohl, M.D., Coord. Div. Cl. Serv., DMCGC, 1425 Woodland Ave., Des Moines, IA 50309. EOE/AAE.

Des Moines—Medically oriented PSYCHIATRIST, bd. cert. or elig. for FT posn. in 54-bed acute care psychiatric unit which is part of a 185-bed gen. hosp. Dept. affil. with Univ. of Iowa and major portion of respons. will include supervision and tchng. med. students and rsdnts. rotating through the dept. Involvement in consul. and outpt. svcs. may be included dep. upon ind. interest. Posn. will carry clin. appt. with the Univ. of Iowa. Sal. competitive with excel. frng. bnfts. Easy access to CME. EOE. For further info., call or write: Greg Rohs, M.D., Dept. of Psychiatry, Broadlawns Medical Center, Des Moines, IA 50314. (515) 282-2450.

Knoxville—PSYCHIATRIST-EXCELLENT PROFESSIONAL OPPORTUNITY, large Neuropsychiatric hosp., immed. vacancies for Bd. Cert./Elig. Psychiatrist. Strong support staff and facil., with prgms. in Behavior Modif., Token Economy, Reality Orient., Peer Confrontation, Attitude Therapy, Intensive Psychiatric Care Unit. Join the exodus to smaller rural commtys., yet within commuting distance of state capital. Enjoy bnfts. of 30 days paid vacation, 15 days paid sick lv. (accumulating) p.a.; liberal retirement plan; health and life insur.; malprac. shelter; moving expenses paid; HIGHLY COMPETITIVE SALARY to $47,000 with quals., lic. in any state. Contact: Chief of Psychiatry, VA Medical Center, Knoxville, Iowa 50138 Ph: (515) 842-3101, ext. 216. EOE.

KANSAS

Humboldt—Full time PSYCHIATRIST-CLINICAL DIRECTOR of 6 county MHC, providing outpt. and consul.-educ. svcs.-Duties: supervision of Clin. Staff;

Providing Direct and Indirect svcs., and planning for svcs. Sal. $45,000 to $50,000. Area is rural with small towns, 8,000-12,000 pop. 2 hrs. from Kansas City, Topeka, Wichita, Joplin and Tulsa. Contact: Paul Thomas, Administrator, Southeast Kansas Mental Health Center, Box 39, Humboldt, KS 66748, OR call collect (316) 473-2241. EOE.

KENTUCKY

COMMUNITY PSYCHIATRIST WANTED to be 2nd psychiatrist, outpt. and inpt. work in semi-rural CMHC with Univ. of Louisville faculty appt., 45 miles from Louisville, strong scientific orient. desired with knowledge or desire to learn behavioral-social trng. techniques as well as behavioral med., up to $50,000 plus prvt. prac. options. Financially sound, cost effective ctr. in needy area. Vitae to: Thomas Radecki, M.D., Clinical Director, North Central Comprehensive Care Ctr., 907 N. Dixie, Elizabethtown, KY 42701, call (502) 769-1304.

Lexington—PSYCHIATRIST II—Practice in Lexington in a prgsv. JCAH accred. psychiat. hosp. with 300 pt. pop. Local Univ. Med. Ctr. and CMHC systems avail. for affil. Requirements include Ky. license and 3 yrs. apprvd. rsdncy. Usual work week 37.5 hrs. Excel. frng. bnfts. Sal. $37,641-$41,599. Higher sal. commensurate with exper. and Cert. Addtl. income from PT empl. with local CMHC and other agencies avail. Lex. has been named one of 20 most desirable commtys. in which to live in US by National Geographic. Direct Vitaes to: Daniel Nahum, M.D., Chief of Staff, Eastern State Hospital, 627 West Fourth St., Lexington, KY 40508. Ph. (606) 255-1431, ext. 256.

Owensboro—STAFF PSYCHIATRIST: One full time staff psychiatrist to join well estab. compre. CMHC in congenial Owensboro, Ky., third largest city in the state. To have med. leadership of teams working in outpt., inpt., partial hospitalization and other prgms. involving total MH needs of an active commty. Facils., frng. bnfts. and CME opptys. excel. Starting sal. $40,000-$50,000 dep. on quals. Contact Bryan Warren, M.D., Clinical Director, Green River Comprehensive Care Center, P.O. Box 950, Owensboro, KY, 684-0696.

LOUISIANA

New Orleans—CHILD PSYCHIATRIST as Training Director for approved and funded prgm. at L.S.U. Medical Ctr. Must be Bd.-Cert. in child psychiatry. Applications from women and minority grps. candidates are encouraged. Applications and inquiries should be sent to: R. Dean Coddington, M.D., Dept. of Psychiatry, L.S.U. Medical School, 1542 Tulane Ave., New Orleans, LA 70112.

Shreveport—FACULTY APPOINTMENTS: LSU Medical Ctr. Two openings. Seeking academically oriented energetic individuals at the assistant or associate professor level. Excel. research facils. avail. in a growing dept. and med. schl. Good remuneration. One of the best fishing and outdoor areas of the country. AA/EOE. Interested individuals please send CV to: John T. Brauchi, M.D., Professor & Chairman, Dept. of Psychiatry, LSU Medical Center, P.O. Box 33932, Shreveport, LA 71130.

MAINE

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 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 prof. staff. We would be int. in applics. from indvdls. who have completed apprvd. 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. Aroostook County has a peaceful, pollution-free, rural environ. in which both summer and winter recreat. opptys. abound. There are rolling hills, trout streams and lakes, small towns, two branches of the Univ. of Maine, and a Jet Airport. Frng. bnfts. incl. reloc. costs; 4 weeks vac.; a retirement pgm.; med., life, and disability insur.; and a compet. sal. Submit resume or call: Robert R. Vickers, Exec. Dir., Aroostook Mental Health Center, Fort Fairfield, Maine 04742. Ph: (207) 472-3511.

Maine: If you are coming or are interested we would be glad to help: Maine Psychiatric Association, Pres. Stephen Soreff, M.D., 22 Bramhall St., Portland, Maine 04102; (207) 871-2215.

MARYLAND

CHILD PSYCHIATRY RESIDENTS—The Sheppard-Pratt Hosp., a prvt. psychiatric facil. in suburban Baltimore, is accepting applications from physicians who have completed basic psychiatry reqs. and desire trng. in child and adol. psychiatry. A fully accredited two-yr. prgm. is avail. Accepted individuals are provided extensive supervision and a most compre. didactic prgm. Clin. work includes trtmt. of inpts. (90 beds used exclusively for pts. of 5-18 yrs.), outpts. and day schl. students. Local affils. provide exper. with the newborn, physically ill, socially deprived, etc. Sal. and bnfts. are excel. Contact: Director of Child Psychiatry Training, P.O. Box 6815, Towson, MD 21204.

Baltimore—Univ. of Maryland Div. of Child Psychiatry is seeking a CHILD or ADOLESCENT PSYCHIATRIST at ASST. PROF. level to serve as director of 18 bed inpt. adol. unit. at CMHC which is integral part of trng. prgm. Duties include admin., tchng., and SVC, with oppty. and time for clin. research. Must be Bd. Cert./Elig. Sal. nego., EOE, Contact: Lois T. Flaherty, M.D., Director, Children's and Adolescents' Services, Walter P. Carter Center, 630 W. Fayette St., Baltimore, MD 21201.

MASSACHUSETTS

A prestigious Boston area psychiatric hosp. is conducting a search for MEDICAL DIRECTOR. Both professional and financial bnfts. are substantial. Your confidential inquiry is welcome by writing to: H. Disraelly, Search Agent, 3 Nash Place, Stamford, CT 06906.

ADULT or CHILD PSYCHIATRISTS sought for outpt. posns. near Boston. Exper. with chronic and acute illness necessary. Immed. halftime posn. avail. and possibilities for fulltime employment in near future. Consul., supervision, prgm. direction, child, family, and grp. therapy opptys. Addtl. trng. in new trtmt. modalities avail. with a large, sophisticated staff. Posn. carries clin. appt. on staff of Tufts-New England Medical Center. Write or call-Morton B. Newman, M.D., Director of Clinical Services, Mystic Valley Comprehensive CMHC, 186 Bedford St., Lexington, MA, 02173. Tel. 617-861-0890. EOE.

PSYCHIATRIST to work in consultation-liaison private practice at busy Cape Cod Hospital. Type of arrangement negotiable. Reply Box P-914, *Psychiatric News*.

PSYCHIATRISTS WANTED for dynamic commty. and acute inpt. programs. Opptys. for varied experiences, clinical consultation and teaching. Openings in outpt. clinic adult and children's services; Adult Day Treatment Program; Acute inpt. service. Salaries nego. Contact Sylvester R. Sheridan, M.D., Tri-City Area Medical Director, 15 Ferry St., Malden, MA 02148. Tel. 617-321-1060. An EOE.

We are looking for a MEDICAL DIRECTOR (20 hrs./week) and PSYCHIATRISTS for a developing, federally-funded Compre. CMHC. MEDICAL DIRECTOR: Will be respon. for recruiting, trng., supervising other psychiatrists in Ctr. prgms., ensuring that psychiatric coverage is avail. as needed in all prgms. Respon. to Director of Clinical Svcs., with whom Medical Director plans and evaluates Clinical Prgms. of the Ctr. Also respon. for clin. evals., trtmt., and staff supervision; helps develop and participates in Center's in-svc. educ. and quality assurance prgms. Must be Bd. cert. Should have mix of inpt. and outpt. exper., and an interest in Clin. Administration and prgm. dvlpmt. Sal. $20,000-$23,000 (for 20 hrs.) and frng. bnfts. PSYCHIATRISTS: We need three full-time equivalent staff psychiatrists (will accept part-time people) to do evals., diagnoses, trtmt., clin. consuls. and supervision of other staff in a variety of MH settings: outpt. adult, day trtmt., emerg. svcs., geriatric svcs., commty. consul. and educ. Must be Bd. elig., and should have exper. and interest in commty.-based MH svcs. Sal. $35,000-40,000 (for full-time) plus frng. bnfts. for anyone working half-time or more. Send CV to: Executive Director, Metropolitan Beaverbrook MH and Retardation Ctr., Inc., 92 Mount Auburn St., Watertown, MA 02172.

Boston—Posn. open for PSYCHIATRIST with own PT or FT prac. to join eclectic, multidiscpl. prvt. prac. Flex. hrs. Open-ended financ. possibilities. Share med. supervision; do ind., fam. and grp. psychotherapy; consul. Exciting waterfront loc. Send CV to Patti Levin-Zigelbaum, ACSW, New Center for Psychotherapies, P.C., 240 Commercial St., Boston, MA 02109.

Boston: Several full and part-time posns. for ADULT, CHILD PSYCHIATRISTS; work with outpts., inpts. Call Stephen Lawrence at Dorchester Mental Health Ctr., 555 Morton St., Boston, MA 02124, phone (617) 436-6000, ext. 217, 218.

Cambridge—TWO OPENINGS: DIRECTOR, AMBULATORY SERVICES, The Cambridge Hosp. Dept. of Psychiatry-Grad. degree in human svcs. req'd. ASSOCIATE DIRECTOR, AMBULATORY SERVICES, The Cambridge Hosp. Dept. of Psychiatry-Bd. elig. psychiatrist req'd. Also person should have at least 6 yrs. of clin. and admin. exper. in a CMH setting plus a background in dynamic psychiatry. Sal. nego. Send resume to: Thomas J. Paolino, Jr., M.D., Clinical Director, Dept. of Psychiatry, The Cambridge Hospital, 1493 Cambridge St., Cambridge, MA 02139.

Fitchburg-Leominster: CHILD/ADULT PSYCHIATRIST in Outpt. Svc. of large, active, decentralized CMHC—one hr. from Boston. Oppty. for trtmt., supervision, trng. and consul. Full or part-time. Sal. competitive. Call 617-343-6966 or write Director, Outpatient Services, North Central Mass. Mental Health Center, Nichols Rd., Fitchburg, MA 01420.

MICHIGAN

PSYCHIATRISTS—The State's newest 170 bed facility is accepting applications to serve as STAFF PSYCHIATRISTS. Adjacent to Wayne County Gen. Hosp., and affil. with the prestigious Lafayette Clinic, we offer a varied and challenging prgm. Expected sal. range starts at $48,000, with excel. frng. bnfts. Contact Raman Bhavsar, M.D., Metropolitan Regional Psychiatric Hospital, Eloise, MI 48132.

STAFF PSYCHIATRIST—Posn. avail. for team oriented psychiatrist to be respon. for pt. care in one or more of the prgms. of a compre. CMHC for mentally ill and developmentally disabled chldrn. and adults, incldg. outpt., day trtmt., emerg., rehab., consul. and educ. In accordance with interest and aptitude, may assume respon. for prgm. planning, dvlpmt. and eval., and may participate in trng. of rsdnts. Should be Bd. Elig. or Bd. Cert. Sal. starts at $47,258 dep. on quals. and exper. Send vita to Arthur Heller, ACSW, Executive Director, Genesee County CMH Services, 420 W. Fifth Ave., Flint, MI 48503. (313/767-7630).

Ann Arbor—FELLOWSHIP IN FORENSIC PSYCHIATRY. The Ctr. for Forensic Psychiatry, a multidiscpl. inpt. and outpt., diag. and trtmt. facil., now offers post grad. fellowship trng. in Forensic Psychiatry. Learning by independent study, specialized Forensic Seminars, law schl. courses and supervised clin. exper. at a variety of commty. agencies. Sal., $34,827.00 with lib. frng. bnfts. Contact: Elissa Benedek, M.D., Director of Research and Training, Forensic Center, Box 2060, Ann Arbor, MI 48106 or call (313) 429-2531 Ext. 392. EOE.

Ann Arbor—THE CENTER FOR FORENSIC PSYCHIATRY, the prgsv. unit of the Dept. of MH evaluating and treating criminal defendants on a state-wide basis, has posns. avail. for qualified bd. elig. or cert. PSYCHIATRISTS. Practice interesting psychiatry in the attractive Ann Arbor area. Sal.: Up to $55,500 with ann. increases and substantial addtl. pay for on-call duties. Bnfts.: Paid vac., sick leave, holidays, and continuing med. educ.; life, health and dental insur. plans; retirement and deferred compensation plans; 40-hr. work week; part time prvt. prac. allowed. Contact: Lynn W. Blunt, M.D., Clinical Director, Center for Forensic Psychiatry, P.O. Box 2060, Ann Arbor, MI, 48106, (313) 429-2531. (EOE).

Ann Arbor—The Dept. of Psychiatry at the Univ. of Mi. has a FACULTY OPENING as CHIEF OF THE PSYCHIATRY SVC. in our Dean's Committee VA Hosp. Must have bds. in psychiatry with documented evidence of research and tchng. skills, as well as admin. and clin. competence. Reply to: George C. Curtis, M.D., Dept. of Psychiatry, Univ. of Mi., Ann Arbor, MI 48109. A non-discriminatory, AAE.

Ann Arbor—The Dept. of Psychiatry at the Univ. of Mi. is seeking a PSYCHIATRIST at the FULL PROFESSOR level to become the Director of our Youth Svc. Must be psychoanalytically trained with broad tchng., clin. and research interests and track record. Should have strong admin. background to be able to head a large inpt. (34 chldrn., 18 adol.), day hosp., and outpt. prgm. (over 20,000 visits/yr.). Reply to: Saul Harrison, M.D., Childrens Psychiatric Hospital, Univ. of Mi., Dept. of Psychiatry, Ann Arbor, MI 48109. A non-discriminatory, AAE.

Battle Creek—Vacancies exist for GENERAL PSYCHIATRISTS. Must be bd. cert. or elig. Large active psychiatric medical ctr. midway between Chicago and Detroit. Excel. recreat. area with four major state univs. within commuting distance. Univ. affil. plus allied health field tchng. prgms. involving several commty. colleges. Well staffed multidiscpl. prgms. in psychiatry and med. Complete CME prgm. avail. at the medical ctr. plus oppty. for time off to attend meetings, etc. Applics. must possess basic proficiency in spoken and written English. Usual Federal frng. bnfts. incldg. 30 day paid vacation, 15 days sick leave, 9 paid holidays, low cost life and health insurance and excel. retirement plan. Sal. commensurate with trng. and exper. range $38,160 to $47,064 plus up to $7,500 addtl. bonus. Contact Chief of Staff, VA Medical Center, Battle Creek, MI 49016. Phone collect 616-965-3281, Ext. 581. EOE.

Detroit—POSN. IMMED. AVAIL. FOR PGY-I OR PGY-II LEVEL PSYCHIATRIC RESIDENT. Starting July 1, 1979, approved three-yr. and Categorical* four-yr. psychiatric rsdncy. prgms. which are part of Wayne State Univ. Dept. of Psychiatry. These are dynamically oriented, commty. psychiatry prgms. loc. in the heart of the Detroit area. Tchng. staff includes psychoanalysts, psychiatrists, and behavioral scientists in related areas. Visiting professor prgm. Tchng. prgm. is directed toward ind. needs of each rsdnt. Close super. in psychoanalytic psychotherapy, emerg. psychiatry, grp. therapy, psychiatric consul., suicide prevention, aftercare, and emerg. walk-in svc. Frng. bnfts. Sal. range as of Oct. 10, 1978: PGY-I-15,221.52; PGY-II-22,049.28; PGY-III-23,155.92; PGY-IV-24,554.88; 5th Yr.-34,827.84. Contact Bernard Chodorkoff, M.D., Ph.D., Detroit Psychiatric Institute, 1151 Taylor Ave., Detroit, MI 48202. Ph. (313) 876-4430.

Detroit—PSYCHIATRIST wanted for tchng. and supervision in the Lafayette Clinic, a leading trng. and research ctr. affil. with Wayne State Univ. Sal. range from $47,982 to $61,241. Posn. avail. as staff psychiatrist or senior staff. Preference given to applicants with bd. certification, demonstrated ability as teachers or published clin. research. Contact: Thomas Sullivan, M.D., Lafayette Clinic, 951 E. Lafayette, Detroit, MI 48207, Ph. 313/256-9563.

Flint—PSYCHIATRIST: Bd. Elig.; to perform occupational evaluations; 4 days per week; $40,000 plus incentives. Liberal bnfts. and opptys. Write: Dr. Irwin Finkelstein, 706 North St., Flint, MI 48502.

Menominee-Marinette—PSYCHIATRIST-CLINICAL DIRECTOR for estab., small, flex. nonprofit clin. svg. interstate area. Oppty. to combine professional and recreat. pursuits. Small town living bnfts. Loc. 55 miles from Green Bay, WI. Fully paid retirement plan, insurances. Tax sheltered annuity avail. Sal. nego.; commen. with exper. Reqs. incl. lic. in MI and WI. Phone collect 715-735-9034 to Robert F. Jarentowski, CSW, Exec. Dir., The Counseling Center, Inc., 1718 Main St., Marinette, WI 54143.

Newberry—PSYCHIATRIST to join us on staff of small (census approx. 180) State MH Inpt. Facility. Loc. in a rural setting in Michigan's beautiful Upper Peninsula. Sal. $50,404-$55,561 dep. upon exper. and quals. Excel. Civil Service frng. bnft. pkg. Limited housing avail. at moderate cost. Must be able to obtain permanent Mi. lic. Contact Steven A. Myers, M.D., Chief of Clinical Affairs, Newberry Regional MHC, Newberry, MI 49868.

Northville—WANTED PSYCHIATRISTS Due to expanding prgms., psychiatrists continue to be needed for a modern-designed prgsv. tchng. and research psych. hosp. of 600 beds. Prgms. involve Adult, Young Adult, CMH Aftercare Clinics and Crisis Center svcs. Oppty. for energetic and creative psychiatrists to work in intensive diagnostic and trtmt. prgms. Location: Northville is a desirable resid. suburban environ. for quiet family living situated equidistant between Detroit and Ann Arbor. Salary: Less than 1 yr. exper. $47,982; 1 yr. or more exper. $50,404; Bd. Cert. & 1 yr. or more exper. $52,930. The Michigan Civil Svc. frng. bnfts. amount to another 30% of the sal. Part time prvt. prac. permissible. For further information: Contact Fulvio Ferrari, M.D., Chief of Clinical Affairs, Northville Regional Psychiatric Hospital, Northville, MI 48167.

Owosso—STAFF PSYCHIATRIST needed for CMHC near Lansing, to work with congenial multi-discpl. professional staff of 3 Ph.D. psychols., 4 psychiatric social workers, a chief psychiatrist, and 3 students in trng. Broad range of svcs. for chldrn., adols. and adults. Starting sal.—$52,000, excel. frng. bnfts., a month paid vacation. Prvt. prac. allowed. Opptys. wide open. Pleasant commty. for family living, much less expensive than metro areas. Will provide interviewing and moving expenses. Send resume to David Ihilevich, Ph.D., or Robert M. Patterson, M.D., P.O. Box 479, Owosso, MI 48867, or call (517) 723-6791.

MINNESOTA

CHILD PSYCHIATRIST, FT, to organize and help deliver child psych. svcs. for dvlpng. MH prgm. of 20-yr. old multispec. grp. (HMO) serving 120,000. Exc. med. staff, sal., frng. bnfts. and quality of life. Oppty. and time provided for tchng. Send CV to: R. J. Rauch, M.D.; Chairman; MH Dept.; Group Health Med. Ctr.; 606 24th Ave., South; Minneapolis, MN 55454 or call Collect (612) 371-1661.

Minneapolis—Eclectic, GENERAL PSYCHIATRIST wanted for growing 11 (7 a yr. ago) member multi. disc. MH Dept. within a 104 MD prvt. multi-spec. grp. serving fee-for-svc. & HMO pop. Posn. requires short term individ., fam., & grp. ther. for outpt. caseload plus limited hosp. cons. Exc. frng. & compet. sal. Contact R. O. Anderson, M.D., St. Louis Park Medical Center, 5000 West 39th St., Minneapolis, MN 55416.

Minneapolis—PSYCHIATRIST (FT) for further expansion of young, dynamically oriented MH staff of 12 in well established pre-paid multi-spec. grp. serving 120,000 in the Twin Cities. Posn. involves primarily outpt. psychotherapy and pharmacotherapy but has option of incldg. development and direction of a counsul./liaison svc. Sal. is competitive and frng. bnfts. are excel. Oppty. and time provided for tchng. Send CV to: R. J. Rauch, M.D., Chairman, MH Dept., Group Health Med. Ctr., 606 24th Ave., South, Minneapolis, MN 55454 or call collect (612) 371-1661.

New Richmond, St. Croix County, Wis.—PSYCHIATRIST-CLINICAL DIRECTOR for compre. Health Ctr. operating Inpt.-Outpt. MH and Alcoholism Treatment Programs, Programs for Developmentally Disabled incldg. Adult Day Care and Sheltered Work. Excel. staff utilizing a compre. trtmt. and growth model. Sal. $35,000.00 to $50,000.00 with frng. bnfts., incldg. such items as med. insur., malprac., professional travel, etc. This new facility is loc. 35 miles from Minneapolis/St. Paul, Minn. and the Univ. of Minn. AA/EOE. Send resume to: Gary D. Johnson, Administrator, St. Croix Health Center, Route 2, Box 16-A, New Richmond, WI 54017. (Phone: 715/246-6991).

Rochester—PSYCHIATRIST for active adult admitting unit in highly regarded State Hosp. Must have completed three (3) yrs. rsdncy. and be elig. for Minnesota Lic. Grads. of Canadian Medical Schls. with LMCC have reciprocity with Minnesota. Malprac. coverage provided. No night or week-end duty. World famous array of med. facils. in local area. Excel. educ. climates for professionals and families. Contact: Glen M. Duncan, M.D., Director of Clinical Services, Rochester State Hospital, Rochester MN 55901. Ph: (507) 285-7002. EOE.

St. Peter—PSYCHIATRIST, ASSISTANT MEDICAL DIRECTOR for new Minn. Security Hosp., currently under construction. Background in forensic psychiatry desirable, ample oppty. for further trng. and exper. Must also be interested in admin. hosp. work. Present Med. Director nearing retirement. Sal. is nego.—$40,000 to $50,000 plus bnfts. Pt. pop. mixed, all involuntary. Interesting and unusual cases predominate. St. Peter is loc. in the beautiful Minn. River Valley, many scenic lakes, excel. schl. system, prvt. college, State Univ. nearby. Minn. Metro Area within 1½ hrs. drive. Contact: Ronald C. Young, M.D., Medical Director, Minnesota Dept. of Public Welfare, Centennial Office Bldg., St. Paul, MN 55155 Ph: (612) 296-3058.

MISSISSIPPI

Jackson—PSYCHIATRIC RESIDENCY TRAINING. The Univ. of Mississippi Dept. of Psychiatry and Human Behavior has posns. avail. for rsdnts. at all levels of trng. Applications will be accepted and reviewed for all interested candidates. Discover the many opptys. avail. for trng. and future dvlpmt. in an actively growing commty., away from the many problems of large metro. areas and the northern climate. The rsdncy. offers a unique exper. in a combination of primary care in family medicine, an eclectic psychiatric orientation incldg. psychodynamic, biological behavioral and commty. psychiatry, and the neurological sciences. Write or call Garfield Tourney, M.D., Director of Residency Training, Dept. of Psychiatry and Human Behavior, Univ. of Mississippi Medical Ctr., Jackson, MS 39216. Phone (601) 968-3902.

MISSOURI

Full-time posns. for PSYCHIATRISTS for a compre. MH facil. to provide and supervise clin. svcs. to adult Inpt. and Outpt. and Alc. and Drug Svcs. Consul. and liaison svc. in the UKMC Schl. of Med. tchng. hosp.; tchng. of med. students and psychiatric rsdnts. and grad. students in MH related fields. Faculty appt. with UMKC Schl. of Med. Acad. rank and sal. dep. on exper. and quals. Resume to: Charles B. Wilkinson, M.D., Executive Dir., Greater Kansas City MH Foundation, 600 East 22nd St., Kansas City, MO 64108.

St. Joseph—PSYCHIATRIST, Bd. Elig. or Cert., to work as Staff Psychiatrist. Respons. incl. clin. svcs., diag. consul., supervision, therapy and prgm. dvlpmt. Sal. competitive with excel. frng. pkg. St. Joseph is a prgsv. commty. of 90,000 near Kansas City-approx. 40 miles from KCI airport. Ctr. is well estab. commty. agency which recently accepted CMHC respon. Current staff incl. 46 prof. in various discpls. Contact: Norman Tolo, Exec. Dir., Family Guidance Ctr./CMHC, 200 Corby Bldg., St. Joseph, MO 64501, or call coll. 816/364-1501. EO/AAE.

Springfield—CHILD PSYCHIATRIST to work in broad range of consultative and trtmt. activities. GENERAL PSYCHIATRIST posn. needs person with a desire to work in area of forensic and inpt. svcs. Diversified clin. staff of 30, city of 191,000 in Ozarks Lake Country. Sal. $45,000 range, plus exceptional frng. Send resume to: P.O. Box 1611, SSS; Springfield, MO 65805.

MONTANA

Helena and Butte—Bd. Cert. or Bd. Elig. (ABPN) PSYCHIATRIST to join a staff of 4 psychiatrists in prgsv. rural CMHC with a high quality multidiscpl. staff in beautiful scenic mountainous area with hunting, fishing, skiing, and other outdoor recreation. Posn. involves providing psychiatric svcs. to all phases of estab. prgms. with limited travel involved. Sal. range mid $40,000's dep. on exper. Excel. frng. bnfts. incldg. paid health insur., paid educational leave, plus help with relocation expense. Send resume to: Brian Davis, M.D., Clinical Director, 512 Logan, Helena, MT 59601 or call collect to: C. Joe Harrington, MSW, Executive Director—(406) 442-0310.

WARM SPRINGS STATE HOSPITAL—Prgsv. Psychiatric Hosp. situated in the heart of the Rocky Mtns. has openings for Bd. Cert./Bd. Elig. PSYCHIATRISTS. Sal. ranging between $40,000 to $48,000 approx. dep. on quals. Uncongested living in Big Sky Country-Western Montana. Nearby wilderness areas provide ample opptys. for skiing, fishing, hunting, and other outdoor recreat. Highly competitive frng. bnfts. incldg. Malprac. Insur. paid by the State of Montana. Low cost on grounds housing provided. All utilities and maint. paid. Apply: Superintendent's Office, Warm Springs State Hosp., Warm Springs, MT 59756.

NEBRASKA

Lincoln—F.T. PSYCHIATRIST for CMHC. Attractive Univ. City (pop. 180,000). Sal. nego. between $36,000-$45,000. Contact Charles E. Richardson, M.D., Director, Community Mental Health Ctr. of Lancaster County, 2200 St. Mary's Ave., Lincoln, NB 68502. Phone: (402) 475-9561.

Omaha—CHILD PSYCHIATRIST for faculty appt. Rank and sal. dep. upon quals. Must have demonstrated research ability. Duties primarily research with limited tchng. and clin. supervision. Candidate will also be considered for Anna O. Stake Senior Career Fellowship which provides funds for continuing educ. and seed money for research. Starting date July 1, 1979 or by arrangement. EOE. Send CV and bibliography to: Merrill T. Eaton, M.D.; Professor and Chairman; Dept. of Psychiatry; University of Nebraska College of Medicine; 602 South 45th St.; Omaha NB 68105.

NEVADA

Reno—Acad. oriented bd. cert. (pref.) PSYCHIATRIST to direct 24-bed acute, multidiscpl. unit in dept.'s major tchng. facil. Trng. at various levels—3rd & 4th yr. med. students, nursing students, psychol. ints.; active research prgm. This 24-hr./day city situated in beautiful high desert is mins. from Lake Tahoe & a 4 hr. drive from San Fran. Send CV to John N. Chappel, M.D., Chairman Search Committee, Dept. of Psychiat. & Behav. Sci. Schl. of Med. Sci., Univ. Nevada, Reno, NV 89557 or call 702/784-4917. Application deadline June 15, 1979. AA/EOE.

NEW HAMPSHIRE

PSYCHIATRIST—FT Posn. avail. July 1, 1979 for Bd. Elig./Cert. Psychiatrist. Semi-rural CMHC 90 miles from Boston with excel. med., human svc. and recreat. facils. Posn. is for second-hosp. based psychiatrist incldg. inpt., partial hospitalization and hosp. consul. svcs. Opptys. for trng., C&E and part-time prvt. prac. Many advantages in addition to competitive sal. and excel. frngs.: Tchng. 3rd yr. rsdnts., work with multi-discpl. team and with four other commty. and family oriented psychiatrists. Inquire: Gerald A. Kraines, M.D., Medical Director, Monadnock Family & Mental Health Service, 331 Main St., Keene, NH 03431 (603) 357-4400.

STAFF PSYCHIATRIST—N.H. Bd. Cert. or elig.; for acute inpt. and day-hosp. components of new, compre. CMHC; will participate in expansion of svcs., staff dvlpmt., consul., liaison and trng. Sal. nego. Excel. bnfts. EOE. Send resume and sal. reqs. to Director of Administration, Mental Health Center for Southern N.H., Medical Arts Building, Birch St., Derry, NH 03038.

NEW JERSEY

Bergen County—CMHC seeks half-time PSYCHIATRIST (20 hrs.). Ctr. is loc. 15 mins. from G.W. Bridge and offers full range of trtmt. prgms. Applicants must have completed 3 yrs. approved psychiatric rsdncy. and be elig. for N.J. lic. Exper. with pharmacotherapy preferred. Competitive sal. Send CV to Box P-923, *Psychiatric News*.

Monmouth County-Red Bank area. PSYCHIATRIST to share off. suite & serve as consult. to diag. & trtmt. ctr. 5 mins. from modern hosp. with 30 bed psychiat. unit. Contact Bernard Loigman. Ed.D., 110 Hwy. 35, Red Bank, NJ 07701—(201)741-5814.

NEW YORK CITY & AREA

DIRECTOR of a MHC which is part of an HMO in Brooklyn. Board Certified. Broad therapeutic exper. Direct pt. care and administration. We are an EEO/AA Employer. Please reply with CV to: Box P-918, *Psychiatric News*.

PSYCHIATRIST POSN.: Fellowship in psychoanalytic trng. combined with ideal post-rsdncy. clin. prgm. Intensive super., practical courses. Also: prgms. in grp., family, child therapy, CMH consul., social rehab., research. Sal. dep. on number of clin. svc. hrs. Contact: Henry G. Grand, M.D., Director of Psychiatry, Postgraduate Center for Mental Health, 124 E. 28th St., New York, NY 10016.

PSYCHIATRY & LAW FELLOWSHIP—NIMH apprvd. Fellowship Trng. Prgm. in Psych. and the Law under the acad. aegis of the Dept. of Psychiatry, N.Y. Univ. Schl. of Med. Didactic and clin. curric. utilizing the resources of the N.Y.U. Schl. of Law, the Bellevue Psych. Hosp., the Forensic Psych. Clinic of the N.Y. Supreme Court, the Mental Health Services of the Family Court of the City of N.Y., and the Prison Mental Health Service of the City of N.Y. This prgm. entails opptys. for tchng. and research and a faculty appt. Applications are requested from Bd. Cert. and/or Bd. Elig. psychiatrists. Send resumes or call: Henry C. Weinstein, M.D.; Dept. of Psychiatry; N.Y. Univ. School of Med.; 550 First Ave.; N.Y., N.Y. 10016 Ph: (212) 561-4811.

RESIDENCY APPLICATIONS being acceptd. for trng. in appvd. 4 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: $16,780-$19,500 per yr. Write Director of Education & Training, Dept. of Psychiatry, Harlem Hosp. Ctr., Lenox Ave. & 136th St., New York, N.Y. 10037.

SECOND YEAR CHILD PSYCHIATRY FELLOWSHIP OPENING-UNEXPECTED POSN. AVAIL. IN CHILD PSYCHIATRY FELLOWSHIP PRGM., DEPT. OF PSYCHIATRY, ST. VINCENT'S HOSP. AND MED. CTR., N.Y. CITY. THE SECOND YR. FELLOWSHIP EXPER. PROVIDES AN EXCEL. OPPTY. FOR CONSUL. BOTH WITHIN THE HOSP. AND TO OUTSIDE AGENCIES INCLDG. THE SCHLS., DAY-CARE CTRS., ETC. THE FELLOW WILL RECEIVE INTENSIVE SUPER. AND TRNG. IN LONG-TERM, SHORT-TERM AND FAMILY THERAPY. PRGM. IS PSYCHOANALYTICALLY ORIENTED. OPPTYS. FOR RESEARCH AVAIL. LOC. IN THE HEART OF MANHATTAN, IT PROVIDES A VARIED POP. FOR TRNG. STIPENED COMMENSURATE WITH EXPER. AVAIL. JULY 1, 1979. CONTACT JOHN D. O'BRIEN, M.D., CHIEF, CHILD & ADOLESCENT SERVICES, ST. VINCENT'S HOSPITAL & MEDICAL CENTER, 144 W. 12TH. ST., NEW YORK, NY 10011.

THE WILTWYCK SCHOOL in Yorktown, N.Y., 30 miles from Manhattan, has several openings for part-time PSYCHIATRISTS. Psychiatrist would be part of an inpt. unit servicing the more troubled of the adol. youngsters in care. He/she would be part of an interdiscpl. team (social work, child care, nursing, and teacher) with an oppty. for participation in aspects of trng. staff and being trained by staff. Gen. psychiatric prgm. includes reg. case conferences and seminars. Openings would require a commitment of 15 to 25 hrs. per week, or 17½ hrs. per week. A completed three-yr. rsdncy. prgm. in psychiatry is basic req.; addtl. exper. in child psychiatry desirable. Please send resume to: Sander Fogel, M.D., The Wiltwyck School, Illington Rd., Yorktown, NY 10598.

Manhasset, L.I.—PSYCHIATRIST for biochemically oriented trtmt. prgms. for adults and children. Full or part-time. Diagnosis, trtmt. and supervision. N.Y.S. Lic. req. Write: North Nassau Mental Health Center, 1691 Northern Blvd., Manhasset, NY 11030 (516) MA7-7535.

Manhattan—PSYCHIATRISTS—a prominent psychiatric ctr. serving the adult pop. of Manhattan is looking for psychiatrists. Requirements: Completion of apprvd. rsdncy.; N.Y.S. Lic.; Bd. Cert. or Bd. Elig. pref. Sal. range $29,000 to $37,000 dep. on quals. Gen. frng. bnfts. Pleasant working conditions in an atmosphere conducive to prof. dvlpmt. Send CV to: Roger Biron, M.D., Deputy Director Clinical (Acting), Manhattan Psychiatric Center, Ward's Island, N.Y.C., N.Y. 10035.

Port Chester—STAFF PSYCHIATRIST—Lic. Prgm. of intensive psychotherapy; dynamic therapeutic setting; oppty. to learn and advance; good sal. and prvt. prac. privileges. Write: Alexander Gralnick, M.D., High Point Hospital, Port Chester, NY 10573 or call (914) 939-4420.

NEW YORK STATE

Elmira—PRIVATE PRACTICE/OUTPATIENT CLINIC POSN. Bd. cert. or elig. PSYCHIATRIST wanted half-time to supervise highly qualified staff of innovative outpt. clinic. Balance of time could be devoted to prvt. prac.—opptys. in this drawing area of 250,000 are excel. The Clinic is loc. in the beautiful Finger Lakes Region of N.Y. with easy access to recreat. activities., major East Coast cities. Sal. range—$20,000-$22,000. Send CV to Stephen J. Burns, M.D., Clinic Director, Chemung County Mental Health Clinic, Heritage Park, Elmira, NY 14901. Phone: 607-737-2908.

Norwich—STAFF PSYCHIATRIST—Full or Part-time—Applic. should possess a lic. or temporary certificate to practice med. in the State of N.Y., Bd. qualified or Bd. elig. as a psychiatrist by the ABP&N. Applic. should have three yrs. of formal or supervised trng. in an inpt. or outpt. MH prgm., plus some addtl. clin. exper. in multi-discpl. setting. Chenango County Clinic is an outpt. facility with day care prgm., loc. in Norwich, N.Y. and is the sole clinic in the county with a local pop. of approx. 47,000. SAL. NEGO. with excel. frng. bnfts. Please send resume and call for appointment to: K. C. Sharma, Ph.D., Director Community Services, Chenango County MH Clinic, Norwich, NY 13815. Phone: 607-335-4632 or 4631.

Ogdensburg—PSYCHIATRIST needed at open door, commty. orient. psych. ctr. loc. on the St. Lawrence River in northern N.Y. 60 miles from Ottawa, Ontario and 2 hrs. from Montreal, Quebec. Serves essentially rural and acad. commty. (6 colleges within 30 mile radius) vacationland area, hunting, fishing, skiing, etc. within easy reach. Rsdnt. pop. approx. 600 incldg. chldrn. and alcoholic units. Exc. sal. and frng. bnfts. 35 hr. work week. No malprac. insur. necessary. Bd. Elig. or Cert. acceptable. Need N.Y. Lic. or N.Y. limited permit. Write: Lee D. Hanes, M.D., Director, St. Lawrence Psychiatric Center, Ogdensburg, N.Y. 13669 or call (315) 393-3000. We are an EOE.

Oswego—Full or part-time PSYCHIATRISTS needed to join well-staffed JCAH accred. CMHC. Good working conditions. Congenial atmosphere. Sal. to 40's, dep. on quals. Addtl. renumeration for emerg. coverage duties. Prvt. prac. permitted and avail. Five days educational leave, with expenses paid. N.Y. State retirement systems, plus other regular frng. bnfts. Send resume to: Robert McKinstry, Deputy Director, Oswego County CMHC, 74 Bunner St., Oswego, NY 13126, (315-349-3300).

Rochester—CHILD PSYCHIATRIST, part time or full time, immed. opening in well-estab. children's outpt. svcs. of a compre. CMHC at Rochester General Hosp. Includes opptys. in pediatric liaison, forensic child psychiatry, day trtmt., hospitalization, tchng., consul., and prvt. prac. Contact: Werner I. Halpern, M.D., Director Children and Youth Division, Rochester MHC, 1425 Portland Ave., Rochester, NY 14621. Phone (716) 544-5220.

Rochester—PSYCHIATRIST for major posn. in Adult Ambulatory Services, Roch. MHC. Clinical and supervisory respons. in estab. MH svcs. delivery system at Roch. Gen. Hosp. Broad range of clin. prgm. challenges with "high morale" interdiscpl. staff grp. Part-time or full-time with prvt. prac. oppty. Contact: Eric Rennert, M.D., Dir., Adult Services, Roch. MHC, 1425 Portland Ave., Rochester, NY 14621. Phone (716) 544-5220.

Schenectady—CHILD PSYCHIATRIST. The Children's Home of Schenectady is seeking a licensed child psychiatrist interested in working with a staff or 100 persons serving chldrn. ages 11 to 17 in a variety of prgms. incldg. residential care (56), grp. homes (18), day students (20) and commty. based prgm. (15). Casework counseling svcs. are provided by 7 MSW's to the chldrn. and their families. A recent med. rate increase enables us to expand our psychiatric consultative and clin. psychol. posns. In addition to consul. to staff, psychiatrist is expected to participate in intake process, case conferences and manage medication. Sal. range $30,000-$35,000, dep. on degree and exper. CLINICAL PSYCHOLOGIST—Ph.D.—Plan is to use the Clin. Psychol. to perform needed psychological and educ. testing, to participate in the intake process and to be respon. for the dvlpmt. of insvc. trng. prgms. for child care workers, social workers, teachers and other support svcs. staff as well as psychological consul. No clin. work. Sal. range $18,000-$25,000 dep. upon exper. The Children's Home is formulating plans to construct a schl. bldg. to accommodate up to 100 students as well as major renovations to it's residential facil. We are a brand new agency with a long history (90 yrs.) Send resume to: Stephen Vardin, CSW, Director of Clinical Services, Children's Home of Schenectady, 122 Park Ave., Schenectady, NY 12304.

Upstate New York-Capital District—CMHC PSYCHIATRIST to join estab. grp. of five psychiatrists in directing a hosp. based inter-discpl. team providing both Inpt. and Outpt. svcs. Loc. in the Upper Hudson Valley near the Adirondack and Catskill Mtns. and three hrs. from NYC and Boston; the region provides pleasant living with the unique combination of uncrowded conditions and Metropolitan conveniences. We are affil. with Albany Med. College for the trng. of med. students and residents, faculty appt. is poss. We require completion of three yr. apprvd. rsdncy. in Psychiatry and N.Y.S. Licensure. Sal. comm. with exper. and Bd. Cert. Contact: Ronald G. Nathan, M.D., Clinical Director, Samaritan Hospital Community Mental Health Center, 2215 Burdett Ave., Troy, NY 12180.

Willard—We have openings for well trained PSYCHIATRISTS interested in inpt. and commty. psychiatry work. Loc. in the beautiful Finger Lakes Region of N.Y. on the East shore of Seneca Lake; 10 colleges, incldg. Cornell Univ., within a 30-mile radius. JCAH accred. Staff sals. dep. on quals.: $34,312-$40,374. Frng. bnfts. incldg. pension plan, med. insur., 11 paid holidays, vac. and sick leave credits, plus 5 personal leave days. Write: Director, Willard Psychiatric Center, Willard, NY 14588.

NORTH CAROLINA

Asheville—In our cont. expansion pgm. one addit. posn. is avail. for a PSYCHIATRIST in innov., prgsv. 85-bed prvt. psychiat. hosp. The hosp. is fully accred. by the Joint Commission on Accred. of Hosps. and is cert. by Medicare. Must be Bd. Cert. Philosophy of the hosp.—eclectic. Sal. open. Asheville is a resort town loc. at 2200 ft. in Blue Ridge Mtns. of Western N.C. and is the med. ctr. for Western N.C. Write or call: Mark A. Griffin, Jr., M.D., Appalachian Hall, P.O. Box 5534, Asheville, N.C. 28803. Ph: (704) 253-3681.

Chapel Hill—STAFF PSYCHIATRIST, Bd. cert. or elig. Will provide outpt. svcs. for CMHC sites in Chapel Hill and Roxboro. Ideal location for recreational and acad. pursuits. Excel. frng. bnfts. Sal. $36,000. Send resume to: Personnel, 333 McMasters St., Chapel Hill, NC 27514. EOE.

Concord—TWO Bd. Elig. PSYCHIATRISTS needed in CMHC to provide Outpt. and partial hospitalization svcs. and med. supervision where indicated. Inpt. svcs. and med. backup for emerg. svcs. to be shared between 3 psychiatrists with addtl. compensation for after hrs. duties avail. Med. commty. of specialists and commty. hosp. are affil. with Duke Med. Ctr. and actively support recruitment of addtl. psychiatrists to commty. Opptys. for prvt. prac. open. Exc. frngs. incl. tax sheltered retirement plan. CMHC serves 3 counties in Southern Piedmont of N.C. adjacent to metro. Charlotte midway between the mtns. and the sea. Recreat. opptys. abound. Good public and prvt. schools avail. Contact: Ervin M. Funderburk, Jr.; Area Director, Piedmont Area Mental Health Centers; P.O. Box 1050; Concord, NC 28025. Ph: (704) 788-1130.

OHIO

ASSOCIATE WANTED—BD. ELIG. OR CERT. OFFICE AND HOSP. PRAC. VERY BUSY-VERY LUCRATIVE. I NEED SOMEONE TO JOIN ME OR TAKE OVER PRAC. COMPLETELY. MUST SLOW DOWN OR RETIRE DUE TO ILL HEALTH. OPPTY. OF LIFETIME TO RIGHT PERSON. EXCEL. LOCALE TO RAISE FAMILY. SEND CV TO BOX P-921, *Psychiatric News*.

Canton—DIRECTOR, RESIDENCY PROGRAM IN PSYCHIATRY. Develop integrated prgm. with Aultman and Timken Mercy hosps. participating, sponsored by the Northeastern Ohio Universities College of Med. Affiliated Hosps. at Canton, Ohio and coordinated through the Canton Medical Educ. Foundation. Acad. rank; hosp. based; sal. and frng. bnfts. nego.; professional liability insur. provided; excel. growth potential in an area of 400,000+. Rsdncy. tchng. exper. desirable. ABPN diplomate. Send CV to: Richard V. Skibbens, M.D., Chairman, Search Committee, Canton Medical Education Foundation, 2600 Sixth St., S.W., Canton, OH 44710; (216) 456-2109. EOE.

Chillicothe—PSYCHIATRIST-POSITIONS AVAILABLE IMMED. Bd. cert. or elig., at VA Medical Ctr., Chillicothe, Ohio. 960-bed medical ctr. with 480-bed Medical Svc. and 480-bed Psychiatry Svc. having excel. ambulatory care, psychiatric, acute medical and geriatric svcs. JCAH approved. OSMA approved cont. med. ed. prgm. for AMA Recognition Award. Excel. sal. and Federal bnfts. Medical Ctr. located in southern Ohio natural recreation and scenic area. Financial assistance in moving. EEO employer. Contact: Paul F. Fletcher, Chief of Staff, VA Medical Center, Chillicothe, OH 45601. (614) 773-1141, Ext. 202.

Cincinnati—MEDICAL DIRECTOR—A compre. CMH prgm. seeks half-time to geographical full-time Bd. Cert. or Bd. Elig. PSYCHIATRIST as Medical Director, serving the north central sections of Cincinnati, Ohio. Duties include: psychiatric consul., supervision, chemotherapy and 25-50% time in admin. Sal. nego. plus lib. frng. bnfts. Starting Date: July 1, 1979. Contact: Subhash C. Mukherjee, Ph.D., Executive Director, Mental Health Services of North Central Hamilton County, Inc., P.O. Box 37404, Cincinnati, OH 45222. EOE.

Columbus—FACULTY OPENING. The Dept. of Psychiatry of The Ohio State Univ. College of Med. invites applications for appt. to a junior faculty posn. with opptys. for clin. supervision, tchng. and research. Respons. to include team leadership on adult inpt. unit and admin. of E.C.T. Initial appt. as Instructor or Assistant Professor in gen. psychiatry, with geographic full-time base sal. about $24,000, and supplementation through an approved practice plan. Starting date is scheduled on or around Jan. 1, 1980. The Ohio State Univ. is an EEO/AAE. Interested applicants are invited to contact: Ian Gregory, M.D., Professor and Chairman, Dept. of Psychiatry, Ohio State Univ. Hospitals, Columbus, OH 43210. Closing date for applications is June 30, 1979.

Dayton—Bd. cert. PSYCHIATRIST as Associate Director, Psychiatric Rsdncy. Prgm., with significant activity in Office of Student Affairs in new med. schl. Should possess or be elig. for Ohio lic. Opening avail. for July, 1979 at assistant or associate professor level. Sal. comp. Send CV and three refs. to Barry Blackwell, M.D. Professor and Chairman, Dept. of Psychiatry, Wright State University School of Medicine, P.O. Box 927, Dayton, OH 45401. AA/EOE.

Dayton—CHILD PSYCHIATRIST: 84 bed JCAH-accred. children's psychiatric hosp. is seeking a highly qualified child psychiatrist to assist in the trtmt. of disturbed chldrn. ages 6-18. Sal. is in the upper 40's. This posn. is State Civil Svc. and there are no contributions to Social Security. The hosp. is associated with the newly estab. Wright State Univ. med. schl. and faculty appt. is poss. This posn. will provide the selected candidate with several attractive options for the future. For further details contact R. Carey (513) 258-6217 or send resume to Dr. Francis Wright, Dayton Children's Psychiatric Hosp., 141 Firwood Dr., Dayton, OH 45419.

Findlay—PSYCHIATRIST-OUTPATIENT/CONS. & ED. Bd. Elig. or Bd. Cert. Fulltime posn. Excel. working conditions in MH Clinic which is considering addtl. svcs. Servicing Hancock County. Pop. 62,000. Within easy driving distance of Toledo, Columbus, and Cleveland. Located on the grounds of a prgsv. gen. hosp. which has over 50 staff physicians covering most specialities. Excel. frngs. Sal. nego. from $45,000. Send resume incldg. 3 refs. to: Mrs Sue Kloor, Exec. Dir., Hancock County Mental Health Clinic, 111½ West Pearl, Findlay, OH 45840. Ph: (419) 422-3711.

Mansfield—MEDICAL DIRECTOR: Expanding CMH facil. Pediatric Psychiatrist already on staff. Oppty. to render psych. and related med. care in coordination with all prgm. components of the Ctr. Ctr. is supported and enjoys a good reputation in commty. as a result of a dynamic and competent staff and Board of Directors. Quals: Lic. Physician who has had 3 yrs. rsdncy. trng. in psych., as apprvd. by the rsdncy. review committee of the AMA. Sal: $53,000. Frng. bnfts. Send resume to: James Kulig, Exec. Dir.; The Center for Individual and Family Services; 55 Sturges Ave.; Mansfield, OH 44902 Ph: (419) 524-2060. An EOE.

PENNSYLVANIA

PSYCHIATRIST—The Hazleton-Nanticoke MH/MRC, a compre. CMHC loc. in the beautiful Pocono Mtns. of Northeastern Pa., is seeking applications from qualified individuals to join their multi-discpl. svc. delivery team. Psychiatrists are needed to work in all svcs., incldg. providing direct pt. care, staff supervision, insvc. trng. and agency consul. There is also

ample oppty. for prvt. prac. REQS.: Lic. to practice med. in Pa. plus three yrs. of apprvd. rsdncy. trng. SAL. RANGE: $45,000+; excel. frng. bnfts. An EOE. CONTACT: Steven R. Kafrissen, M.D., Deputy Center Director, Clinical Services, Hazleton-Nanticoke MH/MR Center, West Washington St., Nanticoke, PA 18634, (717) 735-7590.

Allentown—305 bed gen. hosp. has a part time opening for a PSYCHIATRIST to work with inpts. (37 bed unit) and outpts. Must be Bd.-cert. or Bd. elig. and elig. for a Pa. lic. Excel. oppty. to establish a prvt. prac. Sal. nego. Loc. 50 miles from Philadelphia—90 miles from N.Y. and close to Pocono resort area. Write to: Dr. C. W. Umlauf, c/o Administration Office, The Allentown Hospital, 1627 Chew St., Allentown, PA 18102.

Clarks Summit—PSYCHIATRIST—Bd. Cert. or Bd. Elig. Mental Hosp. in metro. area. Easy access to N.Y., Phila., and close to Pocono Resort area. Good sal. with exc. frng. and retirement bnfts. Residence avail. Pennsylvania license req. Contact Superintendent, Clarks Summit State Hospital, Clarks Summit, PA 18411; (717) 586-2011.

Lebanon—Immed. opening for Bd. Cert. or Bd. Elig. PSYCHIATRIST for assignment to the psychiatry svc. of a large VA Medical Ctr. Must be proficient in English language. Sal. with bonus based on quals. Excel. frng. bnfts. EOE. Contact: Director, VA Medical Center, Lebanon, PA 17042.

Philadelphia—PSYCHIATRIC FELLOW—Opening for first yr. Fellow in a 2 yr. bd. approved psychiatric trng. prgm. in child psychiatry at the Philadelphia Child Guidance Clinic. Prgm. emphasizes a thorough diagnostic understanding and trtmt. of chldrn. in the context of family, schl. and hosp. Send resume to Lee Combrink-Graham, M.D., Director of Child Psychiatry Training, 34th & Civic Center Blvd., Philadelphia, PA 19104. An EOE, M/F.

RHODE ISLAND

PRIVATE MH ORGANIZATION, greater Providence area, 40 miles from Boston, has immed. need for a PSYCHIATRIST to work as professional associate in Gen. Psychiatry, incldg. inpt. and outpt. clin. management, and supervision of non-med. therapists. Posn. calls for 40-hr. work week with addtl. night call availability on rotating basis. QUALS. REQ'D: Bd. Elig. in Psychiatry. Starting sal. 1st yr. up to $40,000 dep. on quals. and exper. 2 weeks paid vac., Professional Liability Insur. Oppty. for addtl. income after 1st yr. If interested, please send CV and list of 3 professional refs. to P.O. Box 492, Pawtucket, RI 02960.

SOUTH CAROLINA

PSYCHIATRIC SECTION CHIEF (34,589-47,758)—Wanted to join a staff of young, eclectic, expanding compre. CMHC. Reqs.: Grad. from an approved schl. of med. and completion of three yrs. of rsdncy. in psychiatry and two yrs. of exper. in psychiatric prgms. Respons.: Supervision of Inpt. Unit, Prescreening/Emerg. svcs., partial hospitalization, trtmt. of outpts. in 5 country catchment area. Loc. in a historic, seacoast area. Contact: A. B. Hooton, M.D., Coastal Empire Mental Health Center, 125 S. Ribaut Rd., Beaufort, SC 29902, (803) 524-3378. EOE.

PSYCHIATRIST II (31,445-44,445)—Wanted to join a staff of young, eclectic, expanding compre. CMHC. Reqs.: Grad. from an approved schl. of med. and completion of three yrs. of rsdncy. in psychiatry. Licensed, or eligibility for lic., to prac. med. in the State of S.C. Respons.: Supervises and directs a Crisis Stabilization Unit (inpt. care), providing inpt. trtmt. activities for pts. Supervision of subordinate staff. Loc. in a historic, seacoast area. Contact: A. B. Hooton, M.D., Coastal Empire Mental Health Center, 125 S. Ribaut Rd., Beaufort, SC 29902, (803) 524-3378. EOE.

Columbia—DIRECTOR OF GENERAL RESIDENCY TRAINING. Bd.-cert. PSYCHIATRIST to direct approved eclectic four-yr. prgm. Acad. appt. in Dept. of Neuropsychiatry and Behavioral Sciences, Univ. of S.C. Schl. of Med. assured. In addition to gen. prgm., are child psychiatry fellowship, commty. psychiatry fellowship, clin. exper. for med. students, trng. prgms. for all MH disciplines, and two research labs. making the Institute a unique facil. Columbia is centrally loc. in the state with easy access to recreat. areas. Sal. dep. upon quals. with oppty. for prvt. prac. Currently, there are twenty-three rsdnts. and fellows in trng. Contact: Director, William S. Hall Psychiatric Institute, PO Box 119, Columbia, SC 29202; (803) 758-7194.

Columbia—MEDICAL DIRECTOR—Immed. opening for bd. cert. PSYCHIATRIST (preferred) in compre. MHC. Accred. by JCAH; operates psychiatric inpt. svc. in local gen. hosp. Multi-discpl. staff of 100. Loc. in prgsv. area, close to mtns., beach. Affils. with major univ., tchng. psychiatric institute, and major public hosp. Excel. residential areas, schls., cult. opptys. Basic sal. range $41-$48,000. Contact Director, Columbia Area Mental Health Center, 1618 Sunset Dr., Columbia, SC 20203, or call (803) 758-3594. EOE.

Florence—PSYCHIATRIC SECTION CHIEF in a rapidly growing CMHC serving a three county area. Immed. opening for commty. oriented psychiatrist to join multidiscpl. staff in planning and providing psychiatric svcs. to the health sector in the commty., psychiatric consul., educ. and trng. activities, supervision of direct and indirect psychiatric svcs. from within the Ctr., direct svc. within selected units of Ctr., and some admin. respons. Ties with tchng. facil. in psychiatry being developed. Florence has 4 yr. college, vigorous Little Theater, and a new 300 bed Regional Hosp. Local prvt. affil. avail. State employee frng. bnfts. Sal. range $34,589-$47,758. EOE. Contact and send CV to C. Raymond Kiefer, M.D., 2100 W. Lucas St., Florence, SC 29501. Phone (803) 662-1401.

Florence—PSYCHIATRIST II in rapidly growing CMHC serving a three county area. Immed. opening for commty. oriented psychiatrist to join multidiscpl. staff in providing direct clin. svcs. to adults on Outpt. and Inpt. basis. Outpt. svcs. include work with crisis intervention and emerg. svcs. Oppty. to provide insvc. trng. and commty. educ. as well. Ties with tchng. institutions being established in psychiatry. Florence has a 4 yr. college, a vigorous Little Theater and a new 300 bed Regional Hosp. Prvt. affil. avail. State employee frng. bnfts. Sal. range $31,445-$44,368. EOE. Contact and send CV to C. Raymond Kiefer, M.D., Director, 2100 W. Lucas St., Florence, SC 29501. Phone (803) 662-1401.

Rock Hill—S.C. Catawba Ctr. for Growth & Development (compre. MHC), loc. 25 miles from Charlotte, N.C., easy driving to mtns. and coast. GENERAL/CHILD PSYCHIATRIST needed to be part of this estab. MH svc., in capacity as limited only by one's trng., exper., imagination and resourcefulness. Sal. up to $47,758 per yr., with prvt. prac. permitted. Lib. frng. bnfts. Call collect Claude Bellamy, Executive Director, or write 166 Dotson St., Rock Hill, SC 29730.

SOUTH DAKOTA

Aberdeen—THE NORTHEASTERN MENTAL HEALTH CENTER in this city has current opptys. for PSYCHIATRISTS motivated for Commty. Practice, as follows: MEDICAL DIRECTOR, to direct and supervise appropriate trtmt. areas. Sal. nego. from $51,000 to $61,990. STAFF PSYCHIATRIST, to assist Medical Director in Outpt., Partial Hospitalization, and some Inpt. activity. Sal. nego. from $44,500 to $55,000. The Ctr. provides excel. frng. bnfts. and acad. affil. is encouraged. Those completing Residency are also invited to apply for the STAFF PSYCHIATRIST posn. Reply with a copy of the CV to: FORREST ASSOCIATES, P.O. Box 472, Murray, KY 42071 or call collect (502) 753-9772. Forrest is retained by the Ctr.

Hot Springs—PSYCHIATRIST—Bd. Cert. or Bd. Elig. wanted for a 232-bed gen. med. and surgical hosp. with a 432-bed Domiciliary. Loc. at Hot Springs, S.D. in the beautiful Black Hills. No pollution, low crime area, good schls., and no state or city income taxes. Affil. with the Univ. of S.D. Med. Schl. offers the possibility of tchng. Please send CV or call Marvin G. Norris, M.D., Chief of Staff, 605/745-4101, ext. 250, Veterans Administration Medical Center, Hot Springs, SD 57747. We are an EOE.

Yankton—The S.D. Human Services Ctr. needs a CHIEF OF PSYCHIATRY, an ADOL. PSYCHIATRIST, and STAFF PSYCHIATRISTS who are competent and willing to provide high-quality svc. and act as positive role-model teachers for med. students. The Dept. of Psychiatry of the U.S.D. Schl. of Med. is assisting in the upgrading of the Human Svcs. Ctr. by provision of tchng. appts. for psychiatrists selected to fill these posns. Compensation is from $45,000 to $52,000 per annum, with paid malprac. insur., nine paid hols., fifteen paid vac. days and up to twenty-five addtl. compensatory days off per annum for O.D. duty. If you feel the need to be of svc. both to pts. and future physicians, please contact: David W. Bean, M.D., Chairman, Dept. of Psychiatry, U.S.D. School of Medicine, and Administrator, S.D. Human Services Center, P.O. Box 76, Yankton, SD 57078; Ph.: 605-665-3671. The Univ. of S.D. and S.D. Human Services Center are EO Agencies.

TENNESSEE

Excellent opportunity for GENERAL or CHILD PSYCHIATRIST in a private in-patient and/or out-patient setting. Ideal location. Moderate climate. Reply Box P-924, *Psychiatric News*.

Chattanooga—STAFF PSYCHIATRIST POSN. AVAIL. Full time psychiatrist to join a well estab. prvt. non-profit MHC for direct pt. care, supervision and participation in prgm. developments. Excel. oppty. for professional growth; especially good for a recent grad. Sal.: Nego. up to $45,000 plus attractive frng. bnfts. If interested submit professional vita, or for further info., contact the Clinical Director of the Chattanooga Psychiatric Clinic, Inc., 1028 East Third St., Chattanooga, TN 37403. (615) 266-6751.

Johnson City—Dept. of Psychiatry in new four-yr. med. schl. seeks full-time FACULTY MEMBERS. Opptys. avail. for Bd. elig. or cert. ACADEMIC PSYCHIATRISTS with enthusiasm for tchng. at grad. and undergrad. levels and research. Wide range of clin. svcs. being developed in adult and child psychiatry. Major affils. with commty. hosps. in Johnson City, Kingsport and Bristol, and Dean's Committee. VA Hosp. Coll. of Med. is part of major univ. loc. in rapidly growing beautiful area of Southern Appalachia near ski resorts, yr. round outdoor activities. Tenn. lic. req'd. Sal. nego. EOE/AAE. Contact: Johnnie L. Gallemore, Jr., M.D., Chairman, Dept. of Psychiatry, Box 19510A, East Tennessee State Univ. College of Medicine, Johnson City, TN 37601. Phone (615) 928-6426.

TEXAS

PSYCHIATRIST—MHMR center in 250,000 pop. co. 3 yr. residency in accred. psychiatric prgm. Tx. licensure. CLINICAL DIRECTOR—as above + 2 yrs. post-residency exper. Bd. cert. Reply: Personnel, Nueces Co. MHMR Center, 1630 S. Brownlee, Corpus Christi, TX 78404. EOE.

PSYCHIATRY RESIDENCY AVAILABLE at Houston's Texas Research Institute of Mental Sciences, loc. in the heart of the famed Texas Med. Ctr. Applicant must have or be Elig. to obtain a TX. Lic. First yr. stipend: $16,000; or optional $20,000 with state career obligation. Trims features compre. prgms. in all facets of svc. research, and trng., along with affils. with local med. schools and other institutions. For info. contact: Ed Johnstone, M.D., Texas Research Institute of Mental Sciences, 1300 Moursund Ave., Houston, TX 77030.

Austin—CHILD PSYCHIATRY RESIDENCY may be taken before or after Adult Psych. trng. Acad. prgm. in child dvlpmt., family therapy, genetic and metabolic disorders, behavior therapy, grp. therapy, psychopharm., and ethology. Basic clin. orient. in child dvlpmt. with intensive indiv. 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 tchng. admin., Inpt. and Outpt. clin. prgms. New 60-bed Inpt. unit for chldn. Liaison with grad. schools, med. schl. and commty. prgms. Stipends: first yr. $17,000; second yr. $18,000; third yr. $19,000; fourth yr. $20,000 with addit. frng. bnfts. Contact: Anthony P. Rousos, M.D., Director of Residency Training; Austin State Hospital; 4110 Guadalupe; Austin, TX. 78751

Austin—PSYCHIATRIC RESIDENCY in apprvd. 3-yr. prgm. Effective connections with univs., med. schools, prvt. clinics and commty. ctrs. Outstanding faculty and prgms. Stipends with TX. Lic. are $17,000; $18,000 and $19,000 per yr. with addit. frng. bnfts. For full info., write to: Anthony P. Rousos, M.D.; Director of Residency Training; Austin State Hospital; 4110 Guadalupe St.; Austin, TX. 78751

Harlingen—Posns. avail. for PSYCHIATRIST and for GENERAL PRACTITIONER. Sal. range to $46,500, based on exper. and trng. Frng. bnfts. include liability protection under State Law. Tx. Lic. req'd. Contact A. Samaniego, M.D., Clinical Director, Rio Grande State Center for Mental Health and Mental Retardation, P.O. Box 2668, Harlingen, TX 78550. (512) 423-5077. EOE. M/F.

Houston—CHILD PSYCHIATRIST: Acad. posn. with Baylor College of Medicine as Associate Director of Outpt. Child Psychiatry. Looking for person who wants to teach child and adol. therapy in a collaborative model. A psychodynamic orientation is necessary, other skills welcome. Geographic full-time posn. provides for prvt. prac. privileges and excel. income. Contact: Douglas B. Hansen, M.D., 1200 Moursund, Houston, TX 77030. Ph: (713) 790-4850.

Houston—CLINICAL FELLOWSHIPS in geriatric psychiatry and psychology. Two-yr. clin. fellowships offering specialized clin. trng. in psychiatric assessment, trtmt., and management of elderly pts. Clin. exper. in estab. geriatric svcs. supervised by interdiscpl. staff that includes specialists geriatric psychiatry and psychol. NIMH stipend to be supplemented liberally according to fellow's exper. Min. requisites: Two yrs. of rsdncy. For more info. contact Charles M. Gaitz, M.D., Geriatric Psychiatry Training Program, Texas Research Institute of Mental Sciences, 1300 Moursund Ave., Houston, TX 77030; Ph. (713) 797-1976.

Houston—STAFF PSYCHIATRIST posns., fulltime and parttime avail. in rapidly growing univ.-affiliated MHMR Ctr. Sal. $40,000 plus depending on quals. Excel. frng. bnfts. Tx. Lic. req'd. Please send CV and inquiries to: Irving Belz, M.D., Deputy Clinical Director, Adult Services Dept., MH and Mental Retardation Authority of Harris County, 2501 Dunstan, Houston, TX 77005. Phone (713) 526-2871 ext. 10 or 24.

Houston—THREE PGY IV POSNS. avail. with the Dept. of Psychiatry, Univ. of Texas Med. Schl. at Houston. Prgm. currently being expanded; eclectic faculty; personalized career development at a major med. ctr. Applics. should contact Dr. Richard C. W. Hall, M.D., Director, Residency Training, Univ. of Texas Medical School at Houston, Dept. of Psychiatry, P.O. Box 20708, Houston, TX 77025, or call 713-792-5538. EOE/AA.

San Antonio—ACADEMIC POSNS. avail. in adult clin. tchng. svcs. at VA/Univ.-affil. tchng. hosps. Assistant Professor level or possibly other acad. rank dep. upon quals. Tchng. respons. primarily clin. supervision of med. students and psychiatry rsdnts. Contact: Robert L. Leon, M.D., Chairman, Dept. of Psychiatry, 7703 Floyd Curl Dr., San Antonio, TX 78284. Phone: (512) 691-6221. An EO/AAE.

Temple—ONE PSYCHIATRIST Bd. elig., needed for expanding CMHC. Primarily OPD work in adult MH and alcohol/drug prgms. Limited travel to adjacent out-reach offices. Sal.: $38,000-$44,000 nego., lib. frng. bnfts. included. Malprac. insur. Loc. in rapidly growing Central Tx. Lakes Region, with easy access to several Metro. areas. Contact Steven B. Schnee, Ph.D., Executive Director, Central Counties Ctr. for MHMR Services; P.O. Box 1025, Temple, TX 76501. Call (817) 778-4841.

West Texas—BIG SPRING STATE HOSP.—CLINICAL DIRECTOR and PSYCHIATRIST, Bd. Cert. or elig. Tx. Lic. req'd. JCAH fully accred. facil. Psychiatric/Medical active trtmt. prgm., utilizing trtmt. team approach. Excel. para-professional support staff. Sal. $35,100 to $46,600, dep. upon quals. Excel. bnft. pckg., incldg. 40 hr. work week, malprac. protection, retirement, and tax sheltered income prgm. Beautiful, friendly sun-belt loc. City of 30,000 with good schls. and excel. housing. Contact: Grace R. Ferguson, M.D., Superintendent, Big Spring State Hospital, P.O. Box 231, Big Spring, TX 79720 (915) 267-8216. An EO/AAE.

UTAH

CHILD PSYCHIATRIST, Faculty posn., Dept. of Psychiatry, Univ. of Utah Coll. of Med. Inpt. work with chldrn. and adols. Twenty-percent time free for research. Primary loc. at Utah State Hosp. Children Svcs., one hr. drive from Univ. Sal. to start: $45,468 bd. elig.; $48,731 bd. cert., plus approx. $2,200/yr. deposited in retirement fund. Plus large bnft. pckg. Tchng. respons. at both hosp. and univ. Near two major univs. Spectacular mtn. country with yr.-round recreation, within one hr. of four major ski resorts. Apply to: David Tomb, M.D., Univ. of Utah College of Medicine, Salt Lake City, UT 84132.

FACULTY POSN., Dept. of Psychiatry, Univ. of Utah College of Med. Inpt. work with gen. psychiatric and forensic pop. Twenty-percent time free for research. Primary location at Utah State Hosp., one hr. drive from Univ. Sal. to start: $45,468 bd. elig.; $48,731 bd cert. Plus approx. $2,200/yr. deposited in retirement fund. Plus large bnft. pckg. Spectacular mtn. country with yr.-round recreation, within one hr. of four major ski resorts. Near two major univs. Apply to David Tomb, M.D., Univ. of Utah College of Medicine, Salt Lake City, UT 83132.

TIRED OF THE HASSLE OF URBAN LIVING? The Bear River CMHC is seeking a DIRECTOR of Psychiatric Services (CLINICAL DIRECTOR). The Ctr. is a relatively small, and recently funded, semi-rural CMHC loc. in the unspoiled, northern Utah Mtns. (skiing, fishing, camping, etc.) The clin. staff consists of six Ph.D. psychologists, three M.S. psychologists (2 ABD), four MH specialists (M.S.W., M.S.), two social service workers (B. SW.), two nurses (R.N.M.S., R.N.) and two consulting psychiatrists. Loc. primarily in the univ. commty. of Logan, the Director of Psych. Svcs. will: 1) share with the Director of Psychological Services supervision of all clin. svcs.; 2) provide commty. orient. psych. svcs. (trtmt. and prevention); 3) maintain med. accountability; and 4) provide leadership in defining the relationship (role) of psych. to other disciplines within the Ctr. Sal. range approx. $40,000-$44,000 dep. on quals, with a gen. frng. pckg. Bd. Elig. or Cert. If interested, send vitae and other supporting documents to: Dr. Bartell W. Cardon, Exec. Director; Bear River CMHC; 198 North Main; P.O. Box 683; Logan, UT. 84321.

Salt Lake City—CHILD PSYCHIATRIST needed, half to full time, sal. $44,736 for full-time, 24% frng. bnfts. Live in beautiful Salt Lake Valley, work in vigorous new multi-discpl. prgm., comb. M.H. and child protec. svc., Univ. affil. poss. Skiing 30 mins. from city, five national parks in state. Contact Richard Shanteau, M.D., Copper Mountain CMHC, 6065 So. 3rd E., Murray, UT 84107. Tel. 801-262-6613.

VIRGINIA

DIRECTOR, GERIATRIC MEDICAL SVCS. Immed. opening; bd. cert. psychiatrist with trng./exper. in gerontology or internal med.; or internist with exper./trng. in gerontology.; excel. bnfts.; prgsv. geriatric trtmt. ctr.; competitive sal., $41,400-$49,500-send vita to: Cal Robinson, M.A., L.N.H.A., Director, Barrow Geriatric Treatment Center, P.O. Box 4030, Petersburg, VA 23803.

PSYCHIATRIST, Bd. Cert., or elig. to join major outpt. based Gen. Psychiatric Practice in Norfolk/Portsmouth/Virginia Beach. Posn. includes outpt. and inpt. prvt. prac., broad based liaison and consul. svc., with poss. staff affil. at Eastern Va. Med. Schl. Sal. nego., lib. frng. bnfts. Send vita and call (collect) Donald L. Mingione, M.D. (804) 397-0751, The Pass House, Crawford at London, Portsmouth, VA 23704.

WANTED: GENERAL PSYCHIATRIST or CHILD PSYCHIATRIST to join a congenial and compatible group of associates, who are eclectic in their approach and have a well-estab. prac. Sal. and other financial details are nego. Please send CV and other data to Box P-919, *Psychiatric News* as soon as possible. May include refs. and state of licensure in first reply.

Colonial Virginia—GENERAL PSYCHIATRISTS II and CHILD PSYCHIATRIST to join an expanding multi-discpl. dynamic orient. grp. prac., emphasizing individual, grp., family psychotherapy and consult./liaison trtmt. modalities. Grp. in process of developing a prvt. 60-bed child and adols. hosp. in area loc. near historic Colonial VA. with easy access to VA. Beach and Outer Banks. Abundant recreat. opptys., exc. public and prvt. schools avail. Finances and frng. bnfts. nego. Please send CV and inquiries to: William M. Cseh, M.D.; Suite 202, 606 Denbigh Blvd.; Newport News, VA. 23602.

Danville—PSYCHIATRIST OR FAMILY PRACTICE PHYSICIAN WITH PSYCHIATRIC TRNG. OR INTEREST and considerable knowledge of development and standard techniques in the diag. and trtmt. of mental disease and disorders for Southern Va. MH Institute, a new 96 bed intensive trtmt. ctr. loc. in south-central Va. We offer the oppty. to participate in a compre. prgm. for acute and intermediate inpt. care and crises intervention in a multidiscpl. team setting, prgm. development in trng., a broad base of commty. interrelationships, and organizing new approaches to svc. delivery. Prvt. prac. allowed. Sal. nego. Send CV to Personnel Office, Southern Va. MH Institute, 382 Taylor Dr., Danville, VA 24541 or phone (804) 799-6220. An EOE.

Richmond Area—Association open for energetic PSYCHIATRIST interested in eclectic therapies. Open hospital and office practice. Salary plus percentage. Reply Box P-912, *Psychiatric News*.

Southeastern Virginia—PSYCHIATRIST-CMHC/Gen. Hosp.-Psychiatric Outpt. Services Director-Gen. psychiatrist with an interest in child psychiatry desirable but not essential. Excel. sal./frng. bnfts. Excel. loc. Send CV to Center Director Maryview CMHC, 3636 High St., Portsmouth, VA 23707.

Virginia Beach-Tidewater Area: A large, very diverse practice in the Tidewater area of Va. has several extremely attractive employment opptys. avail. If you are looking to relocate into a sound grp. prvt. prac. with a diverse, sophisticated and cohesive grp. that also happens to be in an area of the country that has little snow and excel. recreat. opptys. then you should consider the following gen. posns.: 1) a CHILD PSYCHIATRIST to work either on an adol. or child inpt. unit, outpt. opptys. to compliment the inpt. activity, 2) a PSYCHIATRIST to work on an adult inpt. unit and compliment that activity with outpt. work, 3) a CHILD PSYCHIATRIST to work in a more rural setting doing predominantly outpt. work; however, having some minimal inpt. respons. for crisis or short term situations as the needs of the pts. dictate. This latter loc. would be geographically very close to Williamsburg, Va. Our prac. is very involved in acad. affairs and devotes a considerable amount of time to working with students in the local med. schl. as well as the two local psychiatry rsdncys. In addition, our prac. has its own nationally cert. psychol. internship prgm. Tchng. opptys. and supervision opptys. are present throughout our network of professional and interdiscipl. assns. Succinctly, it is a good place to grow no matter where you are professionally at this time. If you are interested in something similar to this but don't have quite the same interest as the reqs. indicated by this ad, give us a call and perhaps we can consider other

Infrequent akathisia and other disabling extrapyramidal effects...

Extrapyramidal Effects of Selected Antipsychotic Agents*[2]

DRUG	EXTRAPYRAMIDAL EFFECTS
Chlorpromazine	Moderate
Perphenazine	High
Prochlorperazine	High
Fluphenazine	High
Acetophenazine	Moderate
Trifluoperazine	High
Chlorprothixene	Moderate
Thiothixene	Moderate
Haloperidol	High
MELLARIL® (thioridazine)	Low

*Based on antipsychotic dosage ranges

References
1. Van Putten T: The rising rehospitalization rate of psychiatric patients. Scientific Exhibit, American Psychiatric Association, 130th Annual Meeting, Toronto, Canada, May 2–6, 1977.
2. Byck R: Drugs and the treatment of psychiatric disorders, in Goodman LS, Gilman A (eds): *The Pharmacological Basis of Therapeutics*, ed. 5. New York, Macmillan Publishing Co, Inc, 1975, pp 170–171.

The rapidly rising readmission rate among discharged psychotic patients is mainly due to noncompliance with antipsychotic drug therapy. And this, in turn, may be largely attributed to disabling extrapyramidal side effects, notably akathisia.[1]

Although extrapyramidal effects are characteristic of antipsychotic agents in general, with Mellaril (thioridazine) such effects are infrequent. Adding an antiparkinsonian agent—which can cause its own side effects—can usually be avoided. Mellaril (thioridazine) is contraindicated in patients with severe hypotensive or hypertensive heart disease.

Mellaril®
(thioridazine)

TABLETS: 50 mg, 100 mg, 150 mg, and 200 mg thioridazine HCl, USP
MELLARIL-S™ (thioridazine) SUSPENSION, per 5 ml:
thioridazine base equivalent to 100 mg thioridazine HCl, USP

control of psychotic behavior with a low incidence of extrapyramidal symptoms

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.

It should be noted that efficacy, indications and untoward effects have varied with the different phenothiazines. It has been reported that old age lowers the tolerance for phenothiazines; the most common neurologic side effects are parkinsonism and akathisia, and the risk of agranulocytosis and leukopenia increases. The following reactions have occurred with phenothiazines and should be considered whenever one of these drugs is used. *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.

SDZ 9-318

SANDOZ

SANDOZ PHARMACEUTICALS, EAST HANOVER, NEW JERSEY 07936

types of contributions. Please send a resume or call: Charles E. Parker, D.O., Pembroke 5 Office Building, Suite 432, Virginia Beach, VA 23462, (804) 497-8931.

Virginia Seacoast—Eastern Virginia Medical Authority, with regional mission to develop pt. care, educ., and research, seeks addtl. PSYCHIATRISTS for expansion of svcs. to chldrn. and adols., inpt., outpt., and family. Posn. includes direct svc., educ. to med. students and psychiatric rsdnts., and commty. psychiatry orientation. Applications from recent grads. with trng. and interest in chldrn. and adols. are particularly welcome. Faculty appt. Eastern Va. Medical Schl. avail. as appropriate to quals. Contact Ralph J. Coppola, M.D., Professor, and Director of Clinical Services, P.O. Box 1980, Norfolk, VA 23501, (804) 627-0211.

Waynesboro—PSYCHIATRIST, Bd. Elig. or Cert. to join expanding grp. practice. Positioned in beautiful Shenandoah Valley—Excel. sal. and frng. bnfts. Contact: Alejandro Posada, M.D., Central Virginia Psychiatric Associates, Inc., 2101 Arlington Blvd., Charlottesville, VA 22901 or call (804) 977-1120.

WASHINGTON

Psychiatrist looking for ASSOCIATE for full time, prvt. practice doing inpt. and outpt. gen. psychiatry in a commty. of 100,000. This commty. offers the convenience of small city living and has the advantage of being two hrs. from snow skiing and four hrs. from coast and large metro. area. Sal. nego. Psychiatrist completing residency this June most acceptable. Reply with a current copy of the CV to: Box P-913, *Psychiatric News.*

Richland—PSYCHIATRIST, prefer commty. orientation; broad background, with poss. emphasis on child or family, to join Mid-Columbia MHC staff. Large part of respon. is working with other professionals and para-professionals to provide svcs. to a broad range of clientele. Dynamic, growing commty. with easy access to outdoor recreation. Sal. $42,000-$55,000. Write or call: William Sherman, M.D., Medical Director at (509) 943-9104, 1175 Gribble, Richland, WA 99352.

Seattle—OFFICE SUITE TO SHARE with 2 psychiatrists in full-time prvt. prac. Modern downtown medical bldg. All amenities. Excel. view of Sound and mtns. Contact: H. Orenstein, M.D., 901 Boren, Seattle, WA 98104. (206) 623-7444.

Seattle—WANTED: Clinically oriented academic PSYCHIATRIST for appt. at the rank of instructor or assistant professor to acute inpt. and emerg. svcs. at Univ. of Washington Affiliated Hosp. Respons. include clin. care and med. student supervision, and prgm. admin. Excel. opptys. for clin. research. An EOE. Please send CV to: John Petrich, M.D., Chairman, Search Committee, Harborview Medical Center, 325-Ninth Ave., Seattle, WA 98104.

WISCONSIN

PSYCHIATRIST (bd. elig.), staff, 20 hrs. per week in rural Wisconsin CMHC. JCAH accred. facil., with 17 inpt. psychiatric beds. One hr. drive from Milwaukee. Trtmt./staff supervisory duties in inpt./outpt./day svcs. depts. Compensation at $35.00 per hr. plus on-call pay. Contact Catherine Dean, Lakeland Counseling Ctr., Box 1055, Elkhorn, WI 53121. 414-723-5400. EOE.

Cumberland—Bd. elig. or cert. PSYCHIATRIST to join a prvt. prac. in a beautiful recreation area of northwestern Wis. Stimulating prac. incldg. outpt., inpt. and a variety of consul. svcs. An eclectic approach and psychobiological background are preferred. Will be avail. for interviews at the A.P.A. in Chicago in May. Reply with vitae or call James A. Rugowski, M.D., Cumberland Psychiatric Services, Box 6, Cumberland, WI 54829. Ph. (715) 822-3010.

Cumberland—Second full-time PSYCHIATRIST needed to join 55 assorted staff at CMHC in beautiful northwestern Wis. Enjoy full range of summer and winter sports, excel. hunting and fishing, near where you'll live and work. No traffic jams, smog, or noise pollution. Average 40 hr. work-week, 4 weeks paid vac. and many other substantial frngs. Income potential in excess of $50,000 ann. ($41,000 guaranteed). Contact J. M. Rathbun, M.D., Box 518, Cumberland, WI 54829. Include vitae.

Green Bay—CHILD PSYCHIATRIST for the Brown County Unified Board/MHC. JCAH accred. compre. MHC serving Green Bay metro. area and surrounding counties. $10 million prgm. with 400 employees. DUTIES involve diag. evals., trtmt. consul., psychotherapy and pharmacotherapy of chldrn. and adols. who are inpts., outpts. and day trtmt. pts. in the Center's prgms. Join our present 2/5 time Child Psychiatrist as a member of a unique, multi-discpl. eval. and trtmt. team which includes an excel. special educ. prgm. on the grounds of the MHC. REQS. include ABPN cert. in Child Psychiatry (or eligibility), med. licensure in the State of WI (or eligibility), broad knowledge of child psychiatry and the ability to work with a multi-discpl. team and a variety of referral sources. SAL. RANGE $48,000 to $55,000 dep. on credentials and exper. Excel. frng. bnft. pckg. Half-time posn. also poss. for someone interested in developing prvt. prac. GREEN BAY is an urban commty. with excel. schls., a major branch of the Univ. of WI, low cost of living and low crime rate. Set in a recreational environment with exceptional access to water sports, fishing, hunting and resort areas of WI and Upper MI. Easy access to most midwestern cities by air. CONTACT Edward J. Johnson, M.D., Clinical Director, 1320 Mahon Ave., Green Bay, WI 54301 (414/468-1136). AA/EOE m/f.

Green Bay—GENERAL PSYCHIATRIST for the Brown County Unified Board/MHC. JCAH accred. compre. MHC serving Green Bay metro. area and surrounding counties. $10 million prgm. with 400 employees. DUTIES involve diag. evals., trtmt., counseling, psychotherapy and pharmacotherapy of assigned inpts., outpts. or day trtmt. pts. in the Center's prgms. Join our present staff of four gen. psychiatrists and one child psychiatrist as a member of a unique multidiscpl. prgm. REQS. include APBN cert. in psychiatry (or eligibility), med. licensure in the state of WI (or eligibility), broad knowledge of psychiatric diagnosis and trtmt. and the ability to work with a multidiscpl. team and a variety of referral sources. SAL. RANGE $45,000 to $52,000 dep. on credentials and exper. Excel. frng. bnft. pckg. Half-time posn. poss. for someone interested in developing prvt. prac. GREEN BAY is an urban commty. with excel. schls., a major branch of the Univ. of WI, low cost of living and low crime rate. Set in a recreational environment with exceptional access to water sports, fishing, hunting and resort areas in WI and Upper MI. Easy access to most midwestern cities by air. CONTACT Edward J. Johnson, M.D., Clinical Director, 1320 Mahon Ave., Green Bay, WI 54301 (414/468-1136). AA/EOE m/f.

Madison—Mendota Mental Health Institute: CHILD PSYCHIATRIST for 10-bed forensic unit for emotionally dist. adols. PSYCHIATRIST CHIEF for 20-bed tertiary care geriatric unit. PSYCHIATRIC CHIEF for 35-bed adult tertiary care unit. STAFF PSYCHIATRIST for expanding forensic psych. prgm. Mendota Mental Health Institute is a JCAH apprvd. 225-bed institute loc. in Madison which has been named one of the two top commtys. in the U.S. in which to live, contains the main campus of the Univ. of Wisc., and is the state capital. MMHI is a unique regional care facil. with close affil. with many univ. depts. and trng. prgms. Research poss. Wisc. Lic. req'd. Starting sal. to $50,235 dep. on quals. Lib. frng. bnfts. Malprac. covered. EOE. Contact: Dr. Lee Ecklund, (608) 244-2411, Mendota Mental Health Institute; 301 Troy Dr., Madison, WI. 53704

Madison—PSYCHIATRIST/DEPUTY DIRECTOR in pace setting tertiary care institute with 200 Inpts. and unique award winning demonstration prgms. for institutional care. Tchng., research, consult., faculty appt. Chief of Med. Staff, Bd. Cert. and min. 3 yrs. exper. in admin. Located in metro area of 200,000 with Univ. of Wisc. and state capital, clean industries. Sal. to $51,425 plus lib. frng. bnfts. Wisc. Lic. req'd. EOE. Contact: Dr. Lee Ecklund, (608) 244-2411, Mendota Mental Health Institute; 301 Troy Dr.; Madison, WI. 53704

Madison—SEVERAL EXCEL. OPPTYS. FOR PSYCHIATRISTS AT WISCONSIN'S STATE OPERATED MH INSTITUTES AND IN THE COMMTY. OPERATED MH PRGMS. SALS. AND FRNG. BNFTS. VERY LIB. WISCONSIN'S MH SYSTEM IS A LEADER NATIONALLY IN THE FIELD OF HUMAN SVCS. COORDINATION. THE STATE ITSELF IS FAMOUS FOR ITS UNSPOILED NATURE, LOW CRIME RATES, REASONABLE TAXES AND OUTSTANDING EDUC. SYSTEM. FOR FURTHER INFO. CONTACT WILLIAM BUZOGANY, M.D., BUREAU OF MH, 1 WEST WILSON ST., MADISON WI 53702, PH. 608-266-2719, OR VISIT WITH COMMUNITY AND INSTITUTE REPRESENTATIVES, WEST HALL BOOTH K204 AT THE APA CONFERENCE IN CHICAGO.

Marinette-Menominee—PSYCHIATRIST—CLINICAL DIRECTOR for estab., small, flex. nonprofit clin. svg. interstate area. Oppty. to combine professional and recreat. pursuits. Small town living bnfts. Loc. 55 miles from Green Bay, WI. Fully paid retirement plan, insurances. Tax sheltered annuity avail. Sal. nego.; commen. with exper. Reqs. incl. lic. in MI and WI. Phone collect 715-735-9034 to Robert F. Jarentowski, CSW, Exec. Dir., The Counseling Center, Inc., 1718 Main St., Marinette, WI 54143.

Milwaukee—ADULT & CHILD PSYCHIATRISTS for well estab. prvt. psychiatric grp. practice. Eclectic and quality care, both outpt. and inpt. Base sal., incentive bonus. Excel. frng. bnfts. Send resume to: Basil Jackson, M.D., Ph.D., 2130 North Mayfair Rd., Milwaukee, WI 53226 or call (414) 258-9222.

Milwaukee—2 Positions avail. for ADULT & CHILD PSYCHIATRIST as Associates in Dept. of Psychiatry of rapidly expanding multi-disc., private prac. clinic. One posn. to open Spring, 1979, the second in July, 1979. Oppty. exists to develop rewarding prvt. prac. with pre-existing referral sources. Med. College affil. possible. Eclectic approach incl. psychoanalytic, group, forensic, biological and biofeedback clinics utilized. Bd. Elig. or cert. req. Reply to David L. Sovine, M.D., 1200 East Capitol Dr., Milwaukee, WI 53211, (414) 332-0171.

Monroe—CLINICAL PSYCHIATRIST opening in a 49 M.D. multispecialty group. Prefer broad based eclectic approach. Interest in child work helpful. Super hosp. facils. . . . Partnership after two yrs. on sal. Contact: R. Buckland Thomas, M.D., or T. E. Peters, M.D., The Monroe Clinic, Monroe, WI 53566. Phone (608) 328-7000.

New Richmond, St. Croix County, Wis.—PSYCHIATRIST-CLINICAL DIRECTOR for compre. Health Ctr. operating Inpt.-Outpt. MH and Alcoholism Treatment Programs, Programs for Developmentally Disabled incldg. Adult Day Care and Sheltered Work. Excel. staff utilizing a compre. trtmt. and growth model. Sal. $35,000.00 to $50,000.00 with frng. bnfts., incldg. such items as med. insur., malprac., professional travel, etc. This new facility is loc. 35 miles from Minneapolis/St. Paul, Minn. and the Univ. of Minn. AA/EOE. Send resume to: Gary D. Johnson, Administrator, St. Croix Health Center, Route 2, Box 16-A, New Richmond, WI 54017. (Phone: 715/246-6991).

Superior—GENERAL OR COMMUNITY PSYCHIATRIST to join outpt. and day svc. ctr. serving 45,000 pop. in N.W. WI. Eclectic staff of 23. Sal. $43,000 min. with full frngs. Loc. in Superior, pop. 35,000 and next to Duluth, pop. 100,000. Good recreat. area; sailing, skiing, canoeing, camping, etc. Univ. area. WI lic. req. For more info. call Greg Kruse, collect at (715) 392-8216, or send resume to Human Resource Center, 1914 Susquehanna Ave., Superior WI 54880.

WYOMING

Evanston—INTERNIST (Medical Services Manager II)-Bd. cert. or elig. to be respon. for three halls of our 79 bed Medical-Geriatric Unit (Census 60), Clinic, Lab, X-ray, P.T. & EKG. Excel. supporting staff and consultants. JCAH and Medicare approved 365 bed hosp. Sal. up to $44,880 per yr., depending on quals. Free housing, frng. bnfts., and paid malprac. insurance. Excel. recreation opptys. locally and 85 miles from Salt Lake City, Utah, for skiing, night life, and cult. opptys. Write with full CV to William N. Karn, M.D., Wyoming State Hospital, P.O. Box 177, Evanston, WY 82930 or call (307) 789-3464.

REGIONAL

Midwest—PSYCHIATRIST, recent graduate approved residency, wanted for an HMO in Midwest large university town. Reply Box P-904, *Psychiatric News.*

U.S. POSSESSIONS

Guam—Bd. Elig. or Bd. Cert. PSYCHIATRISTS and PSYCHOLOGISTS. Work with prgsv. CMHC offering 12 svcs. and outreach. Tropical splendor and warmth. Ctr. of the South Pacific. Best scuba diving in the world. Yr. round tennis, golf, water skiing, marlin and tuna fishing, quality hotels, restaurants, night life, schls., and unlimited family recreation areas. Easy access to all of Asia and Mainland China, Australia and New Zealand and other islands. Send CV and sal. reqs. to: Jesus T. Herrera, Director, Guam Community MHC, P.O. Box AX, Agana, Guam 96910.

POSITIONS WANTED

BD. CERT. CHILD PSYCHIATRIST—extensive exper. in tchng. and family, grp., crisis intervention, liaison and commty. relations seeks posn. as faculty member or in grp. or ind. prvt. prac. with pediatricians, gen. psychiatrists preferably around Washington, D.C. area (active licenses for Md., Va., Tx. and N.Y.) and or other univs. or other parts of the country. Reply Box P-915, *Psychiatric News.*

BOARD CERTIFIED PSYCHIATRIST currently director of large Calif. CMHC seeks responsible posn. with psychiatric ctr./hosp. preferably in sunbelt area. Reply Box P-925, *Psychiatric News.*

BOARD CERTIFIED PSYCHIATRIST with extensive clinical and administrative experience is seeking to join a group or Private Psychiatric Hospital. Mild climate preferred. Reply Box P-906 *Psychiatric News.*

Bd.-elig. PSYCHIATRIST, 33, moving to N.Y. City after 1 year abroad, desires half-time to full-time posn. in Manhattan or within commuting distance. Exper. and interest in CMH and college MH settings. Broad range of skills in both psychotherapy and pharmacotherapy. Avail. 1 Aug., 1979. R. J. Rubenstein, M.D., 22 Kovshe Katamon, Jerusalem. Israel.

PSYCHIATRIST 3 yrs. approved residency program with exper. in administration and tchng. seeks Fellowship in Psychiatry. Please reply Box P-917, *Psychiatric News.*

PSYCHIATRIST, U.S. trained, presently Medical Director of large CMHC, seeks full or part time employment oppty. in North/Central N.J. Eccl. trained, experienced in commty. psychiatry; CMHC operations and prvt. prac. Trained in relaxation and hypnotherapy techniques. Completing pt. II bd. examinations in April 1979. Reply Box P-920, *Psychiatric News.*

SUPERINTENDENT AVAILABLE: Served as supt. for 900 bed state mental hosp. near Memphis. Have excel. vitae & documentation of performance. After new admin. (political) took office, resignation was requested. Contact Morris D. Cohen, M.D., 3080 Walnut Grove Rd., Memphis, TN 38111.

PRACTICES FOR SALE

Annapolis, Md.—Enjoy best sailing in East in quaint, restored colonial town, 30 min. from metro. Wash. D.C. Well estab. psychiatric prac. Superb office facils. and loc. Minimal overhead. Reasonable terms. Reply Box P-916, *Psychiatric News.*

PSYCHIATRIC PRACTICE AND OFFICE FOR SALE: N.J. seashore area with close proximity to both Phila. and N.Y. City. Many recreat. facils. Increasing pt. pop. with relative shortage of psychiatrists in rapidly growing commty. Six figure gross. Office located adjacent to large hosp. Will introduce socially and professionally. Reply Box P-922, *Psychiatric News.*

RURAL MIDWEST PSYCHIATRIC PRACTICE FOR SALE—Exc. oppty. for young practitioner interested in group therapy, T.A.—Gestalt, med. consult. and commty. psych. No other psychiatrists presently prac. in area. Yearly gross approaching 100,000 potential is greater. Loc. in small college town; large metro. area 1½ hrs. driving distance. Beautiful country, exc. outdoor recreat. Very easy terms. Avail. with full case load and office facils. Dec. 1, 1978. Present psychiatrist returning to acad. life. Reply Box P-856, *Psychiatric News.*

COURSES & WORKSHOPS

CHANGING ROLES: WOMEN AND STRESS. ASPEN INSTITUTE FOR THE MANAGEMENT OF STRESS—Aspen, Co. June 7-10, 1979. Featuring: Ruth Moulton, M.D., William Alanson White Institute; Ellen Goodman, Boston Globe; Ethel Roskies, Ph.D., Univ. of Montreal; Barbara Stein, St. Peter's College; Judith Griffin, H.E.W.; La Rue Orullian, President Women's Bank of Denver; Mona Affinito, Ph.D. and Susan Ellman, of New Haven Ctr. for Human Relations; Pat Schroeder, Congresswoman, State of Co. Plus Workshops and Seminars to explore changing roles and conflicts for women in business, politics, government, family, home, etc. Also exploration of health and wellness; stress management-nutrition, relaxation, exercise. Contact Samuel B. Schiff, M.D., Director, AIMS. Box 8820, Aspen, CO 81611. (303) 925-4725.

CLINICAL BIOFEEDBACK SEMINAR—For Psychiatrists, Psychols., Social Workers, Counselors, Dentists, Physical Therapists, Nurses, and MH Administrators. **June 7–8, 1979, San Francisco, CA. Registration fee: $25.** Presented by Tom Sturm, Ph.D., VP Clinical Products, Coulbourn Instruments. A sample of the topics to be discussed include: a gen. intro. to biofeedback; establishing a biofeedback trtmt. prgm.; prof. and technical help needed in biofeedback trtmt.; generating referrals; routine and experimental problems treated with biofeedback; instrumentation, modular versus self-contained units; ind. demos.; and case study presentations. To register or for more info., call or write: Coulbourn Instruments, Seminar, P.O. Box 194, Laramie, WY 82070, (307) 742-8246.

4TH DON D. JACKSON MEMORIAL CONFERENCE. Present Imperfect: Reflections of Family Therapists 1959-1979-1999, August 3-4, 1979, San Francisco, Ca. For info. write to: Mental Research Institute, 555 Middlefield Rd., Palo Alto, CA 94301.

PSYCHIATRY IN THE SOUTH PACIFIC—A transcultural workshop under the direction of John Spiegel, M.D. and Richard Goodman to be held Aug. 2-28, 1979 in Fiji, Western Samoa, American Samoa and Tahiti has been cert. for 44 credit hrs. in Category I of the Physician's Recognition Award of the AMA and the CME reqs. of APA. The Workshop will be held with psychiatric staff in mental hosps. in the islands, and with med. personnel and traditional healers in villages in rural areas where we will live in a native style. Educational objectives include Polynesian cult. and MH, CMH involving collaboration between "bush doctors" and psychiatrically-trained personnel, and the impact of rapid sociocultural change on MH of native pops. moving to cities and eventually to the USA. Workshop limited to 20 members. For further info. contact: Richard Goodman, Goodtravel Tours, 5332 College Ave., Oakland, CA 94618.

SAN FRANCISCO INTERNATIONAL PSYCHIATRIC SYMPOSIUM, AUG. 26-30, MEET, LEARN with Bruch, Arieti, Szasz, Kernberg, Kaplan, Detre, Busse, Hackett, Schwartz, Mazlish, Savodnik. 23 Class I credits. CME, Inc., #113, 2030 E. 4th St., Santa Ana, CA 92705 (714) 547-5186.

SEX THERAPY TRAINING: Nine-month prgm. leading to certificate as sex therapist. Trng. in: sex histories, sexual dysfunction, sex offenders, family sexual abuse, penile implant assessment, transvestism and transsexualism, homosexuality, adol. sexuality, physical disability. Opptys. for sexual educ., tchng. med. rsdnts., sex research. Begins Sept. 15, 1979. Tuition: $3,500. Inquiries to: Sharon Satterfield, M.D., Program in Human Sexuality, Dept. of Family Practice and Community Health, Univ. of Minnesota, 2630 Univ. Ave., S.E., Minneapolis, MN 55414.

TRANCE THERAPY—LEARN HYPNOSIS for self and pts.—by WALLACE and JEANINE LABAW. AMA-CME 24 hr. workshop sponsored by Childrens Hosp., Denver. June 15-17, 1979 at Stouffer's Inn at Denver's Stapleton Airport. Conferees reserve lodging at reduced rates at 303-321-3333. Enrollment limited to professionals, tuition $250.00 payable to W. L. LaBaw, M.D., P.C.; Suite 100, 2045 Franklin St., Denver, CO 80205. Inquiries re annual Advanced Clinical Hypnosis Seminar to same address.

MISCELLANEOUS

ANXIETY AND TENSION REDUCTION: Cassette tape introduces several major techniques for reducing autonomic arousal, gross muscle tension, and cognitive anxiety. Hosp. tested-moneyback trial. Free 96-pg. report on stress with purchase. Send $4.95 or your VISA/Master Charge number to: Stress Management Research Associates, P.O. Box 2232-PN, Houston, TX 77001.

"HOW TO ESTABLISH YOUR OWN PRIVATE PRACTICE" . . . by Dr. Donald Hendrickson, Mr. Stephen Janney and Mr. James Fraze, CPA. A complete 234 pg. looseleaf book. $24.95 plus $2.00 postage and handling (Foreign orders must be in U.S. dollars). PREPAID. Professional Consultants Associates, 406 White River Blvd., Muncie, IN 47303.

OFFICE SPACE TO SHARE—Psychiatrist wanted to share suite in medical building in Springfield, Va. Choice location. Call Dr. Nadeau (703) 451-8366.

QUALIFIED MEDICAL WRITER seeking assignments from physicians, psychiatrists, N.Y. area. Will help originate or rewrite articles for publication. Reply Box P-854, *Psychiatric News.*

THE GAY CAUCUS OF THE APA, by the time you read this, should have about 125 members. We estimate that about 300 gay and Lesbian psychiatrists will participate in some part of our planned activities at the Chicago meeting. Many will be accompanied by lovers, who are invited and welcome. JOIN US! Our organization, our cause, our activities in Chicago, starting with a get-acquainted party in our hospitality suite at the Conrad Hilton on Sunday, May 13, 6:30 to 9 pm. Loc. of the suite will be posted. Watch for posters which will announce all activities, or visit our exhibit booth entitled "The Visible Gay Psychiatrist". This will be a contact and info. exchange point. FOR a complete prgm. of all activities, write: Frank L. Rundle, M.D., Chairperson, GCAPA, 44 W. 62nd St. 28-C, New York, NY 10023.

Tired of the cold weather? Want to practice where it's warm and the people are friendly? For the amount you'll gross the first year, buy yourself a six figure Gulf Coast area practice. Purchase or lease beautiful office bldg. optional. Even the neuroses here are easy going! All enquiries held confidential. Reply Box P-888, *Psychiatric News.*

TRAINING AIDS: "ASYLUM" (96 min. film) of R. D. Laing's ther. Commty.: ". . . an excruciating experience"—*Psychiatric News*; "APPROACHES" (45 min. videotape); contrasting interviews of a patient by Drs. H. J. Searles and R. D. Laing; "CONVERSATIONS with R. D. LAING" (26 min. videotape); a seminar on pre-natal experience, psychosis & dying. Contact Peter Robinson, 176 W. 87, New York, NY 10024 (212) 799-1051.