

Psychiatric News

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February 1, 1985

HHS Said to Be Denying Medicaid To Mentally Ill

The Department of Health and Human Services (HHS) has misinterpreted a Medicaid stipulation and is thus denying benefits to mentally ill persons under age 65 who reside in intermediate care facilities (ICF's), APA has charged in an amicus curiae brief filed last month in connection with a case currently before the U.S. Supreme Court.

The denial of benefits hinges on whether HHS classifies an ICF as an "institution for mental diseases" (IMD). According to the HHS guidelines in the *State Medicaid Manual*, an ICF may be labeled an IMD if more than 50 percent of its patients have mental disorders requiring inpatient treatment, the patients' average age is significantly lower than that of typical nursing home patients, a large proportion of the patients have been transferred from state mental institutions, and review teams find "a preponderance of mental illness" among the patients' diagnostic records.

Other IMD determinants include whether the facility is licensed or advertises itself as a psychiatric facility, specializes in providing psychiatric care (reflected by staff credentials), and is partially or entirely composed of locked wards. "No single guideline is sufficient by itself to classify an institution," the manual states. All of the guidelines must be considered in assessing a facility's status.

A Supreme Court decision upholding the HHS position could seriously undermine the deinstitutionalization efforts of the last 20 years, APA cautions. *see "ICF," page 12*



Members of the APA Board of Trustees and guests attend the dedication ceremonies in December of a reading area in the APA library in memory of Daniel and Logan Blain. Daniel Blain, M.D., was APA's first medical director. The reading area was given by his family.

Mass. Blue Shield to Watch Claims for Depression, Neuroses

Massachusetts Blue Shield intends to scrutinize more closely insurance claims for three of the most common mental diagnoses. For the time being, however, the company has dropped a controversial proposal to provide coverage for treatment of mental disorders only if they cause functional impairment.

The company, which insures 60 percent of Massachusetts residents, plans to switch to the more specific diagnostic classification system in *DSM-III* on insurance claims forms. In addition, psychiatrists and other providers will probably be asked to further substantiate *DSM-III* diagnoses that correspond to adjustment reaction to adult life and depressive and anxiety neuroses, according to Robert W. Murphy, assistant vice president for planning and development.

Lion's Share

These three diagnoses accounted for the lion's share of the \$45 million Blue Shield paid out in outpatient mental health benefits in 1983.

Jon Gudeman, M.D., public affairs spokesperson and past president of the Massachusetts Psychiatric Society, said the MPS favored a shift to the more current *DSM-III*. Some providers worried, however, that Blue Shield will implement more careful review of adjustment, depression, and anxiety disorders, and perhaps even disallow them, he added.

Psychiatrist Harry Senger opined that one of the effects of the new procedure, and its widespread publicity in the general press will be to make people "think twice" about going for

treatment. The impression being created is that people have to be "really quite sick" before they should seek help, he said. Senger represents MPS on a Blue Shield utilization review advisory committee.

Although Murphy could not say when the changes would go into effect, he did indicate that the company hoped to create a more accurate reporting system that could lead to a far improved utilization review program for mental and nervous disorders.

see "Blue Shield," page 27

Poor Defendants Have Right to MH Exam, Says APA in Brief

Indigent defendants charged with murder should be constitutionally guaranteed a psychiatric evaluation, APA has stated in an amicus curiae brief. Without such a guarantee, APA argues, the defendant may be deprived of the opportunity to invoke the insanity defense, and the jury may be unable to consider such a defense reasonably.

Responding to the Supreme Court case *Glen Burton Ake v. State of Oklahoma*, the APA brief was prepared by Joel I. Klein and Peter E. Scheer of the law firm Onek, Klein and Farr in Washington, D.C. Oral arguments on *Ake* were heard last November, but the justices have not yet reached a decision.

In February 1980 an Oklahoma district court arraigned Glen Burton Ake on two murder charges. During competency hearings in April, a psychiatrist testified that Ake was suffering from chronic schizophrenia and that he was dangerous. The psychiatric evaluation focused only on Ake's "present sanity," says the APA brief. The court sought no expert opinion about the defendant's mental state at the time of the murders. Ake was judged incompetent to stand trial.

Ake was then committed to a state mental hospital and treated with chlorpromazine for more than two months. (The APA brief notes that Ake was continually medicated throughout the trial.) In May a psychi-

see "Brief," page 29

In This Issue

Prospective Payment and DRG's

An overview of prospective payment and of DRG's impact on the practice of psychiatry is presented in this article.

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Ethical Procedures

The Assembly Task Force on Ethical Procedures is seeking information from DB's on their experiences with the newly adopted ethical procedures.

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Child Abuse

Children claiming sexual or physical abuse may not always be telling the truth, according to a report made at the meeting of the American Academy of Psychiatry and the Law.

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APA's Next President

A day in the life of APA President-elect Carol Nadelson, M.D., illustrates both her dedication to easing the anguish of those suffering mental pain and to training psychiatric residents.

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Letters to the Editor

Marketing Debate

Psychiatric News ["Trustees Clarify APPI Role, Defer Marketing Decision," January 4] has done a disservice to the entire membership by its limited and inexact coverage of the Board of Trustees' debate on a national marketing effort. Also, it has done me a personal injustice by placing five of my words in quotations and then constructing a single sentence that does not at all represent the totality of the views I expressed.

The facts are these:

1. No member of the Board had even seen a copy of the voluminous GLS proposal.

2. The two-page summary had not been mailed with our back-up materials; it was distributed 10 minutes before the item came up for discussion.

3. Accurate cost estimates could not be established, but approximately \$175,000 a year for three years—more than half a million dollars of our colleagues' money—was at stake.

Faced with this situation, the Board was far from indecisive. The 50-minute debate was blunt and focused. My own comments, not captured in five

words, emphasized that the proposal before us contained no new ideas. Almost five years ago, my own district branch (Washington Psychiatric Society) had been one of the pioneers of just such a program. We have learned which parts work and, sometimes painfully, which parts do not, and how one must be ready to change consultants and strategies to meet changing local conditions.

My precise point was that many district branches are active and experienced, and they are, quite rightly, looking to APA to supply national leadership based on an understanding of these activities, not just to magnify their successes and false starts on a nationwide scale.

I feel particularly qualified to comment on this because I was vice chair of the APA Competition Legislation Work Group when it first recommended that APA initiate a national marketing effort and establish an Office of Economic Affairs to oversee it. Also, on my motion, the Board of Trustees, in December 1983, approved these recommendations. Additionally, as board liaison to the Budget Committee, I have worked to insure that

funds for the establishment of this office, and the APA's marketing efforts, received top priority, even in these times of budget austerity.

After full discussion, the Board of Trustees voted that, *at its very next meeting*, it be supplied with (1) accurate detailed estimates of the cost of outside consultants; (2) a white paper summarizing what is known about DB marketing activities; and (3) a workable proposal to expand the Office of Economic Affairs so that APA could develop in-house expertise and have permanent staff to respond to the marketing and other economic needs of the DB's—long after contractors or consultants passed from our payroll.

I made this motion! The Board of Trustees passed it unanimously! The article in *Psychiatric News* omitted it!

The anonymous (?) author of this article should ponder the criticism Mark Twain made to his wife when, upset by his colorful and frequent obscenities, she greeted him, most uncharacteristically, at breakfast one morning with a long string of her own. "You may have listened to the words," he replied, "but you certain-

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

ly missed the music."

John J. McGrath, M.D.
Washington, D.C.

Ed. Note—*The nature of news reporting requires that coverage of such a lengthy meeting as that of the APA Board of Trustees be limited. We do not believe, however, that this condensation is inexact or does a disservice to APA members. All significant events are reported and the most significant, such as APA's marketing project, are generally the subject of subsequent, more detailed, articles. We regret that Dr. McGrath feels an injustice was done in our quoting only a brief remark he made. We agree that our choice of that particular comment alone from what he said was unfortunate. Finally, Psychiatric News' reporting that the Trustees deferred a decision pending receipt of more information is an indication that they were undecided, not "indecisive."* —Ed.

Viewpoint

Watching the AMA Work: The Boxing Ban

By John A. Talbott, M.D.
APA President

There are times when I love to simply watch the way democracy works. There are also times, rest assured, when I find the process ponderous, boring, and frustrating. But I had a recent experience with a complex democratic process within medicine that I found intriguing and uplifting, and thought I would share it with you.

Several weeks ago, the AMA House of Delegates met in its semiannual forum. The APA sends a rather intellectually and politically impressive contingency to these meetings, albeit markedly reduced in size this year due to fiscal prudence. It consists of appointed delegates to the House, officers, and staff of the APA, and other psychiatrists who serve on what is called a Section Council.

While the group comes armed with some agenda items, most of what happens is in response to resolutions, reports, or activities generated by other physicians, state medical societies, or specialty organizations.

The first day I attended a meeting of what has to be one of the most rapidly growing and seemingly effective subgroups in American medicine—the Hospital Medical Staff Section (HMSS). The resolutions discussed at both of their Reference Committees were thoughtful in composition and comprehensive in their totality, but revealed an increasing sense of distance between staff physicians and administrators as well as staff physicians and regulatory bodies (e.g., JCAH). In a way, it was ironic that

many of the issues that psychiatry has felt so alone in addressing over the past few years are now tremendous problems for all of medicine, for example, the increasing competition from nonmedical professionals, the bewildering drift of the JCAH, and the often arbitrary external financial constraints on patient care. Thus, not surprisingly, there are many psychiatrists involved in this group, and they are looked to for guidance in tackling these issues. In addition, through the energy and foresight of Phil Epstein of Chicago, psychiatrists are the first group to organize a caucus within the HMSS.

But back to my main story. Politics being the art of coalition building and see "Viewpoint," page 15

Coming in the February 15 Issue!

The next issue of *Psychiatric News* will contain the preliminary program of the 1985 APA annual meeting in Dallas, general information about the meeting, and articles highlighting special sessions—all in addition to *Psychiatric News'* usual coverage of news. Look for this expanded issue in your mail.

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Prospective Payment and DRG's: Where Things Stand Now

"In the future the art of psychiatry will not be reimbursed," said Alexander Rodriguez, M.D., medical director of CHAMPUS, during a session on prospective payment at the 1984 Institute on Hospital and Community Psychiatry. Only the science of psychiatry will have fiscal significance, he said.

Discussing the potential impact of prospective payment on psychiatrists, Rodriguez called on APA to document the cost-effectiveness of psychotherapy and other mental health services. Without such data, he said, psychiatrists will be unable to compete for reimbursement if, as experts predict, prospective payment is eventually expanded to an all-payers system.

It is this kind of concern that got APA into action in 1983 to do something about the prospective payment system.

Currently the Federal prospective payment system, which went into effect in October 1983, applies only to the treatment of Medicare patients. Freestanding psychiatric hospitals and psychiatric units in general hospitals were temporarily exempted from the system. This coming October, however, that exemption will expire, and by the end of the year the Secretary of Health and Human Services is legally required to report to Congress on the feasibility of applying prospective payment to all physician inpatient services, including psychiatric services.

Under prospective payment, the Federal government reimburses hospitals for the treatment of Medicare patients according to fixed rates, not the actual cost of care. Each patient is assigned to one of 468 diagnosis-related groups (DRG's). If a patient's stay lasts longer than that specified for his assigned DRG, the hospital becomes liable for the additional costs.

The Health Care Financing Administration (HCFA) has designated only 15 DRG's for psychiatric disorders and substance abuse. Writing to HCFA Administrator Carolyn Davis in November 1983, APA Medical Director Melvin Sabshin, M.D., expressed the Association's fears that such a compressed classification system would result in inappropriate and inadequate treatment.

The following month the APA Board of Trustees agreed to fund the Task Force on Prospective Payment Issues. Before the psychiatric exemption expires this fall, task force members intend to submit to Congress a proposal outlining APA's position on DRG's for mental disorders.

Joseph T. English, M.D., director of the department of psychiatry at St. Vincent's Medical Center in New York City, chairs the task force. English, who also chairs the APA Council on Standards of Practice and Funding Mechanisms, headed the Association's ad hoc study group on DRG's.

The Federal psychiatric DRG's are likely to cause difficulties for those treating chronic or severely ill mental patients. For example, the mean length of stay for psychosis is 10.8 days. Such a brief hospitalization may help the Federal government cut costs, task force member Boris Astrachan, M.D., has noted, but it may also encourage the premature discharge of schizophrenic patients whose course of illness is unpredictable. "Schizophrenic patients are a population that

can easily be excluded from competitive programs," Astrachan has cautioned.

According to English, the Yale researchers who developed the psychiatric DRG's relied on the *International Classification of Diseases*, rather than on the more sophisticated coding of *DSM-III*. They also failed to distinguish between patients treated in general hospital psychiatric units and those initially treated in emergency rooms who were quickly transferred to state or county mental hospitals. By combining data on these two patient groups, APA's Sam Muszynski has pointed out, the Yale researchers found an unusually brief length of stay for mental patients.

Last spring Muszynski, director of APA's Office of Economic Affairs, began collaborating with the prospec-

tive payment task force on a study designed to determine the experience of psychiatric patients in the private sector. From the results of this study, APA hopes to construct a more equitable reimbursement system for the treatment of mental disorders.

In the first study to measure prospective payment's repercussions on city hospitals, the D.C. Hospital Association echoed APA's concerns about the inflexibility of the system. Last fall the hospital association's report stated that city hospitals suffer under prospective payment because the Federal system does not recognize that treatment costs are higher in urban, as opposed to suburban, areas.

The study involved a survey of 257 hospitals in the metropolitan areas of Washington, D.C., Philadelphia-Camden, Cleveland, Minneapolis-St. Paul, and Chicago. It found that the average stay in a city hospital cost \$1,029 more than a comparable stay in a suburban hospital.

The study attributed the higher

costs at urban hospitals to variables such as a higher percentage of impoverished patients, property costs, and severity of illness. Administrative or staff inefficiency could not be the "predominant cause" of these higher costs, the report maintained, because the investigators consistently found the same results in each of the five metropolitan areas.

Curtail Services

To survive under prospective payment, city hospitals will be forced to gradually curtail services, especially for patients who have no health insurance, said Stephen H. Lipson, president of the hospital association.

"It is critical that action be taken on these matters," the report asserted, "before irreparable harm is done to the hospital systems and the access to care of low-income populations in the nation's large cities." Among the report's recommendations was that city hospitals be compensated for treating the majority of indigent patients.

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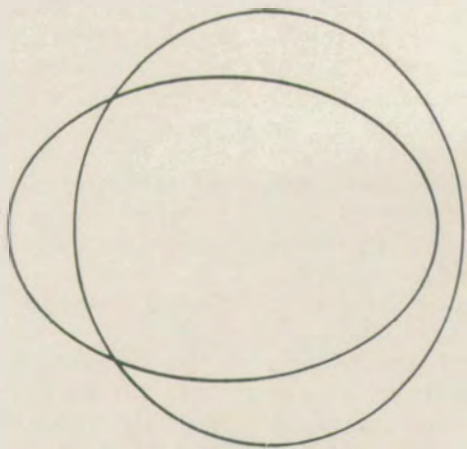
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Frances Tustin on "The Threat of Dissolution;" Psychoanalytic child therapist who treated autistic children for 30 years and developed a theory of the earliest origins of mental (or body-mind) states. Author of *Autism and Childhood Psychosis* and *Autistic States in Children*, which expands her findings to the clinical treatment of many adult patients.

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District Branch News

By Harold I. Eist, M.D.

Rita Newman, M.D., of the Tri-County Chapter of the New Jersey Psychiatric Association called me to request I notify members of an important event taking place in Clark, N.J., titled "Current Issues in Psychiatry: A Presidential Debate" involving APA President-elect candidates Campbell, Pasnau, and Rudy.

The debate will be moderated by APA Vice President Irwin Perr, M.D. A panel including Dr. Newman, William Bristow, M.D., William Nadel, M.D., and George Wilson, M.D., will ask the participants questions. A professionally made videotape of the debate can be obtained by calling Dr. Newman at (201) 379-7587.

Those district branches that have not had the opportunity to meet and hear the candidates may wish to avail themselves of this unique opportunity thoughtfully made available by New Jersey. A generous grant from Meade-Johnson is helping to make this debate possible. It is most important in these difficult times for us to hear as much as we can about the issues from our leaders.

Financial concerns turn up at all levels. The Nassau District Branch reports its women's committee will no longer send its minutes to all its women members, "due to the cost of postage and handling."

The same issue contains the article "Flashbacks: Scenes From Psychiatry's Revolutions," by Robert J. Campbell, M.D. Dr. Campbell points out that between 1955 and 1975 the number of outpatient care episodes increased from 391,000 to "... slightly over 5 million." This suggests a huge and growing constituency waiting to be organized. In patient care episodes during this same period when corrected for population growth remained essentially constant. Dr. Campbell makes the key point, "... unfortunately there remain large numbers of chronically psychotic people who are unable to exist outside an institutional setting." Discharging them into the streets constitutes inappropriate care, which, among other things, is always fiscally unsound.

My clinical contacts with street people in recent years suggest their ranks are being swollen not only by patients prematurely discharged from institutions but also by many who need institutions but never reach them, people in desperate need, tormented by psychosis. Civil libertarians who cherish freedom fail to understand the stifling of free choice brought about by the compulsions, suspicions, and terrors of mental illness. To correct this and other problems related to appropriate hospitalization, Dr. Campbell suggests "we espouse the authority of reason but... repudiate the tyranny of ignorance, especially when it affects those whom no one else will defend."

From Nassau, also, a human interest story: Randolph Rosenthal, M.D., president-elect of Nassau, is the proud father of Roy Rosenthal, M.D., recently elected president of the Colorado Springs Chapter of the Colorado Psychiatric Society. Congratulations to you both.

The North Carolina Neuropsychiatric Association newsletter is expand-

ing, as is evidently North Carolina's membership. Granville Tolley, M.D., notes, "I believe our DB, while increasingly active and effective, has also been very rapidly growing and that the time has come to address the issue of chapter organization with the state."

Above the initials C.V., which I assume stand for Charles R. Vernon, editor of the N.C. newsletter, I noticed a small column "Opinion—Psychiatrist Takes Stand," which contained several ideas worth quoting.

C.V. states, "Psychiatrists have the fascinating position of observing the often conflicting, multifaceted, multi-minded characteristic of human be-

ings and helping them accept themselves and others in their complexity and ambiguity."

He ends his remarks with, "Therefore, I rest, unalterably ambivalent, a Janusian position, that in the long run might even be a more tenable one from which to solve complex social problems."

William Barden, M.D., president of the Rhode Island District Branch, tells us that in starting deinstitutionalization "late... we were able to learn from their [other states'] experience and avoid some of their most egregious mistakes." He hopes other phenomena such as PPO's are "debugged" before they get to Rhode

Island. "We don't yet have laws telling us when to give ECT. (Perhaps we should be grateful that we have a part-time legislature.) And we don't have any court decision in this jurisdiction limiting our ability to administer medication involuntarily when needed; we are forced to rely on our own wisdom and ethical sense." I hope Rhode Island will be prepared for the downturn in concern toward the mentally ill now sweeping the land and that the well-deserved respect enjoyed by psychiatry in Rhode Island is not turned to suspicion by these negative trends. Dr. Braden's remark about Rhode Island's part-time legislature reminded see "DB News," page 25

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1. Whitehouse D, Shah U, Palmer FB. *J Clin Psychiatry* 1980 (Aug) 41(8):282-285.

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Special Diagnostic Considerations

Specific etiology of this syndrome is unknown, and there is no single diagnostic test. Adequate diagnosis requires the use not only of medical but of special psychological, educational, and social resources.

Characteristics commonly reported include: chronic history of short attention span, distractibility, emotional lability, impulsivity, and moderate-to-severe hyperactivity; minor neurological signs and abnormal EEG. Learning may or may not be impaired. The diagnosis must be based upon a complete history and evaluation of the child and not solely on the presence of one or more of these characteristics.

Drug treatment is not indicated for all children with this syndrome. Stimulants are not intended for use in the child who exhibits symptoms secondary to environmental factors and/or primary psychiatric disorders, including psychosis. Appropriate educational placement is essential and psychosocial intervention is generally necessary. When remedial measures alone are insufficient, the decision to prescribe stimulant medication will depend upon the physician's assessment of the chronicity and severity of the child's symptoms.

CONTRAINDICATIONS

Marked anxiety, tension, and agitation are contraindications to Ritalin, since the drug may aggravate these symptoms. Ritalin is contraindicated also in patients known to be hypersensitive to the drug, in patients with glaucoma, and in patients with motor tics or with a family history or diagnosis of Tourette's syndrome.

WARNINGS

Ritalin should not be used in children under six years, since safety and efficacy in this age group have not been established.

Sufficient data on safety and efficacy of long-term use of Ritalin in children are not yet available. Although a causal relationship has not been established, suppression of growth (i.e., weight gain, and/or height) has been reported with the long-term use of stimulants in children. Therefore, patients requiring long-term therapy should be carefully monitored.

Ritalin should not be used for severe depression of either exogenous or endogenous origin. Clinical experience suggests that in psychotic children, administration of Ritalin may exacerbate symptoms of behavior disturbance and thought disorder.

Ritalin should not be used for the prevention or treatment of normal fatigue states.

There is some clinical evidence that Ritalin may lower the convulsive threshold in patients with prior history of seizures, with prior EEG abnormalities in absence of seizures, and, very rarely, in absence of history of seizures and no prior EEG evidence of seizures. Safe concomitant use of anticonvulsants and Ritalin has not been established. In the presence of seizures, the drug should be discontinued.

Use cautiously in patients with hypertension. Blood pressure should be monitored at appropriate intervals in all patients taking Ritalin, especially those with hypertension.

Symptoms of visual disturbances have been encountered in rare cases. Difficulties with accommodation and blurring of vision have been reported.

Drug Interactions

Ritalin may decrease the hypotensive effect of guanethidine. Use cautiously with pressor agents and MAO inhibitors.

Human pharmacologic studies have shown that Ritalin may inhibit the metabolism of coumarin anticoagulants, anticonvulsants (phenobarbital, diphenylhydantoin, primidone), phenylbutazone, and tricyclic antidepressants (imipramine, desipramine). Downward dosage adjustments of these drugs may be required when given concomitantly with Ritalin.

Usage in Pregnancy

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

Drug Dependence

Ritalin should be given cautiously to emotionally unstable patients, such as those with a history of drug dependence or alcoholism, because such patients may increase dosage on their own initiative.

Chronically abusive use can lead to marked tolerance and psychic dependence with varying degrees of abnormal behavior. Frank psychotic episodes can occur, especially with parenteral abuse. Careful supervision is required during drug withdrawal, since severe depression as well as the effects of chronic overactivity can be unmasked. Long-term follow-up may be required because of the patient's basic personality disturbances.

PRECAUTIONS

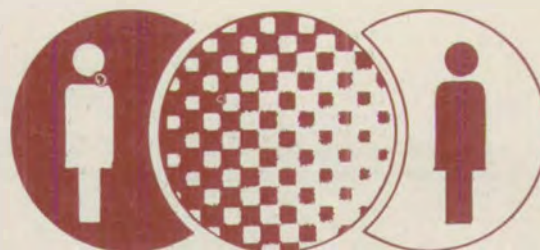
Patients with an element of agitation may react adversely; discontinue therapy if necessary.

Periodic CBC, differential, and platelet counts are advised during prolonged therapy.

Drug treatment is not indicated in all cases of this behavioral syndrome and should be considered only in light of the complete history and evaluation of the child. The decision to prescribe Ritalin should depend on the physician's assessment of the chronicity and severity of the child's symptoms and their appropriateness for his/her age. Prescription should not depend solely on the presence of one or more of the behavioral characteristics.

When these symptoms are associated with acute stress reactions, treatment with Ritalin is usually not indicated.

Long-term effects of Ritalin in children have not been well established.



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CHANGING WORLD

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Popular Annual Review Series Improved for '85 Meeting

Volume 4 of APA's popular series that provides a comprehensive review of major topics in psychiatry is now available.

The series, known as *Psychiatry Update: American Psychiatric Association Annual Review*, is published in

conjunction with the presentation of five scientific sessions on the same topics at the APA annual meeting.

This year's topics are neuropsychiatry, eating disorders, sleep disorders, the therapeutic alliance, and neurotransmitters and neuroreceptors.

"We feel that Volume 4 reflects the breadth and depth of the field of clinical psychiatry today, from neurotransmitters to psychotherapy research," said Robert E. Hales, M.D., chair of the APA Scientific Program Committee and co-editor of Volume 4 with Allen Frances, M.D. "Psychiatry is an expanding, clinical discipline, and we hope that the volume has reflected some of the diversity and excitement in the field. We've tried to provide readers with the most up-to-date clinical and research information and the material that is most relevant to their daily practice."

"Now that we have the *Annual Review*," writes APA President John A. Talbott, M.D., in the book's introduction, "I wonder how we ever got along without it. It fills the wide gap between the information presented in our excellent array of journals and that presented in such encyclopedic tomes as the *Comprehensive Textbook* and the *American Handbook*."

Many changes have gone into the latest volume of the series, which was begun in 1981 under Lester Grinspoon, M.D., then chair of the Scientific Program Committee. The choice of editions has been expanded to include a paperback version for \$34.95 and a casebound one for \$49.95. The casebound edition has a supplement for earning Category I credit (see story on page 17). "This is important for members who cannot attend the annual meeting," pointed out Hales.

The schedule of the volume's production has been stepped up so that the book will be mailed to purchasers this month, well before the annual meeting. This way, said Hales, members attending the annual meeting can "listen to presentations from various speakers summarizing what they have already read."

Each of the five sections is edited by an expert. The section on neurotransmitters and neuroreceptors was edited by Joseph Coyle, M.D., director of child psychiatry and professor of psychiatry, neuroscience, pharmacology, and pediatrics at the Johns Hopkins University School of Medicine; neuropsychiatry: Stuart Yudofsky, M.D., director of the department of psychiatry at Allegheny General Hospital, Pittsburgh, and associate professor of clinical psychiatry at Columbia University College of Physicians and Surgeons; eating

see "Review," page 17

ADVERSE REACTIONS

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

In children, loss of appetite, abdominal pain, weight loss during prolonged therapy, insomnia, and tachycardia may occur more frequently; however, any of the other adverse reactions listed above may also occur.

DOSAGE AND ADMINISTRATION

Dosage should be individualized according to the needs and responses of the patient.

Children (6 years and over)

Ritalin should be initiated in small doses, with gradual weekly increments. Daily dosage above 60 mg is not recommended.

If improvement is not observed after appropriate dosage adjustment over a one-month period, the drug should be discontinued.

Tablets: Start with 5 mg twice daily (before breakfast and lunch) with gradual increments of 5 to 10 mg weekly.

SR Tablets: Ritalin-SR tablets have a duration of action of approximately 8 hours. Therefore, Ritalin-SR tablets may be used in place of Ritalin tablets when the 8-hour dosage of Ritalin-SR corresponds to the titrated 8-hour dosage of Ritalin.

If paradoxical aggravation of symptoms or other adverse effects occur, reduce dosage, or, if necessary, discontinue the drug.

Ritalin should be periodically discontinued to assess the child's condition. Improvement may be sustained when the drug is either temporarily or permanently discontinued.

Drug treatment should not and need not be indefinite and usually may be discontinued after puberty.

OVERDOSAGE

Signs and symptoms of acute overdosage, resulting principally from overstimulation of the central nervous system and from excessive sympathomimetic effects, may include the following: vomiting, agitation, tremors, hyperreflexia, muscle twitching, convulsions (may be followed by coma), euphoria, confusion, hallucinations, delirium, sweating, flushing, headache, hyperpyrexia, tachycardia, palpitations, cardiac arrhythmias, hypertension, mydriasis, and dryness of mucous membranes.

Treatment consists of appropriate supportive measures. The patient must be protected against self-injury and against external stimuli that would aggravate overstimulation already present. If signs and symptoms are not too severe and the patient is conscious, gastric contents may be evacuated by induction of emesis or gastric lavage. In the presence of severe intoxication, use a carefully titrated dosage of a short-acting barbiturate before performing gastric lavage.

Intensive care must be provided to maintain adequate circulation and respiratory exchange; external cooling procedures may be required for hyperpyrexia.

Efficacy of peritoneal dialysis or extracorporeal hemodialysis for Ritalin overdosage has not been established.

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C I B A



A Report from the Medical Director

Melvin Sabshin, M.D.
Medical Director

John Talbott, M.D.
President

NEW FORMAT, SCHEDULE FOR MEETING SYMPOSIA

Look for a new symposia format and some schedule changes in your 1985 Annual Meeting Program. Thirteen scientific symposia will be sponsored by pharmaceutical firms responding to your interest in such sessions. To accommodate the growth, the Office to Coordinate the Annual Meeting has scheduled 10 of the symposia on Sunday, May 19, and three during the week. In addition, the 1985 meeting will feature a new format: the presidential symposia. APA President John Talbott, M.D., will discuss "Our Patients in a Changing World," from 2 to 5 p.m. Tuesday, May 21, and "Our Chronic Patients in a Changing World," from 2 to 5 p.m. Thursday, May 23.

NAS SAYS ADAMHA BUDGET SHOULD DOUBLE IN '80'S

The National Academy of Sciences' Institute of Medicine has said that the research budget for the three institutes under the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA) should be almost doubled by the end of the decade. In a report available from the NAS, the Institute said ADAMHA's National Institute of Mental Health should receive a research budget of \$300 million and the National Institute on Alcoholism and Alcohol Abuse and the National Institute on Drug Abuse each should receive \$100 million. The report calls for more research on brain function and behavior, noting current treatments "alleviate symptoms or induce remissions" but have little preventive or curative capabilities. However, the Reagan Administration is expected to call for a budget freeze when it makes its fiscal proposals on Feb. 4. To order a copy of the NAS report, send \$10 to the NAS, 2101 Constitution Ave., N.W., Washington, DC 20418. Or call 202/334-3313.

BILL PROPOSES IMPROVED MENTAL HEALTH BENEFITS

Already, movement toward improving the federal employees' mental health benefits is under way in Congress. The Federal Employee Health Benefits Reform Act, H.R. 156, has been introduced by Rep. Mary Rose Oakar, chair of the House Subcommittee on Compensation and Employee Benefits. Among the bill's provisions that are supported by the APA: Standardized alcoholism, drug rehabilitation and mental health benefit levels for all insurance plans under the FEHB program; provision of 60 inpatient and 50 outpatient visits a year, and two 28-day alcoholism or drug rehabilitation visits. The benefits could be increased on a case-by-case basis if approved by a peer review group. In addition to meeting with Rep. Oakar's staff about this bill, the Division of Government Relations continues to work toward introduction of similar legislation in the Senate.

EDWARD MASON, M.D. CITED FOR DOCUMENTARY

The Council on International Nontheatrical Events has presented its Golden Eagle Award to Edward Mason, M.D., for his work on the documentary film, "Breaking the Silence: The Generation After the Holocaust." Dr. Mason, associate clinical professor of psychiatry at Harvard University, directed and co-produced the film, which shows how the children of Holocaust survivors attempt to understand their parents' experience and its effect on their own lives.

PSYCHIATRY IS CHOICE OF 8.6% OF RESIDENTS

The AMA reports that of all residents in training, 8.6 percent are studying psychiatry. By comparison, 24 percent of the residents are in internal medicine, 11 percent in surgery, 10 percent in family practice, 9 percent in pediatrics, 7 percent in obstetrics and gynecology, and 5 percent in radiology and anesthesiology each.

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Panels

ISSUES IN PSYCHOANALYTIC TREATMENT OF A BORDERLINE/SEVERELY NEUROTIC CHILD
Peter Blos, Jr., M.D., *Chairman*
Mr. Steven Marans
Henri Parens, M.D., *Discussant*
Allen Zients, M.D., *Discussant*

THE RELATIONSHIP OF MODELS OF THE MIND TO CLINICAL WORK: THE STRUCTURAL HYPOTHESIS
Sydney E. Pulver, M.D., *Chairman*
Charles Brenner, M.D.
J. Alexis Burland, M.D.
Arnold Goldberg, M.D.
Albert Mason, M.B.B.S.
Martin Silverman, M.D.
Estelle Shane, Ph.D., *Reporter*

ANOREXIA NERVOSA: THEORY AND THERAPY—A NEW LOOK AT AN OLD PROBLEM
Pietro Castelnuevo-Tedesco, M.D., *Chairman*
Barton J. Blinder, M.D.
Martin A. Ceaser, M.D.
Mark J. Gehrie, Ph.D.
C. Philip Wilson, M.D.
John Hitchcock, M.D., *Discussant*
Stephen E. Risen, M.D., *Reporter*

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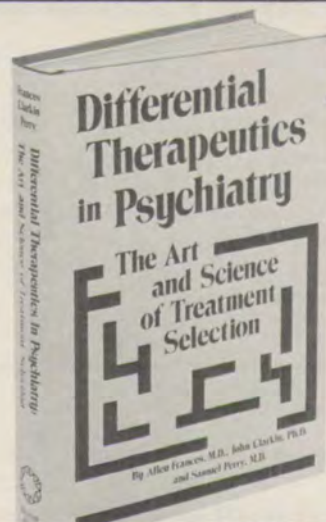
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CONTENTS

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3. The Orientation
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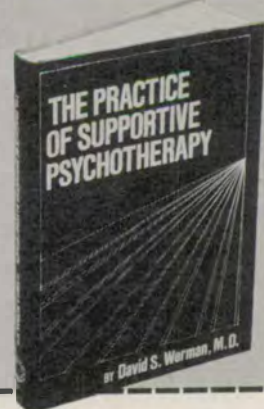
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Ethics Task Force Needs Information

The Assembly Task Force on Ethical Procedures will monitor the experiences of district branches with the newly adopted ethical procedures. This can be accomplished only if the task force receives such information as the following:

- Problems arising from implementation of the new procedures or incompatibilities between these and district branch procedures.
- Experience and assessment of the new time limits placed on investigations.
- Experience with the provision allowing "conditions" attached to membership suspensions. How is the monitoring of "conditions" performed?
- Cost per case of processing ethics complaints. If a district branch reports "no expenses," does this reflect absence of ethics investigations or absence of legal expenses in conducting them?
- How does the district branch deal

with ethics complaints if there are pending or simultaneous legal cases?

- What are local requirements for reporting to licensing or disciplinary boards, at what stage, and how does it work?

Information, as specific and detailed as possible, as well as any questions to the task force, should be addressed to Kathleen M. Mogul, M.D., Chair, Assembly Task Force on Ethical Procedures, c/o Massachusetts Psychiatric Society, 1440 Main Street, Waltham, Mass. 02254-9132.

Katz Appointed

Jerome Katz, M.D., a supervising and training analyst and former director of the Topeka Institute for Psychoanalysis, has been named the Mary E. Taylor Professor of Clinical Psychiatry in the Karl Menninger School of Psychiatry.

Abnormal Serotonin Metabolism Linked to Tourette's Syndrome

A new light has been shed on the etiology of Tourette's syndrome suggesting an abnormality of serotonin metabolism in the brain.

Gabor Barabas, M.D., Wendy S. Matthews, Ph.D., and Michael Ferreri, Ph.D., of the department of pediatrics at Rutgers Medical School, studied 57 children with Tourette's syndrome, 57 with learning disabilities, and 57 with epilepsy.

The impetus for the study came from their observation of a high incidence of sleepwalking among young patients with Tourette's syndrome. In a recent issue of *Developmental Medicine and Child Neurology* (1984, 26, 457), they noted that a total of 10 of the 13 cases of sleepwalking were found among the Tourette's patients, which was much higher than in either the learning-disabled or seizure-disor-

der groups.

They point to evidence that serotonin is the neurotransmitter involved in the induction of sleep in the brain and note that investigators have suggested that an abnormality in serotonin synthesis—specifically its primary metabolite, 5-hydroxyindoleacetic acid, is decreased in some patients.

They suggest that their findings of sleep disturbance in Tourette's patients may point to a common abnormality of serotonin metabolism underlying both sleepwalking and Tourette's syndrome. They conclude that patients with Tourette's syndrome may have multiple neurotransmitter disturbances involving dopamine, noradrenaline, and serotonin metabolism.

As in any patient, a disturbance in one neurotransmitter may be primary and result in secondary disturbances in others. They note that Tourette's patients are heterogeneous, some responding to haloperidol and others to clonidine, while still others don't appear to respond to any form of therapy.

Their findings of increased sleepwalking among children with Tourette's syndrome underscore the complexity of this disorder.

FDA Approves Drug Used for Tourette's

McNeil Pharmaceutical has developed a new drug, ORAP (pimozide), to be used in the treatment of Tourette's syndrome. The drug, recently approved by the Food and Drug Administration, has proven successful in controlling disabling facial and bodily spasms associated with severe cases of the syndrome.

McNeil Pharmaceutical developed ORAP as an alternative for a segment of the Tourette's syndrome patient population that cannot be treated adequately with Haldol (haloperidol), another McNeil drug that is the drug treatment of choice.

"ORAP is not intended as a treatment of first choice, nor is it intended for treatment of symptoms or tics that are merely annoying or cosmetically troublesome," said John Scarlett, M.D., director of medical research and services at McNeil. "ORAP should be reserved for Tourette syndrome patients whose development or life functions are severely compromised by the presence of motor or phonic tics."

Conference on Children

The National Conference on Chronic Mental Illness in Children and Adolescents will be held April 19 and 20 at Loews Anatole Hotel, Dallas.

The conference, sponsored by APA's Committee on the Chronically Ill and Emotionally Handicapped Child, the Texas Society for Child Psychiatry, and Timberlawn Hospital, will feature presentations by John Talbott, M.D., Donald Gair, M.D., Jane Knitzer, Ed.D., Jerry Lewis, M.D., Irving Philips, M.D., and Larry Silver, M.D. Registration information is available from John G. Looney, M.D., Timberlawn Hospital, P.O. Box 11288, Dallas, Tex. 75223.

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THE BORDERLINE PATIENT SYNDROME

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Symposium Overview

ROBERT CAMPBELL, M.D., CHAIRMAN

Director
Gracie Square Hospital, New York, NY

**Borderline Syndrome: A Variant of
Schizophrenia or Affective Disorders**

THOMAS H. McGLASHAN, M.D.

Director of Research
Chestnut Lodge, Rockville, MD

**Severe Character Problems in
Borderline Patients**

GERALD ADLER, M.D.

Director of Medical Student
Education in Psychiatry
Massachusetts General Hospital, Boston, MA

Drug Treatment of Borderline Patients

TREY SUNDERLAND, M.D.

Senior Staff Fellow
National Institute of Mental Health, Bethesda, MD

**Use of Acute Treatment Hospitals in
Long-Term Treatment of Borderlines**

ERIC R. MARCUS, M.D.

Associate Clinical Professor of Psychiatry
Columbia University College
of Physicians and Surgeons, New York, NY

PRESIDENTIAL SYMPOSIA

Tuesday, May 21, 2:00-5:00 p.m.

Our Patients' Future in a Changing World

Thursday, May 23, 2:00-5:00 p.m.

**Our Chronic Patients' Future in a
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P2

continued from page 1

tions in the brief. The brief, prepared by Joel I. Klein and Paul M. Smith of the Washington, D.C., law firm Onek, Klein and Farr, was also filed on behalf of the National Association of State Mental Health Program Directors, the American Health Care Association, and the National Mental Health Association.

The case, *State of Connecticut, Department of Income Maintenance v. Margaret Heckler*, concerns the Middletown Haven Rest Home, an ICF in Connecticut that primarily serves mentally ill patients under 65. Many of the Middletown residents were formerly hospitalized at state institutions.

Because more than half of the home's residents were mentally ill and because the staff had specialized psychiatric training, HHS classified the home as an IMD and declared many of the residents ineligible for Medicaid benefits.

Connecticut contested the HHS determination, arguing that the IMD exclusion was originally intended to prevent reimbursement for nursing home services in traditional mental hospitals and mental retardation institutions, but not in ICF's. After reviewing the case, the Grant Appeals Board supported HHS and disallowed approximately \$1.6 million in Medicaid benefits previously paid to the Middletown home. Although the district court reversed the board's decision, the Second Circuit Court of Appeals ruled in favor of HHS and reinstated the disallowance.

Legislative History

In supporting Connecticut's position, APA and the other associations build their argument on legislative history; they claim that HHS has ignored the Congressional motives for establishing the ICF program.

The IMD exclusion, APA and the other amici explain, first appeared in the original 1965 Medicaid statute. In 1965 the only other residential alternatives to state hospitals were skilled nursing homes. "Nursing homes that specialized in providing care for the mentally ill or retarded simply did not exist," the brief says.

At that time, the brief continues, not only did Congress object to covering the care of thousands of patients under age 65 in state institutions, but also it considered the custodial services provided by state institutions to be inadequate. The brief stresses that Congress maintained that states should assume the primary responsibility for the care of the chronic mentally ill. Thus the IMD exclusion was intended to prevent Federal reimbursement of nursing home services in state hospitals for the mentally ill and mentally retarded; the exclusion was not directed toward ICF's, the brief observes.

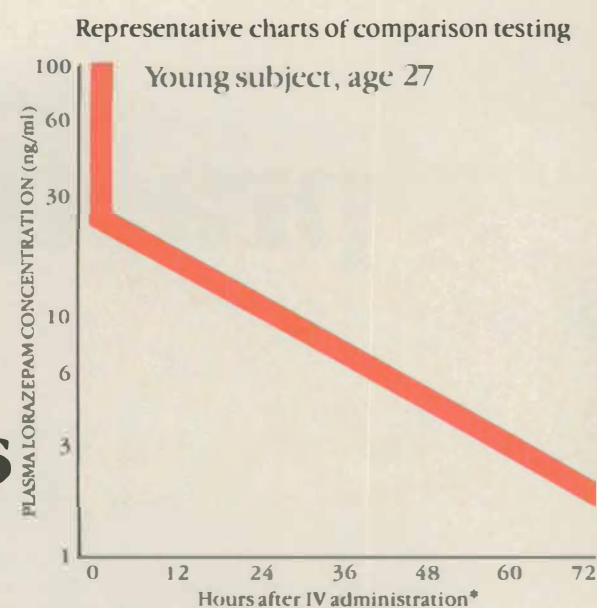
In 1967 Congress reversed its position on funding the long-term care of the chronic mentally ill by extending Medicaid coverage to ICF's. Congress enacted this change by adding section 1121 to Title XI of the Social Security Act.

APA points out that the ICF program was established to provide appropriate alternative residences for deinstitutionalized patients of all ages. Congressional emphasis on appropriate placement underscores the legislators' desire to avoid a recurrence of dumping mental patients back into large state institutions. According to see "ICF," facing page

Among leading benzodiazepines, only Ativan (lorazepam) has proof... pharmacokinetics not significantly altered by age.¹

*Fourteen subjects, aged 60 to 84 years, participated in the study. Twelve subjects, aged 19 to 32 years, served as "young controls." Subject dosage was adjusted for body weight and ranged from 1.5 mg to 3.0 mg of lorazepam. Within the study, lorazepam clearance was monitored following IV, IM and oral administration in the elderly group and following IV administration in the control group. The effect of aging on total clearance of lorazepam was relatively small and not statistically significant. Half-life values following the three different routes of administration were essentially identical.

1. Greenblatt DJ: Clinical study, pharmacokinetics and bioavailability in the elderly. Ativan® (lorazepam). Data on file, Wyeth Laboratories.



© 1985, Wyeth Laboratories.



Brief Summary of Prescribing Information.

Indications and Usage: Management of anxiety disorders or short-term relief of symptoms of anxiety or anxiety associated with depressive symptoms. Anxiety or tension associated with stress of everyday life usually does not require treatment with an anxiolytic.

Effectiveness in long-term use, i.e., more than 4 months, has not been assessed by systematic clinical studies. Reassess periodically usefulness of the drug for the individual patient.

Contraindications: Known sensitivity to benzodiazepines or acute narrow-angle glaucoma.

Warnings: Not recommended in primary depressive disorders or psychoses. As with all CNS-acting drugs, warn patients not to operate machinery or motor vehicles, and of diminished tolerance for alcohol and other CNS depressants.

Physical and Psychological Dependence: Withdrawal symptoms like those noted with barbiturates and alcohol have occurred following abrupt discontinuance of benzodiazepines (including convul-

sions, tremor, abdominal and muscle cramps, vomiting and sweating). Addiction-prone individuals, e.g. drug addicts and alcoholics, should be under careful surveillance when on benzodiazepines because of their predisposition to habituation and dependence. Withdrawal symptoms have also been reported following abrupt discontinuance of benzodiazepines taken continuously at therapeutic levels for several months.

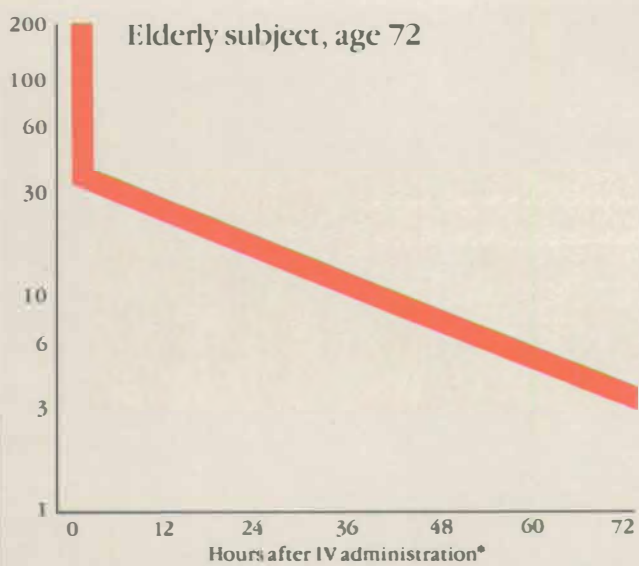
Precautions: In depression accompanying anxiety, consider possibility for suicide.

For elderly or debilitated patients, initial daily dosage should not exceed 2mg to avoid oversedation. Terminate dosage gradually since abrupt withdrawal of any anxiolytic agent may result in symptoms like those being treated: anxiety, agitation, irritability, tension, insomnia and occasional convulsions. Observe usual precautions with impaired renal or hepatic function. Where gastrointestinal, cardiovascular disorders coexist with anxiety, note that lorazepam has not been shown of significant benefit in treating gastrointestinal or cardiovascular component. Esophageal dilation occurred in rats treated with lorazepam for more than 1 year at 6mg/kg/day. No effect dose was 1.25mg/kg/day (about 6 times maximum human therapeutic dose of 10mg/day). Effect was reversible only when treatment was withdrawn within 2 months of first observation. Clinical significance is unknown; but use lorazepam for prolonged periods and in geriatrics requires caution and frequent monitoring of symptoms of upper GI disease. Safety and effectiveness in children under 12 years have not been established.

ESSENTIAL LABORATORY TESTS: Some patients have developed leukopenia; some have had elevations of LDH. As with other benzodiazepines, periodic blood counts and liver function tests are recommended during long-term therapy.

CLINICALLY SIGNIFICANT DRUG INTERACTIONS: Benzodiazepines produce CNS depressant effects when administered with such medications as barbiturates or alcohol.

CARCINOGENESIS AND MUTAGENESIS: No evidence of carcinogenic potential emerged in rats during an 18-month study. No studies regarding mutagenesis have been performed.



Lorazepam is nearly 100 percent bioavailable by the intramuscular and oral routes, as compared to the intravenous. Therefore, data for clearance of intravenous lorazepam are equally applicable to oral lorazepam.



Only Ativan offers all these benefits
in addition to rapid relief of anxiety:

clearance not significantly delayed
by age, liver or kidney dysfunction

cumulative sedative effects
seldom a problem

short duration of action,
simple metabolism

little likelihood of drug interaction
(all benzodiazepines produce additive effects
when taken with alcohol or other CNS
depressants)

relief of anxiety associated with
depressive symptoms

no significant changes in vital signs
in cardiovascular patients†

Available in 0.5-mg tablets to
facilitate the recommended
geriatric starting dosage

†Benzodiazepines have not been shown to be of benefit in treating
the cardiovascular component.

Only
Ativan®
(lorazepam)®

PREGNANCY: Reproductive studies were performed in mice, rats, and 2 strains of rabbits. Occasional anomalies (reduction of tarsals, tibia, metatarsals, malrotated limbs, gastroschisis, malformed skull and microphthalmia) were seen in drug-treated rabbits without relationship to dosage. Although all these anomalies were not present in the concurrent control group, they have been reported to occur randomly in historical controls. At 40mg/kg and higher, there was evidence of fetal resorption and increased fetal loss in rabbits which was not seen at lower doses. Clinical significance of these findings is not known. However, increased risk of congenital malformations associated with use of minor tranquilizers (chloridiazepoxide, diazepam and meprobamate) during first trimester of pregnancy has been suggested in several studies. Because use of these drugs is rarely a matter of urgency, use of lorazepam during this period should almost always be avoided. Possibility that a woman of child-bearing potential may be pregnant at institution of therapy should be considered. Advise patients if they become pregnant to communicate with their physician about desirability of discontinuing the drug. In humans, blood levels from umbilical cord blood indicate placental transfer of lorazepam and its glucuronide.

NURSING MOTHERS: It is not known if oral lorazepam is excreted in human milk like other benzodiazepines. As a general rule, nursing should not be undertaken while on a drug since many drugs are excreted in milk.

Adverse Reactions, if they occur, are usually observed at beginning of therapy and generally disappear on continued medication or on decreasing dose. In a sample of about 3,500 anxious patients, most frequent adverse reaction is sedation (15.9%), followed by dizziness (6.9%), weakness (4.2%) and unsteadiness (3.4%). Less frequent are disorientation, depression, nausea, change in appetite, headache, sleep disturbance, agitation, dermatological symptoms, eye function disturbance, various gastrointestinal symptoms and autonomic manifestations. Incidence of sedation and unsteadiness increased with age. Small decreases in blood pressure have been noted but are not clinically significant, probably being related to relief of anxiety.

Transient amnesia or memory impairment has been reported in association with the use of benzodiazepines

Overdosage: In management of overdosage with any drug, bear in mind multiple agents may have been taken. Manifestations of overdosage include somnolence, confusion and coma. Induce vomiting and/or undertake gastric lavage followed by general supportive care, monitoring vital signs and close observation. Hypotension, though unlikely, usually may be controlled with Levarterenol Bitartrate Injection U.S.P. Usefulness of dialysis has not been determined.

Ativan®
for (lorazepam)
Anxiety

DOSAGE: Individualize for maximum beneficial effects. Increase dose gradually when needed, giving higher evening dose before increasing daytime doses. Anxiety, usually 2-3mg/day given b.i.d. or t.i.d.; dosage may vary from 1 to 10mg/day in divided doses. For elderly or debilitated, initially 1-2mg/day; insomnia due to anxiety or transient situational stress, 2-4mg h.s.

HOW SUPPLIED: 0.5, 1.0 and 2.0mg tablets.

Wyeth Laboratories
Philadelphia, PA 19101



ICF

continued from facing page

the brief, Congress hoped that smaller, private facilities would offer humane care geared to individual needs.

Because the ICF statute included mental disability as a possible admission criterion and initially did not contain an IMD exclusion clause, the brief asserts that Congress never intended to withhold Medicaid funds from "any ICF's on the ground that they served too many mentally ill or disabled patients."

In 1971 Congress merged the ICF program with the Medicaid program and incorporated the Medicaid IMD exclusion. Congress took this action, the brief says, "to bring ICF's under the Medicaid quality standards" and to "extend coverage to the medically indigent." The HHS interpretation of the IMD exclusion, however, "undermines any sensible policy that Congress intended by including the mentally ill in the ICF program," the APA brief contends.

For example, if a properly staffed ICF serves a population composed of 60 percent mentally disabled patients and 40 percent physically disabled, HHS would deem the facility an IMD and all residents under age 65 would lose their Medicaid eligibility. If the percentages of mentally and physically disabled patients were reversed and the staffing were altered to accommodate this change, however, the same residents would retain their eligibility.

Thus, the brief argues, the application of the IMD exclusion "not only produces unequal treatment of identical mentally ill persons receiving the same level of care in comparable ICF's, it also extends this irrational discrimination to the physically disabled."

The brief notes that the IMD encourages ICF's to reject mentally ill applicants and thereby avoid the IMD label. The exclusion also leaves only one option available to states that want to obtain Medicaid funding of intermediate care for the chronic mentally ill—dispersal of the mentally ill among nursing homes that cater to the elderly and the physically disabled. The Senate Special Committee on Aging has pointed out that nonspecialized nursing homes generally offer no psychiatric or rehabilitation services and employ staff who are insufficiently trained to cope with the needs of mentally ill residents, the brief observes.

If private ICF's are denied Medicaid coverage on the basis of the IMD label, APA warns, the public sector will be strained by a shortage of residential options for deinstitutionalized mental patients. Such a reduction in options, the brief concludes, will confound deinstitutionalization efforts by causing a return to overcrowding in state hospitals as well as increased homelessness among the indigent mentally ill.

Psychosomatic Medicine

The annual meeting of the Academy of Psychosomatic Medicine will be held November 7 to 10 in San Francisco, on the theme "Psychosomatic Medicine Through the Life Cycle." A preliminary program will be available in July. The deadline for submission of abstracts is April 1. Further information is available from Evelyne A. Hallberg, American Academy of Psychosomatic Medicine, Suite 202, 70 West Hubbard Street, Chicago, Ill. 60610; (312) 644-2623.

Outpatient Treatment Found Safe, Beneficial For NGRI Patients

A carefully administered and closely supervised outpatient treatment program for persons found not guilty by reason of insanity (NGRI) can be safe and effective.

The results of a study of NGRI patients reported at the October meeting of the American Academy of Psychiatry and the Law showed that they had committed no violent crime or other crime against others over the two-year study period.

"In comparison with present findings," said researchers James L. Cavanaugh Jr., M.D., Orest E. Wasylw, Ph.D., and Richard Rogers, Ph.D., of Rush Medical College, "existing studies of NGRI acquittees discharged into the community but not followed on an outpatient basis have shown rearrest rates for the first three years following discharge ranging from 15 percent to 37 percent."

There are as yet no published reports on the functioning of NGRI patients in court-ordered treatment in the community or published reports on the outcome of outpatient treatment.

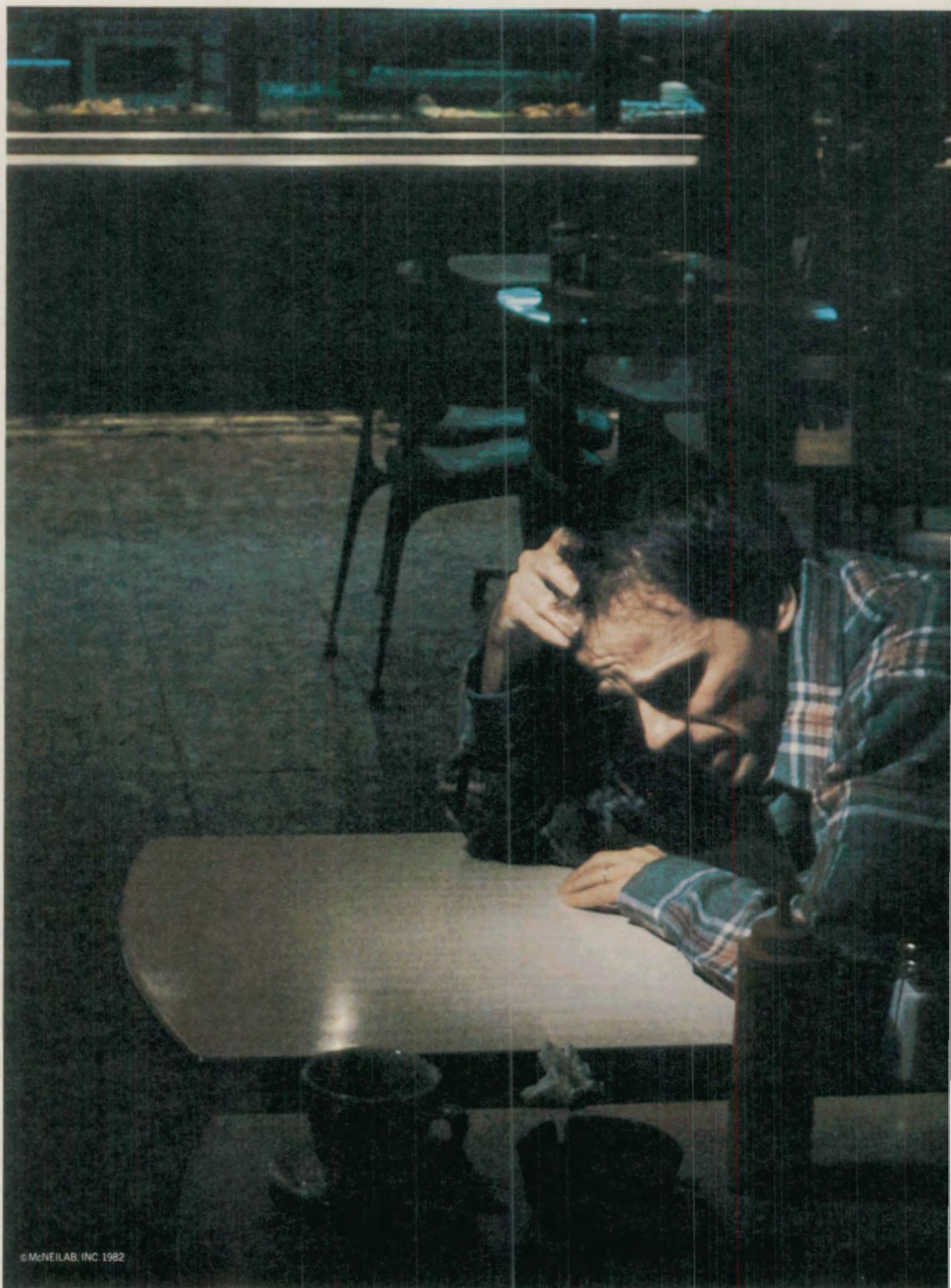
The study looked at 44 NGRI acquittees receiving court-ordered treatment between July 1981 and June 1983 at a university-based program specializing in the outpatient treatment of mentally disordered offenders. The majority were male, nonwhite, and presently or once married and had a mean age of 32 years. Thirty-two subjects were acquitted by reason of insanity for murder or attempted murder. Eighteen subjects met criteria for a primary diagnosis of schizophrenia, and 13 subjects for affective disorder.

The treatment model utilized was eclectic, integrative, and mandatory. There were potential legal sanctions for noncompliance to treatment requirements. Primary therapists administered to the subjects the SADS-C structured interview, which included a rating of general psychological adjustment, the Global Assessment Scale (GAS). Self-ratings of psychopathology were provided through the SCL-90 Symptom Checklist, and the Holmes and Rahe Psychosocial Stress Inventory provided a measure of cumulative life-stress events over the preceding 12 months. Finally, a measure of interpersonal needs was provided through the use of the FIRO-B. The SCL-90, Holmes and Rahe, and FIRO-B were self-administered using an interactive computer assessment system.

The results of the study showed that the patients had not committed any serious crimes. There was only one incidence of recidivism (shoplifting) and one conviction (contempt of court) for refusal to comply to specifications of a court order for treatment. Eleven subjects were rehospitalized, but all were readmitted into outpatient treatment after discharge.

Comparisons of the nine SCL-90 subscales showed significant improvement on obsessive-compulsive and depression measures. The means for all other subscales showed decreasing psychopathology. Subscales for the SADS-C showed statistically significant improvement for depression and pervasive loss of interest, while all measures changed in the direction of decreased psychopathology. The Holmes and Rahe Scale showed a statistically significant decrease "NGRI," page 25

The young chronic patient:



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A dosage form for every therapeutic need



6 tablet strengths for convenience in individualizing dosage
½ mg, 1 mg, 2 mg, 5 mg, 10 mg, and 20 mg



A tasteless, odorless, colorless liquid concentrate for better patient acceptability. 2 mg per ml haloperidol (as the lactate)



A rapid-acting sterile injection + Pre-filled Syringe for psychiatric emergencies: 5 mg haloperidol (as the lactate) with 1.8 mg methylparaben and 0.2 mg propylparaben per ml, and lactic acid for pH adjustment to 3.0-3.6

Brief Summary of Prescribing Information

Contraindications: Severe, toxic CNS depression or comatose states from any cause; hypersensitivity to the drug; Parkinson's disease.

Warnings: Tardive Dyskinesia: A syndrome of potentially irreversible, involuntary movements develops over time in some of the patients treated with neuroleptic drugs. The likelihood of developing the movements and the associated likelihood of their proving to be irreversible are believed to increase with chronicity of treatment and the total cumulative dose of neuroleptic administered. See ADVERSE REACTIONS section for a description of the syndrome and additional details.

Usage in Pregnancy: Safe use in pregnancy or in women likely to become pregnant has not been established; use only if benefit clearly justifies potential hazards. Infants should not be nursed during drug treatment.

Combined Use With Lithium: Patients receiving lithium plus haloperidol should be monitored closely for early evidence of neurological toxicity and treatment discontinued promptly if such signs appear.

General: Bronchopneumonia, sometimes fatal, has followed use of major tranquilizers, including haloperidol. Prompt remedial therapy should be instituted if dehydration, hemoconcentration or reduced pulmonary ventilation occurs, especially in the elderly. Decreased serum cholesterol and/or cutaneous and ocular changes have been reported with chemically related drugs, although not with haloperidol. Mental and/or physical abilities required for hazardous tasks or driving may be impaired. Alcohol should be avoided due to possible additive effects and hypotension.

Precautions: Administer cautiously to patients: (1) with severe cardiovascular disorders, due to the possibility of transient hypotension and/or precipitation of anginal pain (if a vasopressor is required, epinephrine should not be used since HALDOL may block its vasopressor activity and paradoxical further lowering of blood pressure may occur); (2) receiving anticonvulsant medication since HALDOL may lower the convulsive threshold; (3) with known allergies or a history of allergic reactions to drugs; (4) receiving anticoagulants, since an isolated instance of interference occurred with the effects of one anticoagulant (phenindione). Concomitant antiparkinson medication, if required, may have to be continued after HALDOL is discontinued because of different excretion rates; if both are discontinued simultaneously, extrapyramidal symptoms may occur. Intraocular pressure may increase when anticholinergic drugs, including antiparkinson drugs, are administered concomitantly with HALDOL. When HALDOL is used for mania in cyclic disorders, there may be a rapid mood swing to depression. Severe neurotoxicity may occur in patients with thyrotoxicosis receiving antipsychotic medication, including HALDOL. Neuroleptic drugs elevate prolactin levels; the elevation persists during chronic administration. Tissue culture experiments indicate that approximately one-third of human breast cancers are prolactin dependent *in vitro*, a factor of potential importance if the prescription of these drugs is contemplated in a patient with a previously detected breast cancer. Although disturbances such as galactorrhea, amenorrhea, gynecomastia, and impotence have been reported, the clinical significance of elevated serum prolactin levels is unknown for most patients. An increase in mammary neoplasms has been found in rodents after chronic administration of neuroleptic drugs. Neither clinical studies nor epidemiologic studies conducted to date, however, have shown an association between chronic administration of these drugs and mammary tumorigenesis; the available evidence is considered too limited to be conclusive at this time. The 1, 5, 10 mg tablets contain FD&C Yellow No. 5 (tartrazine) which may cause allergic-type reactions (including bronchial asthma) in certain susceptible individuals, especially in those who have aspirin hypersensitivity.

Adverse Reactions: CNS Effects: Extrapyramidal Reactions. Neuromuscular (extrapyramidal)

A candidate for HALDOL

A new patient population has thrust itself upon the attention of the psychiatric community: young chronic psychotic patients.¹ Chemotherapy, of course, forms only a part of the approach to these patients; for many of them, however, HALDOL haloperidol may contribute to a more hopeful long-term prognosis.

Successfully stabilizes schizophrenic outpatients

HALDOL has proven effective in the initial control of decompensated chronic schizophrenic patients.² Mean daily doses as low as 4 mg have been found effective in stabilizing behavior of schizophrenic outpatients with moderate to moderately severe symptomatology.³ The exceptional dosage range of HALDOL makes it possible to optimize dosage throughout maintenance therapy, notably in times of symptom exacerbation when higher doses may be required.

Minimal sedation may improve compliance

The mental "fuzziness" (impaired alertness), often a problem with some neuroleptics, is seldom encountered with HALDOL. Patients usually remain alert and able to participate in other forms of therapy.*

Rarely causes sexual problems

Because it has the lowest anticholinergic potential of all neuroleptics, HALDOL is much less likely to cause impotence or ejaculatory difficulties than drugs with high anticholinergic effects. This can be a major factor in maintaining compliance among young male psychotic patients.

Extrapyramidal symptoms, if seen, are readily controlled

EPS, if seen, are usually dose-related and readily controlled with dosage adjustment, antiparkinson medication or by giving a single h.s. dose.**

Right at the start → right for the long term

HALDOL[®]
(haloperidol)
tablets/concentrate/injection

Photograph posed by professional model.

*Marked sedation is rare; some instances of drowsiness have been reported.
**Persistent extrapyramidal symptom may require discontinuation of the drug.

reactions have been reported frequently, often during the first few days of treatment. Generally they involved Parkinson-like symptoms which were usually mild to moderately severe and usually reversible. Other types of neuromuscular reactions (motor restlessness, dystonia, akathisia, hyperreflexia, opisthotonos, oculogyric crises) have been reported far less frequently, but were often more severe. Severe extrapyramidal reactions have been reported at relatively low doses and disappear or become less severe when the dose is reduced. Antiparkinson drugs may be required. Persistent extrapyramidal reactions have been reported and the drug may have to be discontinued in such cases.

Withdrawal Emergent Neurological Signs: Abrupt discontinuation of short-term antipsychotic therapy is generally uneventful. However, some patients on maintenance treatment experience transient dyskinetic signs after abrupt withdrawal. In certain cases these are indistinguishable from "Persistent Tardive Dyskinesia" except for duration. It is unknown whether gradual withdrawal will reduce the occurrence of these signs, but until further evidence is available HALDOL should be gradually withdrawn.

Persistent Tardive Dyskinesia: As with all antipsychotic agents HALDOL has been associated with persistent dyskinesias. The risk appears to be greater in elderly patients on high-dose therapy, especially females. Symptoms are persistent and sometimes appear irreversible; there is no known effective treatment and all antipsychotic agents should be discontinued. The syndrome may be masked by reinstitution of drug, increasing dosage, or switching to a different antipsychotic agent. Fine vermicular movement of the tongue may be an early sign of the syndrome and if medication is stopped at that time the syndrome may not develop.

Other CNS Effects: Insomnia, restlessness, anxiety, euphoria, agitation, drowsiness, depression, lethargy, headache, confusion, vertigo, grand mal seizures, and exacerbation of psychotic symptoms including hallucinations, and catatonic-like behavioral states which may be responsive to drug withdrawal and/or treatment with anticholinergic drugs.

Body as a Whole: As with other neuroleptic drugs, hyperpyrexia has been reported, sometimes alone and sometimes in association with muscle rigidity, elevated CPK or myoglobinuria (rhabdomyolysis), evidence of autonomic instability (irregular pulse or blood pressure) and/or acute renal failure. This symptom complex is sometimes referred to as neuroleptic malignant syndrome. **Cardiovascular Effects:** Tachycardia, hypotension, hypertension and ECG changes. **Hemato-**

logic Effects: Reports of mild, usually transient leukopenia and leukocytosis, minimal decreases in red blood cell counts, anemia, or a tendency toward lymphomonocytosis; agranulocytosis rarely reported and only in association with other medication. **Liver Effects:** Impaired liver function and/or jaundice reported. **Dermatologic Reactions:** Maculopapular and acneiform reactions, isolated cases of photosensitivity, loss of hair. **Endocrine Disorders:** Lactation, breast engorgement, mastalgia, menstrual irregularities, gynecostasia, impotence, increased libido, hyperglycemia, hypoglycemia and hyponatremia. **Gastrointestinal Effects:** Anorexia, constipation, diarrhea, hypersalivation, dyspepsia, nausea and vomiting. **Autonomic Reactions:** Dry mouth, blurred vision, urinary retention and diaphoresis. **Respiratory Effects:** Laryngospasm, bronchospasm and increased depth of respiration. **Other:** Cases of sudden and unexpected death have been reported in association with the administration of HALDOL. The nature of the evidence makes it impossible to determine definitively what role, if any, HALDOL played in the outcome of the reported cases. The possibility that HALDOL caused death cannot, of course, be excluded, but it is to be kept in mind that sudden and unexpected death may occur in psychotic patients when they go untreated or when they are treated with other neuroleptic drugs.

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

The injectable form is intended only for acutely agitated psychotic patients with moderately severe to very severe symptoms. Controlled trials to establish the safety and effectiveness of intramuscular administration in children have not been conducted.

8/30/84

References: 1. Pepper B, Kirshner MC, Ryglewicz H. The young adult chronic patient. Overview of a population. *Hosp Community Psychiatry* 32(7): 463-469, 1981. 2. Darling HF. Haloperidol in overt ambulatory schizophrenics. *Diseases of the Nervous System* 34(7): 364-367, 1973. 3. Tobin JM, Robinson GMH. Double blind comparison of haloperidol and thiorixene with after care treatment evaluation in psychiatric outpatients with schizophrenia. *Psychiatric Journal of the University of Ottawa* 5(3): 168-174, 1980.

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Viewpoint

continued from page 2

compromise making, it was also not surprising that one of our more energetic neurologist-allies, Nelson Richards, the president of the American Academy of Neurology, prodded us to host a luncheon of the "brain group"—that is, psychiatry, neurology, and neurosurgery. Here Richards asked for our combined support for a resolution calling for an absolute ban on boxing—on the grounds that it was the only "sport" in which the direct and avowed purpose was to cause damage to the opponent's central nervous system. After much constructive discussion and some unproductive heat, a common denominator of agreement was reached.

The next step in the AMA is discussion at a Reference Committee. Unlike our Assembly of DB's Area Council meetings, the AMA's Reference Committees have diverse representation (usually with at least one member of the Board sitting on each) and hear testimony from anyone who wants to give it—officially representing a State or Specialty or training level, or unofficially representing just the physician. The discussion has no time limit and all are heard—but it must be noted that, for some reason, the way the hearings are conducted leads to brevity and relevance rather than repetition and length. In any case, Richards presented his case, supported by many other groups (most of whom deal with the victims of the adverse medical effects of boxing), and others, including one amateur boxer-physician, presented theirs. Most impressive was Chick Koop, the Surgeon General of the United States, who spoke eloquently about the need for medicine to address all forms of violence.

Anyway, the Reference Committee then deliberates, combines resolutions of a similar nature (there were three others on boxing), and comes forth with a proposal for the House of Delegates to consider the next day. As you all know by now, the House, given its long history of increasingly stronger attempts to control the abuses of boxing, spurred by a recent JAMA editorial supporting such a ban, and sparked by Joe Boyle's Presidential Speech—voted it in—which was kind of grand, after all the efforts and skill that had been devoted to it.

Let me get a dozen letters complaining that if this is what the AMA is really about, given all our economic, quality of care, and educational problems, we'd better get out—let me make clear that this was but one issue among many of equal importance to be intelligently proposed, discussed, and adopted. But it was one I was able to watch carefully from the beginning, and it demonstrated the democratic process at work at its best. As I said before, it doesn't always work like this, but when it does, it works very well, indeed.

Program on Pain

The Fifth Annual Meeting of the American Pain Society will be held October 18 to 20 in Dallas, on the theme "Pain: A Multidisciplinary Problem." The program should be of interest to researchers and practitioners in all health professions concerned with pain. A preliminary program is available from Evelyne A. Hallberg, American Pain Society, Suite 202, 70 West Hubbard Street, Chicago, Ill. 60610; (312) 644-2623.

Abuse Claims From Children of Stressed Families Should Be Probed for Truth, Real Meaning

Children claiming sexual or physical abuse may not always be telling the truth, especially if their family is under stress, according to a report made at the October meeting of the American Academy of Psychiatry and the Law.

Because of this, psychiatrists evaluating reportedly abused children should obtain as much data as possible on them from all available sources, including extended family members, medical and psychiatric histories, and schools.

According to Daniel C. Schuman, M.D., director of psychiatry for the Norfolk County Probate and Family Court in Dedham, Mass., and assistant clinical professor of psychiatry at Tufts Medical School, Boston, physical and sexual abuse of children has been grossly underreported for many years, and so the tendency now is to presume that all reports of abuse are true. This has resulted, however, in an overperception of incest or other sexual and physical abuse of children. Schuman reported seven cases from his practice in which abuse claims were found to be false.

Common Characteristics

Certain characteristics were common to the seven cases: All of them involved contested, bitter litigation. Some of the families were experiencing separation or divorce, while other families had been constituted through remarriage. In five of the cases, custody or visitation was being disputed



before the abuse allegations were made. All of the accused offenders were men.

In all the cases, the first reports of abuse were said to have come from the victims. In six of the cases, the adults pursued the allegations on behalf of the children. Three of the cases involved stepparents.

The ages of the children ranged from 2 to 13 years. The reported offenses included radiator burning,

physical beating, sexual caressing, erotic kissing, manual vaginal and anal penetration, and vaginal intercourse.

Many believe that men who are not well adjusted sexually may be more likely to commit sexual misconduct. Interestingly, said Schuman, six of the falsely accused had some sexual problems: one had poor sexual adjustment, three had lessened libido or equivocal adjustment, and two had

transiently impaired libido while the accusations were being investigated.

In some of the cases, it was later discovered, the children had been coached carefully on their testimony; one of the "victims" admitted that her intent was to have her custody arrangements changed; and one mother's accusations became so elaborate that they were obviously untrue.

Adults caught up in domestic turmoil often experience regression, said Schuman. "One aspect of potential regressed behavior on the part of adults is an increased focus on sexuality, as well as a maladaptive amalgamation" with sex of bitterness, vindictive anger, or loss, said Schuman. "Marital breakdown is one form of family disorganization, and the social isolation that often accompanies 'involuntary single parenthood' are additional causative factors in adult sexual actions that can be abusive to children."

Family turmoil, he continued, is well known to cause regression in children. Children of divorce not only experience real and intangible losses but are often presented with difficult choices to make, perhaps involving custody, visitation, or financial matters. "Divorce should be expected to evoke regressions in children because of its stressful nature."

Legal doctrines that allow children to have a say or testify may be causing harm because they compromise the integrity of the children's support systems, such as parental and legal. Further, children's competency to testify can be affected by intellectual and emotional conflicts. "This is especially true in cases of criminal prosecution for alleged intrafamily incest see "Abuse," page 22



Harvard Medical School Massachusetts General Hospital Department of Psychiatry

THE BORDERLINE PERSONALITY Diagnosis, Psychodynamics and Therapy April 12-14, 1985

GERALD ADLER, M.D.
ANNE W. ALONSO, Ph.D.
EUGENE V. BERESIN, M.D.
DAN H. BUTE, M.D.

JOHN G. GUNDERSON, M.D.
THOMAS P. HACKETT, M.D.
JOHN B. HERMAN, M.D.
OTTO F. KERNBERG, M.D.
GERALD L. KLERMAN, M.D.

JOHN E. MACK, M.D.
JOHN T. MALTSBERGER, M.D.
ARNOLD H. MODELL, M.D.
HAROLD F. SEARLES, M.D.

Psychotherapy of the Borderline Personality Disorder requires a great deal from the therapist: familiarity with descriptive clinical features, distinguishing it from other primitive character disorders, knowledge of developmental object relations theory, ego and self psychology, understanding the phases of treatment with its attendant crises and impediments, and dealing with inevitable intense transference and countertransference problems. This course brings together experts in the field to address these clinical issues. It will also review: assessment of suicide risk, pharmacotherapy, group therapy, managing regression and impulsive behavior, pathological narcissism, and primitive guilt. Clinical cases will be presented to Drs. Kernberg and Searles for discussion with other course faculty. A comprehensive syllabus will be provided.

As an institution accredited for continuing medical education, the Harvard Medical School certifies that this continuing medical education offering meets the criteria for approximately 20 credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association, provided it is used and completed as designed. These credits will apply to APA continuing education requirements.

Copley Plaza Hotel, Boston
Fee: Physicians* \$375.
Other Professionals \$250.

Please mail to:

Eugene Beresin, M.D.
Dept. of Psychiatry
Warren 621
Mass. General Hospital
Boston, Mass. 02114

Please send me the program and an application for the Borderline Personality Course.

Do not enclose payment with this form.

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PN 2/1/85

*Residents and fellows, \$250. Verification from Department Chairman must accompany application.

Volume 4 of *Annual Review* Offers Category I Credit

For the first time, *Psychiatry Update: American Psychiatric Association Annual Review* offers psychiatrists the option of earning Category I continuing education credit.

They may earn the credit by reading the latest edition, volume 4, and completing a self-assessment program of 100 multiple-choice items either on paper or, if they live in the Mid-Atlantic or New England states, over the telephone, according to Michael Miller, associate director of APA's Office of Education.

The *Annual Review* provides psychiatrists with a review and an update on selected topics each year (see story on page 6). This year's edition covers neuropsychiatry, eating disorders, sleep disorders, the therapeutic alliance, and neurotransmitters and neuroreceptors. Each is discussed in its own section, which has been edited by an expert.

"We think that this project will test the concept that APA members want options for earning continuing medical education credit that are of high quality and also provide immediate feedback and personal flexibility," said Miller.

Review

continued from page 6

disorders: Joel Yager, M.D., professor of psychiatry, director of residency education, and director of the adult eating disorders program at U.C.L.A. Neuropsychiatric Institute, Center for Health Sciences; sleep disorders: David Kupfer, M.D., professor and chair of psychiatry, University of Pittsburgh School of Medicine; and the therapeutic alliance: John Docherty, M.D., chief, Psychosocial Treatments Research Branch, National Institute of Mental Health.

Frances, co-chair of the Scientific Program Committee, helped coordinate the production of the volume. "The most exciting thing to me about the book," he said, "is its translation of recent research findings into directly useful implications for clinical practice."

Hales and Frances were assisted by an editorial board consisting of Judith Gold, Carolyn Robinowitz, Fred Guggenheim, Betty Small, Alan Pollock, and John Morihisa (all M.D.'s).

Hales and Frances have already been working on the next few volumes of the *Annual Review* as well as an overall plan for the series. Every five years a thorough review of major psychiatric topics will be completed. Each volume will include one or more sections in three broad areas: psychopathology, a psychiatric specialty, and a psychiatric treatment. Every other year a topic on child psychiatry will be included.

Volume 5 will include sections on schizophrenia, edited by Nancy C. Andreasen, M.D.; psychiatric management of somatic disorders, David Spiegel, M.D., and W. Stewart Agras, M.D.; drug abuse and drug dependence, Robert Millman, M.D.; adolescent psychiatry, Carolyn Robinowitz, M.D., and Jeanne Spurlock, M.D.; personality disorders, Robert M. Hirschfeld, M.D.; and group psychotherapy, Irvin D. Yalom, M.D.

To order Volume 4 of the *Annual Review*, please call (800) 368-5777 during normal office hours.

Psychiatrists wishing to take advantage of the continuing education credit option should purchase the casebound edition. Those who are taking the test on paper should mail the completed answer sheet to the Office of Education at APA headquarters for confidential scoring. That office will then return the scored answer sheet with a sheet listing the correct answers and references to the relevant citations in the *Annual Review* text.

Participants in Delaware, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia, and Washington, D.C., can take the test over the telephone. Using a touch-tone telephone, participants punch in their answers and receive immediate feedback from a computer speech synthesizer.

Fly Discount to the APA Annual Meeting

APA's Office of Meetings Management has arranged discount air fares through American Airlines for APA members and their families attending the 1985 annual meeting. The meeting is being held May 18 to 24 in Dallas. To obtain the special rate, all they have to do is call (800) 433-1790, or in Texas (800) 792-1160, and give the operator this number: S#5358. Members wishing to reserve Avis rental cars in Dallas may also use these special numbers.

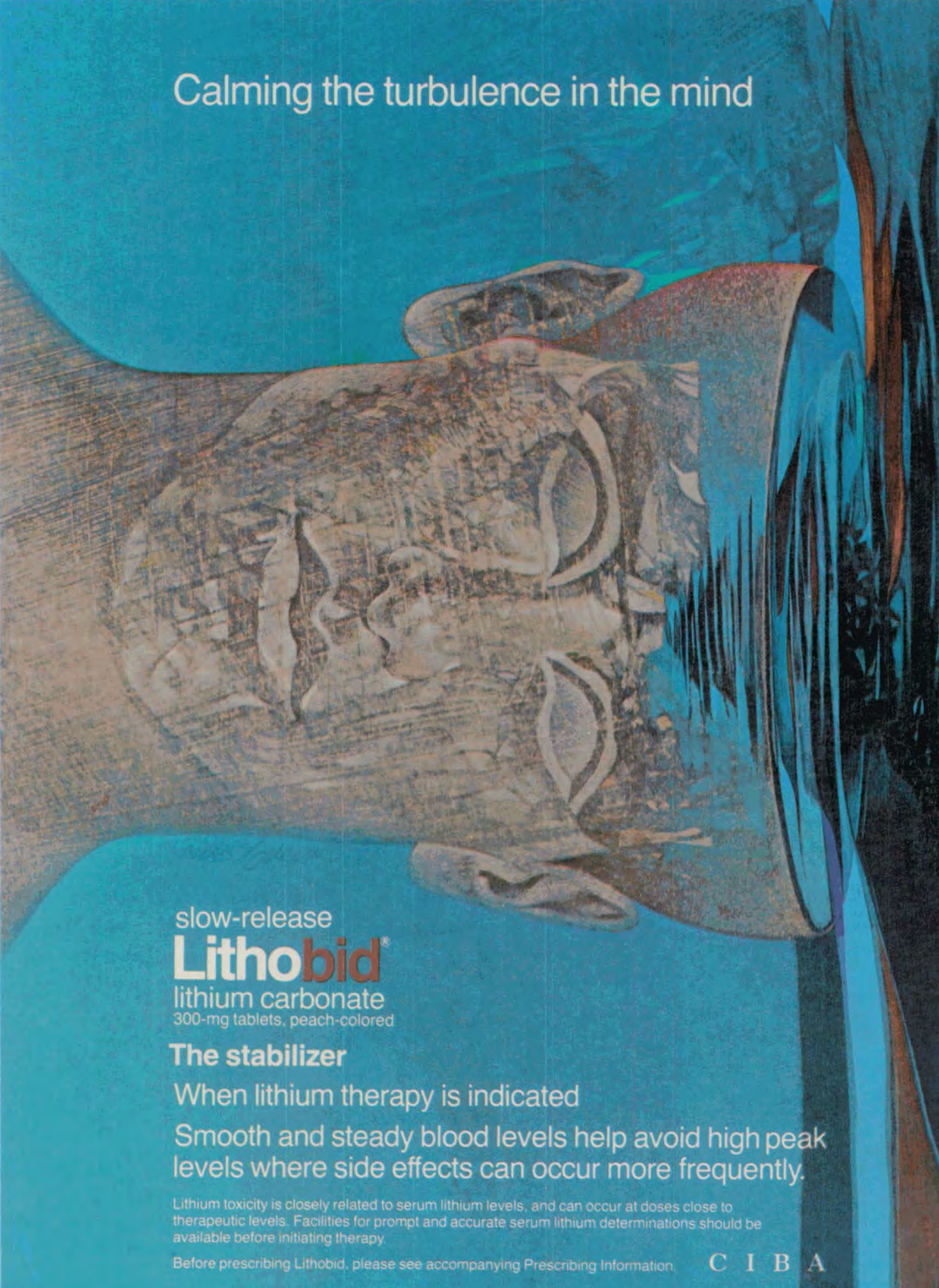
Those who will be attending the postmeeting program in Mexico can use this service to make flight arrangements to and from Mexico with a stopover in Dallas for the annual meeting—often at a rate less than that for the round trip to Dallas alone.

American Airlines representatives will be available at a desk in the Annual Meeting Registration Area in the Dallas Convention Center during the meeting.

The computer program, which participants activate by calling a special 800 telephone number and entering their APA membership or telephone number, explains each answer if instructed to do so. It also provides individual and comparative scores on the sections of the test that were taken. Participants may interrupt the test at any time and resume it later. If they

are having trouble using the system, they can be called back by a person.

The Cavri Corporation, whose president and founder is APA member Mark Schwartz, M.D., is providing the hardware, software, and staff for the telephone program, which began February 1 and continues to May 31. It is being funded in part by an educational grant from the Upjohn Company.



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Before prescribing Lithobid, please see accompanying Prescribing Information.

C I B A

102-7822-A

V.A. Opens 52 More Vet Centers

The Veterans Administration has announced that it is opening 52 new vet centers, which provide counseling and outreach services to Vietnam veterans. They bring the number of such centers nationwide to 188.

This major move, nearly 10 years after the end of the war, has come about because of the significant number of Vietnam veterans who are still experiencing symptoms of post-traumatic stress disorder (PTSD) or have not yet achieved a normal life in such areas as employment, family, and education.

The vet centers, first opened in 1980, were originally conceived by Congress as part of a three-year program. But a continuing influx of veterans and family members, plus persistent demands for services in towns and cities without a vet center, have moved Congress to extend the program and to direct the V.A. to open additional centers.

More than 330,000 veterans and

family members have been seen so far in vet centers from Maine to Honolulu and from Anchorage to the Virgin Islands. Typical centers have a staff of four: one mental health professional, two Vietnam veteran peer counselors, and an office manager. The centers are community oriented and provide assessment and psychotherapy for PTSD and related life problems. They are intended to provide a multiservice, one-stop approach to the lingering postwar readjustment problems of veterans.

The V.A. is now hiring psychiatrists, psychologists, social workers, psychiatric nurses, and professional and paraprofessional counselors for the new vet centers across the nation. Persons interested in positions should immediately contact the office of the program director, Arthur Blank Jr., M.D., at the V.A. headquarters in Washington, D.C., for information. The telephone number is (202) 389-3317.

Meet APA's Next President: Carol Nadelson, M.D.

By Lucy Freeman

She possesses boundless energy that carries her through the day, from 5:30 a.m. to midnight. She is gracious, soft-spoken, with a warm, slow smile. She lives on a tree-shaded street in Brookline, Mass., with her psychiatrist husband, son, and daughter in a charming, three-story house.

Carol Nadelson, M.D., is the first woman president-elect in APA's 140-year history. She is getting used to "firsts"—she was also the first woman president of the Massachusetts District Branch.

She and John Talbott, M.D., current president until she takes office in May, were classmates as interns in medicine at Strong Memorial Hospital of the University of Rochester. She said she learned much from Talbott about the importance of campaigning

throughout the country. "Visibility was a key; it made a difference," she explained. "People saw me as real, a person with whom they could communicate. I felt that was important in order for them to vote for a woman."

"I am absolutely delighted that Dr. Nadelson will be our president this coming year," said Talbott. "I can think of no one more qualified. She can bring an energy and dedication which will be splendid and breathtaking."

She works daily as associate psychiatrist in chief, director of training and education, and professor and vice chair of the department of psychiatry at Tufts University School of Medicine, New England Medical Center Hospital, Boston. She is quietly dedicated both to easing the anguish of those who suffer mental pain and training physicians who want to learn the technique of easing that torment. A day in her life last summer illustrates that dedication.



Carol Nadelson, M.D.

● 5:30 a.m.: Wide awake, she headed for her book-lined study where desk, floor, and chairs were piled high with journals, books, articles, and letters. She decided what mail needed immediate answering and dictated letters and memos, including several relating to potential appointees to APA's committees and councils. She evaluated an article submitted for publication in a medical journal, read through some of the latest APA publications, and worked on a talk for a future APA meeting.

● 7 a.m.: She dressed, drank a cup of coffee, and left the home she has occupied for 19 years with her husband, Theodore Nadelson, M.D., chief of psychiatry at Boston Veterans Administration Medical Center. Her daughter, Jennifer, 16, attends Concord Academy, and her son, Robert, 18, the University of Chicago. Nadelson drove the 10 minutes to her office at 260 Tremont Street in downtown Boston (she once walked the four miles in a blizzard no car could get through).

● 7:45 to 9:45 a.m.: She saw two private patients in her office on the ninth floor, one in psychoanalysis, the other, psychotherapy consultation. Her office holds a dark-blue couch, comfortable chairs, plants, files, and books that include the three volumes of *The Woman Patient*, which she and Malkah Notman, M.D., who works in an office several doors away, edited and to which they contributed.

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BRIEF SUMMARY (FOR FULL PRESCRIBING INFORMATION, SEE PACKAGE INSERT)

WARNING

Lithium toxicity is closely related to serum lithium levels and can occur at doses close to therapeutic levels. Facilities for prompt and accurate serum lithium determinations should be available before initiating therapy.

INDICATIONS

Lithium is indicated in the treatment of manic episodes of manic-depressive illness. Maintenance therapy prevents or diminishes the intensity of subsequent episodes in those manic-depressive patients with a history of mania.

Typical symptoms of mania include pressure of speech, motor hyperactivity, reduced need for sleep, flight of ideas, grandiosity, elation, poor judgment, aggressiveness, and possibly hostility. When given to a patient experiencing a manic episode, lithium may produce a normalization of symptomatology within 1 to 3 weeks.

WARNINGS

Lithium should generally not be given to patients with significant renal or cardiovascular disease, severe debilitation or dehydration, or sodium depletion, and to patients receiving diuretics, since the risk of lithium toxicity is very high in such patients. If the psychiatric indication is life-threatening, and if such a patient fails to respond to other measures, lithium treatment may be undertaken with extreme caution including daily serum lithium determinations and adjustment to the usually low doses ordinarily tolerated by these individuals. In such instances, hospitalization is a necessity.

Lithium toxicity is closely related to serum lithium levels, and can occur at doses close to therapeutic levels (see **DOSAGE AND ADMINISTRATION**).

Lithium therapy has been reported in some cases to be associated with morphologic changes in the kidneys. The relationship between such changes and renal function has not been established.

Outpatients and their families should be warned that the patient must discontinue lithium therapy and contact his physician if such clinical signs of lithium toxicity as diarrhea, vomiting, tremor, mild ataxia, drowsiness, or muscular weakness occur.

Lithium may prolong the effects of neuromuscular blocking agents. Therefore, neuromuscular blocking agents should be given with caution to patients receiving lithium.

Lithium may impair mental and/or physical abilities. Caution patients about activities requiring alertness (e.g., operating vehicles or machinery).

Combined use of haloperidol and lithium. An encephalopathic syndrome (characterized by weakness, lethargy, fever, tremulousness and confusion, extrapyramidal symptoms, leucocytosis, elevated serum enzymes, BUN and FBS) followed by irreversible brain damage has occurred in a few patients treated with lithium plus haloperidol. A causal relationship between these events and the concomitant administration of lithium and haloperidol has not been established, however, patients receiving such combined therapy should be monitored closely for early evidence of neurological toxicity and treatment discontinued promptly if such signs appear. The possibility of similar adverse interactions with other antipsychotic medications exists.

Usage in Pregnancy. Adverse effects on nidation in rats, embryo viability in mice, and metabolism *in vitro* of rat testis and human spermatozoa have been attributed to lithium,

as have teratogenicity in submammalian species and cleft palates in mice. Studies in rats, rabbits and monkeys have shown no evidence of lithium-induced teratology. There are lithium birth registries in the United States and elsewhere, however there are at the present time insufficient data to determine the effects of lithium on human fetuses. Therefore, at this point, lithium should not be used in pregnancy, especially the first trimester, unless in the opinion of the physician, the potential benefits outweigh the possible hazards.

Usage in Nursing Mothers. Lithium is excreted in human milk. Nursing should not be undertaken during lithium therapy except in rare and unusual circumstances where, in the view of the physician, the potential benefits to the mother outweigh possible hazards to the child.

Usage in Children. Since information regarding the safety and effectiveness of lithium in children under 12 years of age is not available, its use in such patients is not recommended at this time.

PRECAUTIONS

The ability to tolerate lithium is greater during the acute manic phase and decreases when manic symptoms subside (see **DOSAGE AND ADMINISTRATION**).

The distribution space of lithium approximates that of total body water. Lithium is primarily excreted in urine with insignificant excretion in feces. Renal excretion of lithium is proportional to its plasma concentration. The half-elimination time of lithium is approximately 24 hours. Lithium decreases sodium reabsorption by the renal tubules which could lead to sodium depletion. Therefore, it is essential for the patient to maintain a normal diet, including salt, and an adequate fluid intake (2500-3000 ml) at least during the initial stabilization period. Decreased tolerance to lithium has been reported to ensue from protracted sweating or diarrhea and, if such occur, supplemental fluid and salt should be administered.

In addition to sweating and diarrhea, concomitant infection with elevated temperatures may also necessitate a temporary reduction or cessation of medication.

Previously existing underlying disorders do not necessarily constitute a contraindication to lithium treatment, where hypothyroidism exists, careful monitoring of thyroid function during lithium stabilization and maintenance allows for correction of changing thyroid parameters, if any where hypothyroidism occurs during lithium stabilization and maintenance, supplemental thyroid treatment may be used.

Indomethacin (50 mg t.i.d.) has been reported to increase steady-state plasma lithium levels from 30 to 59 percent. There is also some evidence that other nonsteroidal, anti-inflammatory agents may have a similar effect. When such combinations are used, increased plasma lithium level monitoring is recommended.

ADVERSE REACTIONS

Adverse reactions are seldom encountered at serum lithium levels below 1.5 mEq/l, except in the occasional patient sensitive to lithium. Mild-to-moderate toxic reactions may occur at levels from 1.5-2.5 mEq/l, and moderate-to-severe reactions may be seen at levels from 2.0-2.5 mEq/l, depending upon individual response to the drug.

Fine hand tremor, polyuria and mild thirst may occur during initial therapy for the acute manic phase, and may persist throughout treatment. Transient and mild nausea and general discomfort may also appear during the first few days of lithium administration.

These side effects are an inconvenience rather than a disabling condition, and usually subside with continued treatment or a temporary reduction or cessation of dosage. If persistent, a cessation of dosage is indicated.

Diarrhea, vomiting, drowsiness, muscular weakness and lack of coordination may be early signs of lithium intoxication,

and can occur at lithium levels below 2.0 mEq/l. At higher levels, giddiness, ataxia, blurred vision, tinnitus and a large output of dilute urine may be seen. Serum lithium levels above 3.0 mEq/l may produce a complex clinical picture involving multiple organs and organ systems. Serum lithium levels should not be permitted to exceed 2.0 mEq/l during the acute treatment phase.

The following toxic reactions have been reported and appear to be related to serum lithium levels, including levels within the therapeutic range.

Neuromuscular: tremor, muscle hyperirritability (fasciculations, twitching, clonic movements of whole limbs), ataxia, choreoathetotic movements, hyperactive deep tendon reflexes.

Central Nervous System: blackout spells, epileptiform seizures, slurred speech, dizziness, vertigo, incontinence of urine or feces, somnolence, psychomotor retardation, restlessness, confusion, stupor, coma.

Cardiovascular: cardiac arrhythmia, hypotension, peripheral circulatory collapse.

Gastrointestinal: anorexia, nausea, vomiting, diarrhea.

Genitourinary: albuminuria, oliguria, polyuria, glycosuria.

Dermatologic: drying and thinning of hair, anesthesia of skin, chronic folliculitis, xerosis cutis, alopecia, exacerbation of psoriasis.

Autonomic Nervous System: blurred vision, dry mouth.

Miscellaneous: fatigue, lethargy, tendency to sleep, dehydration, weight loss, transient scotomata.

Thyroid Abnormalities: euthyroid goiter and/or hypothyroidism (including myxedema) accompanied by lower T₃ and T₄, iodine uptake may be elevated (see **PRECAUTIONS**). Paradoxically, rare cases of hyperthyroidism have been reported.

EEG Changes: diffuse slowing, widening of frequency spectrum, potentiation and disorganization of background rhythm.

EKG Changes: reversible flattening, isoelectricity or inversion of T-waves.

Miscellaneous reactions unrelated to dosage are: transient electroencephalographic and electrocardiographic changes, leucocytosis, headache, diffuse nontoxic goiter with or without hypothyroidism, transient hyperglycemia, generalized pruritus with or without rash, cutaneous ulcers, albuminuria, worsening of organic brain syndromes, excessive weight gain, edematous swelling of ankles or wrists, and thirst or polyuria, sometimes resembling diabetes insipidus and metallic taste.

A single report has been received of the development of painful discoloration of fingers and toes and coldness of the extremities within one day of the starting of treatment of lithium. The mechanism through which these symptoms (resembling Raynaud's Syndrome) developed is not known. Recovery followed discontinuance.

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C I B A

102-7882-A

• 10 a.m.: A two-hour adult inpatient case conference. Nadelson listened carefully, took notes on the patient, and then extensively discussed her with the presenting team. The team accepted Nadelson's suggestions concerning the patient's treatment.

• 12 p.m.: Lunch at the Athens Olympia, a block away, where, between mouthfuls of tasty Greek food, Nadelson talked of issues on which she will focus during her term as president.

First: Facilitating an integration within psychiatry, "dealing with the concept of interdependence and cooperation between diverse points of view. The first task lies within our field. We need to solidify our direction and then determine how to relate to other physicians and mental health professionals." She believes, for in-

stance, that "an ability to understand the principles, indications, and uses of both pharmacology and psychoanalysis is important—it isn't one or the other, but both."

Second: Public education in understanding mental illness and improving the image of psychiatry. This is especially important now that mental health funding is threatened. "Women, children, and the minorities are likely to suffer most when funds are cut since they are more likely to be impoverished and underserved. We hurt those who are the most vulnerable. If we don't help mothers and families, the long-term cost of care will be greater because we've forgotten about prevention. Public sector psychiatry has not been afforded the respect and the funding it needs to get the qualified personnel necessary to provide the resources."

Third: Encouraging the leadership of women in psychiatry: "There are few women in policymaking positions. Men often do not think of suggesting women for the top positions. While it is often said that women don't apply for top positions or promotions, it is important to look at the reasons and understand the problems of phasing family and work in the lives of men and women, as well as the special characteristics of each position. Supporting female leadership is a process that will take time because it can't be tokenism and must represent fundamental change."

She also believes women should take stands on other important issues. She is on the advisory committee of the first National Women's Conference on Preventing Nuclear War, which held a mammoth meeting in Washington, D.C., in September 1984

[*Psychiatric News*, October 19, 1984]. She was interviewed by reporters, along with Representatives Patricia Schroder and Barbara Boxer and the actress Joanne Woodward, who issued invitations to the conference to launch a nationwide, grass-roots action to mobilize votes.

Fourth: "At this time of excitement, opportunity, and differences within the field, it may be important to look at the structure of our organization and make some decisions about the roles, responsibilities, and expectations we have of our officers and our outstanding staff," she said.

• 1 p.m.: After she returned to her office, she supervised a case presented by a senior psychiatric resident, who described a woman who was depressed and concerned about her marriage.

see "Nadelson," page 30

Help! for the anxious alcoholic

...without delayed clearance
in impaired liver function¹

Alcoholics with acute tremulousness, inebriation or anxiety associated with alcohol withdrawal are responsive to therapy with Serax.*

Effective in relieving anxiety associated with depression.


Serax
(oxazepam) 

See important information on adjacent page

*Care should be taken to warn patients on oxazepam that the effects of alcohol or other CNS depressants may be additive to those of Serax.

1. Shull HJ et al. Normal disposition of oxazepam in acute viral hepatitis and cirrhosis. *Ann Intern Med* 84:420-425, 1976.

Wyeth Laboratories
Philadelphia, PA 19101

Serax  (oxazepam)

IN BRIEF:

INDICATIONS: Management of anxiety disorders or short-term relief of symptoms of anxiety. Anxiety or tension associated with stress of everyday life usually does not require an anxiolytic.

Anxiety associated with depression is responsive to Serax.

Serax is particularly useful in management of anxiety, tension, agitation, and irritability in older patients.

Alcoholics with acute tremulousness, inebriation, or anxiety associated with alcohol withdrawal are responsive to therapy.

Effectiveness of Serax in long-term use, i.e., over 4 months, has not been assessed by systematic clinical studies. Periodically reassess usefulness of drug for individual patient.

CONTRAINDICATIONS: History of previous hypersensitivity reaction to oxazepam. Not indicated in psychoses.

WARNINGS: As with other CNS-acting drugs, caution patients against driving or operating machinery until it is known they do not become drowsy or dizzy on oxazepam. Warn patients that effects of alcohol or other CNS-depressant drugs may be additive to those of Serax, possibly requiring adjustment of dosage or elimination of such agents.

USE IN PREGNANCY: An increased risk of congenital malformations associated with the use of minor tranquilizers (chloridiazepoxide, diazepam, and meprobamate) during the first trimester of pregnancy has been suggested in several studies. Serax, a benzodiazepine derivative, has not been studied adequately to determine whether it, too, may be associated with an increased risk of fetal abnormality. Because use of these drugs is rarely a matter of urgency, their use during this period should almost always be avoided. The possibility that a woman of childbearing potential may be pregnant at the time of institution of therapy should be considered. Patients should be advised that if they become pregnant during therapy or intend to become pregnant they should communicate with their physician about the desirability of discontinuing the drug.

PRECAUTIONS: Although hypotension has occurred only rarely, administer with caution to patients in whom a drop in blood pressure might lead to cardiac complications (this is particularly true in elderly patients).

In some patients exhibiting drug dependency through chronic overdose, withdrawal symptoms have been noted on discontinuance. Withdrawal symptoms have also been reported following abrupt discontinuance of benzodiazepines taken continuously at therapeutic levels for several months. Careful supervision of dose and amounts prescribed is advised, especially in patients with known propensity for taking excessive quantities of drugs. Excessive and prolonged use in susceptible persons, e.g., alcoholics, ex-addicts and others, may result in dependence on or habituation to drug. Where excessive dosage is continued for weeks or months, dosage should be reduced gradually. Abrupt discontinuance of doses in excess of recommended dose may result in epileptiform seizures. Withdrawal symptoms following abrupt discontinuance are similar to those with barbiturates.

Serax: 15 mg tablets, but none of the other available dosage forms, contain FD&C Yellow No. 5 (tartrazine) which may cause allergic-type reactions (including bronchial asthma) in certain susceptible individuals. Although overall incidence of FD&C Yellow No. 5 (tartrazine) sensitivity in the general population is low, it is frequently seen in patients with aspirin hypersensitivity.

ADVERSE REACTIONS: Necessity for discontinuation due to undesirable effects has been rare. Transient mild drowsiness is common in first few days. If it persists, reduce dosage. In few instances, dizziness, vertigo, headache, and rarely syncope occurred either alone or with drowsiness. Mild paradoxical reactions, i.e., excitement, stimulation of affect, were reported in psychiatric patients; these reactions may be secondary to relief of anxiety and usually appear in first two weeks of therapy. Other side effects include rare instances of minor diffuse skin rashes—morbilliform, urticarial, and maculopapular—nausea, lethargy, edema, slurred speech, tremor, and altered libido. Such side effects were infrequent and generally controlled with reduction of dosage. Although rare, leukopenia and hepatic dysfunction including jaundice were reported during therapy. Periodic blood counts and liver function tests are advisable. Ataxia has been reported in rare instances and does not appear to be specifically related to dose or age. Although the following side reactions have not as yet been reported with oxazepam, they have occurred with related compounds (chloridiazepoxide and diazepam): paradoxical excitation with severe rage reactions, hallucinations, menstrual irregularities, change in EEG pattern, blood dyscrasias including agranulocytosis, blurred vision, diplopia, incontinence, stupor, disorientation, fever and euphoria. Transient amnesia or memory impairment has been reported in association with use of benzodiazepines.

DOSAGE AND ADMINISTRATION: Dosage should be individualized.

USUAL DOSE: Mild-to-moderate anxiety with associated tension, irritability, agitation, or related symptoms of functional origin or secondary to organic disease, 10 to 15 mg, t.i.d. or q.i.d.

Severe anxiety syndromes, agitation, or anxiety associated with depression, 15 to 30 mg, t.i.d. or q.i.d.

Older patients with anxiety, tension, irritability, and agitation. Initial dosage: 10 mg, t.i.d. If necessary, increase cautiously to 15 mg, t.i.d. or q.i.d.

Alcoholics with acute inebriation, tremulousness, or anxiety on withdrawal, 15 to 30 mg, t.i.d. or q.i.d.

Serax is not indicated in children under 6 years. Absolute dosage for children 6-12 years is not established.

HOW SUPPLIED: Capsules — 10 mg, 15 mg, 30 mg
Tablets — 15 mg

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10/11/83
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New Publication, Mental Health Letter, Attracts Attention

In its short publication history, the Harvard Medical School's *Mental Health Letter* has gained unexpected attention throughout the country.

According to Lester Grinspoon, M.D., its editor and an associate professor of psychiatry at Harvard, this new, eight-page, monthly newsletter has been praised by psychiatrists, other mental health professionals, and nonprofessionals interested in the field. Its first issue was published last July.

The purpose of the publication, said Grinspoon, is to provide current information on important topics in psychiatry. It was aimed originally at non-psychiatrists as a "way of helping them be in touch with the mainstream of psychiatry," said Grinspoon.

Each issue contains four sections: General Review, Insights, In Brief, and Forum.

"The General Review," continued Grinspoon, "gives readers an up-to-date, brief view of an area in psychiatry. It is accurate and sound, of course, while not being too technical. In the Insights section, we invite experts to address a particular area in the field for people interested in mental health problems. Each Forum section features an invited expert who answers a topical question. For the In Brief section, we review 40 different journals and report on those papers we believe to be of importance."

It may be the newsletter's straightforward and concise presentation of material that has contributed to its success. By striving not to be too technical, the newsletter is easily and quickly readable while not sacrificing the depth of its information.

Grinspoon conceived the idea for the *Mental Health Letter* more than a year ago. "I thought there might be a need for this kind of publication as more people became involved in the delivery of mental health care. It is useful to apprise people of what's happening in the mainstream of psychiatry."

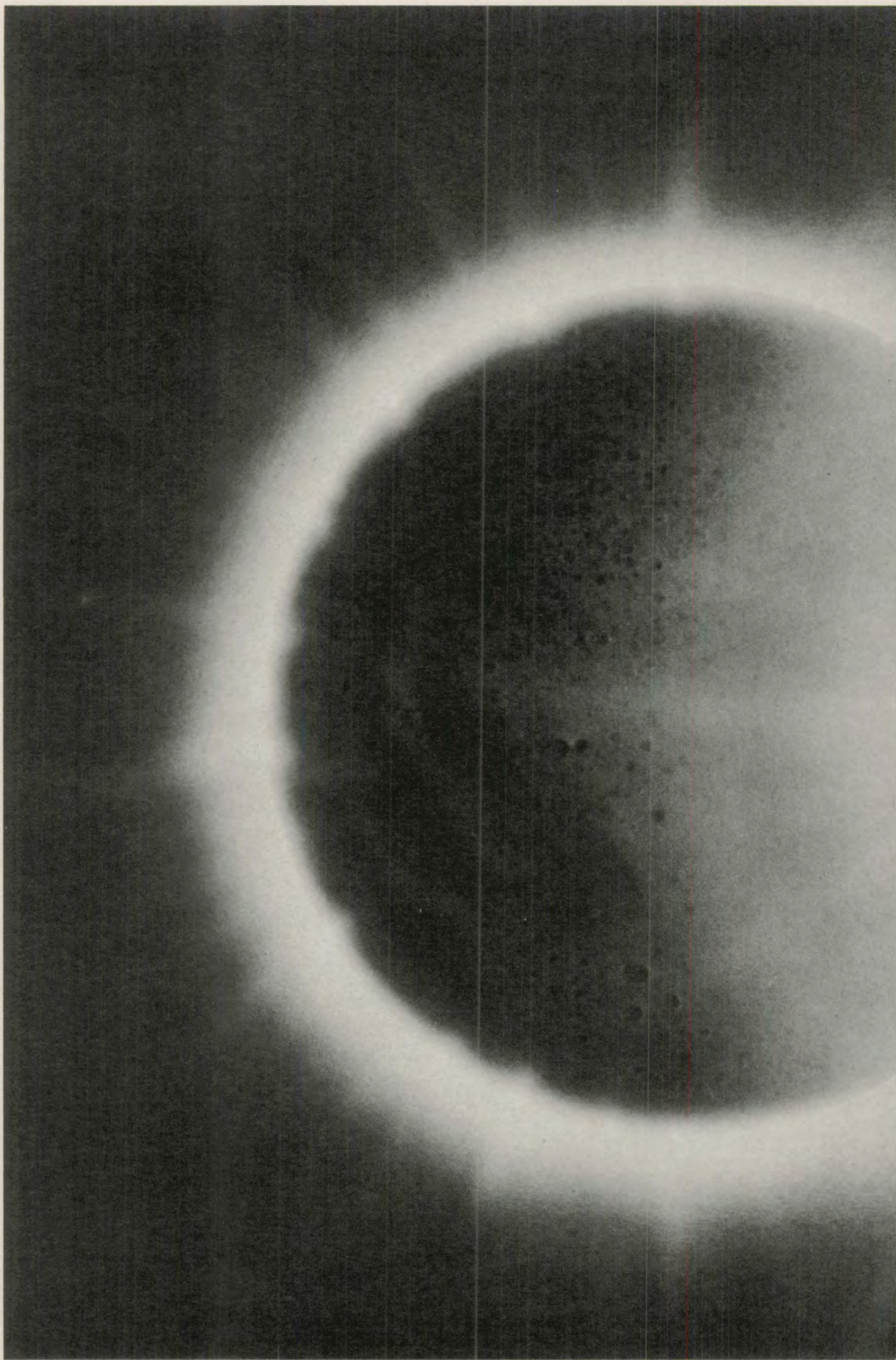
Some of the topics that have been covered in the newsletter's General Review section are childhood depression, eating disorders, schizophrenia, and autism. After each discussion are given suggestions for further reading. The review and In Brief sections are written by Grinspoon or Editorial Assistant James B. Bakalar. Experts asked for contributions include a variety of mental health professionals, such as psychiatrists, psychologists, social workers, and nurses.

The newsletter's circulation is expected to reach 20,000 after a promotional mailing this month. Such a large number of subscribers has resulted in a lower cost for each issue; the original annual subscription price, therefore, has been dropped from \$72 to \$29.95.

Harvard is the newsletter's publisher, and the R.L. Polk Company is its printer and distributor. Persons interested in subscribing should write to the Harvard *Mental Health Letter*, 10 Columbus Circle, Suite 2500, New York, N.Y. 10019.—C.F.B.

Cozzi Named

Hugo L. Cozzi, M.D., has been named medical director of Phoenix Camelback Hospital in Phoenix, Ariz. He continues his private practice in general adult psychiatry.



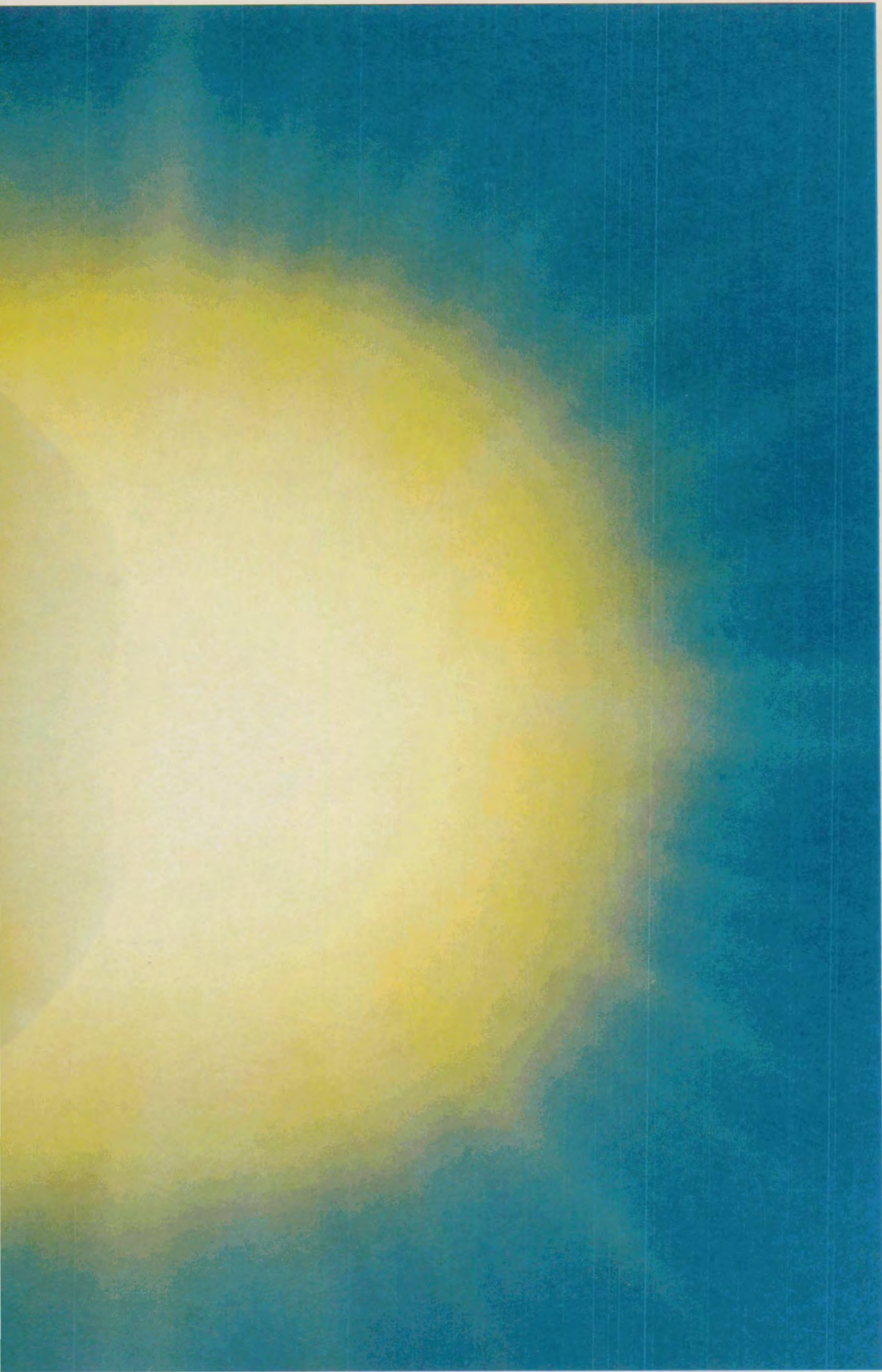
WHEN ALL THE SYMPTOMS ARE SHADES OF GRAY...

Proven antidepressant effectiveness

Desyrel® (trazodone HCl) produces a significant overall response within the first week of therapy for many patients. It relieves depression and its presenting symptoms, including depression-associated anxiety, insomnia, and vague somatic complaints...all with an efficacy equal to imipramine and amitriptyline.^{1,2}

A unique antidepressant with a low incidence of disruptive side effects

Desyrel is not a tricyclic nor does it produce the incidence of side effects often seen with amitriptyline or imipramine. Anticholinergic effects are comparable to placebo.³ Cardiotoxicity is rare in patients free of cardiac disease* and there is no amphetamine-like CNS stimulation.



RESTORE THE LIGHT DEPRESSION OVERSHADOWS

Distinctive record in overdosage

Desyrel has shown differences even in overdosage.^{4,5} It can be prescribed with the knowledge that life-threatening complications, such as those sometimes associated with overdosage of tricyclic antidepressants, have rarely occurred when Desyrel has been taken alone in overdosage situations.⁶ However, prescriptions should be written for the smallest number of tablets consistent with good patient management.

TABLETS 50 mg 100 mg
Desyrel
(trazodone HCl)

Relieves depression and
its presenting symptoms

Mead Johnson
PHARMACEUTICAL DIVISION
Mead Johnson & Company
Evansville, Indiana 47721 U.S.A.

See Warnings included in brief summary on adjacent column

DESYREL®
(trazodone HCl)

DESCRIPTION
DESYREL® (trazodone hydrochloride®) is an antidepressant chemically unrelated to tricyclic, tetracyclic, or other known antidepressant agents. It is a triazolopyridine derivative designated as 2-[3-[4-(3-chlorophenyl)-1-piperazinyl]propyl]-1,2,4-triazolo[4,3-a]pyridin-3-(2H)-one hydrochloride. DESYREL is a white odorless crystalline powder which is freely soluble in water. Its molecular weight is 408.3. The empirical formula is C₁₉H₂₂ClN₅O·HCl.

INDICATIONS AND USAGE
DESYREL® (trazodone hydrochloride) is indicated for the treatment of depression. The efficacy of DESYREL has been demonstrated in both inpatient and outpatient settings and for depressed patients with and without prominent anxiety. The depressive illness of patients studied corresponds to the Major Depressive Episode criteria of the American Psychiatric Association's Diagnostic and Statistical Manual, III.¹

CONTRAINDICATIONS
DESYREL is contraindicated in patients hypersensitive to DESYREL.

WARNINGS
Recent clinical studies in patients with pre-existing cardiac disease indicate that DESYREL may be arrhythmogenic in some patients in that population. Arrhythmias identified include isolated PVCs, ventricular couplets, and in two patients short episodes (3-4 beats) of ventricular tachycardia. Until the results of prospective studies are available, patients with pre-existing cardiac disease should be closely monitored, particularly for cardiac arrhythmias. There have also been post-introduction reports of arrhythmias in DESYREL-treated patients, some of whom did not have pre-existing cardiac disease. DESYREL is not recommended for use during the initial recovery phase of myocardial infarction.

PRECAUTIONS
General: The possibility of suicide in seriously depressed patients is inherent in the illness and may persist until significant remission occurs. Therefore, prescriptions should be written for the smallest number of tablets consistent with good patient management. Hypotension, including orthostatic hypotension and syncope, has been reported to occur in patients receiving DESYREL. Concomitant administration of antihypertensive therapy with DESYREL may require a reduction in the dose of the antihypertensive drug. Little is known about the interaction between DESYREL and general anesthetics; therefore, prior to elective surgery, DESYREL should be discontinued for as long as clinically feasible. **Information for Patients:** Alert patients that (a) because priapism has been reported to occur in patients receiving DESYREL, patients with prolonged or inappropriate penile erection should immediately discontinue the drug and consult with the physician; (b) their mental or physical ability to perform potentially hazardous tasks, such as operating machinery or driving, may be impaired; (c) the response to CNS depressants such as alcohol or barbiturates may be enhanced; and (d) DESYREL should be taken shortly after a meal or light snack. **Laboratory Tests:** WBC and differential counts are recommended for patients who develop fever, sore throat or other signs of infection. Discontinue DESYREL if WBC or absolute neutrophil count falls below normal. **Drug Interactions:** Increased serum digoxin or phenytoin levels have been reported to occur in patients receiving DESYREL concurrently with either of those two drugs. Since it is not known whether an interaction will occur between DESYREL and MAO inhibitors, therapy should be initiated cautiously with a gradual increase in dosage until optimum response is achieved, if a MAO inhibitor is discontinued shortly before or is to be given concomitantly with DESYREL. **Therapeutic Interactions:** Concurrent administration with electroshock therapy should be avoided because of the absence of experience in this area. **Carcinogenesis, Mutagenesis, Impairment of Fertility:** No drug- or dose-related occurrence of carcinogenesis was evident in rats receiving DESYREL in daily oral doses up to 300 mg/kg for 18 months. **Pregnancy:** Since there are no adequate and well-controlled studies in pregnant women, DESYREL should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. **Nursing Mothers:** Since DESYREL and/or its metabolites have been found in the milk of lactating rats, caution should be exercised when DESYREL is administered to a nursing woman. **Pediatric Use:** Safety and effectiveness in children below the age of 18 have not been established.

ADVERSE REACTIONS
Clinical Trial Reports: Side-effects reported by more than 1% of the patients during clinical trials are the following: Autonomic-blurred vision, constipation, dry mouth, Cardiovascular-hypertension, hypotension, shortness of breath, syncope, tachycardia/palpitations, CNS-anger, hostility, confusion, decreased concentration, disorientation, dizziness/light-headedness, drowsiness, excitement, fatigue, headache, insomnia, impaired memory, nervousness, Gastrointestinal-abdominal/gastric distress, bad taste in mouth, diarrhea, nausea/vomiting, Musculoskeletal-musculoskeletal aches/pains, Neurological-incoordination, paresthesia, tremors, Sexual Function-decreased libido, Skin-allergic condition/edema, and Other-decreased appetite, eyes red/tired, itching, head full-heavy, malaise, nasal/sinus congestion, nightmares/vivid dreams, sweating/clamminess, tinnitus, weight gain, weight loss. Side-effects reported by less than 1% of the study patients are the following: akathisia, allergic reaction, anemia, chest pain, delayed urine flow, early menses, flatulence, hallucinations/delusions, hematuria, hypersalivation, hypomania, impaired speech, impotence, increased appetite, increased libido, increased urinary frequency, missed periods, muscle twitches, numbness, and retrograde ejaculation. **Post Introduction Reports:** Voluntary reports received since market introduction include the following: agitation, apnea, diplopia, edema, grand mal seizures, hallucinations, hemolytic anemia, liver enzyme alterations, methemoglobinemia, nausea/vomiting (most frequently), paresthesia, priapism [see PRECAUTIONS, Information for Patients, some patients have required surgical intervention], rash, and weakness. Cardiovascular system effects which have been reported are the following: orthostatic hypotension and syncope, palpitations, bradycardia, atrial fibrillation, myocardial infarction, cardiac arrest, arrhythmia, and ventricular ectopic activity, including ventricular tachycardia [see WARNINGS].

OVERDOSE
Signs and Symptoms: Death from overdose has occurred in patients ingesting DESYREL and other drugs concurrently (namely alcohol, alcohol + chloral hydrate + diazepam, amobarbital, chlordiazepoxide, or meprobamate). The most severe reactions reported to have occurred with overdose of DESYREL alone have been priapism, respiratory arrest, seizures, and EKG changes. The reactions reported most frequently have been drowsiness and vomiting. Overdosage may cause an increase in incidence or severity of any of the reported adverse reactions [see ADVERSE REACTIONS].

DOSAGE AND ADMINISTRATION
The dosage should be initiated at a low level and increased gradually, noting the clinical response and any evidence of intolerance. Occurrence of drowsiness may require the administration of a major portion of the daily dose at bedtime or a reduction of dosage. DESYREL should be taken shortly after a meal or light snack.

Usual Adult Dosage: An initial dose of 150 mg/day in divided doses is suggested. The dose may be increased by 50 mg/day every three to four days. The maximum dose for outpatients usually should not exceed 400 mg/day in divided doses. Inpatients may be given up to but not in excess of 600 mg/day in divided doses.

Maintenance: Dosage during prolonged maintenance therapy should be kept at the lowest effective level. Once an adequate response has been achieved, dosage may be gradually reduced, with subsequent adjustment depending on therapeutic response.

HOW SUPPLIED
DESYREL® (trazodone hydrochloride) 50 mg and 100 mg scored tablets.

CAUTION: Federal law prohibits dispensing without a prescription.

REFERENCES
1. Williams JBW, Ed. Diagnostic and statistical manual of mental disorders-III, American Psychiatric Association, May 1980.

U.S. Pat. No. 3,381,009 Date of Latest Revision: July 1983

1. Gershon S, Mann J, Newton R, et al. Evaluation of trazodone in the treatment of endogenous depression: Results of a multicenter double-blind study. *J Clin Psychopharmacol* 1981;1 (November suppl): 39S-44S.
2. Goldberg HL, Rickels K, Finnerty R. Treatment of neurotic depression with a new antidepressant. *J Clin Psychopharmacol* 1981;1 (November suppl): 35S-38S.
3. Gershon S, Newton R. Lack of anticholinergic side effects with a new antidepressant—trazodone. *J Clin Psychiatry* 1980;41: 100-104.
4. Data from the Drug Abuse Warning Network (DAWN). Statistical series I-1. Annual data 1981. US Department of Health and Human Services, National Institute on Drug Abuse. Washington, DC: Government Printing Office, 1981.
5. Data from the Drug Abuse Warning Network (DAWN). Statistical series G-12. Quarterly report provisional data, July-Sept 1982. US Department of Health and Human Services, National Institute on Drug Abuse. Washington, DC: Government Printing Office, 1982.
6. Marketing data (March 1982-July 1983) on file, Mead Johnson Pharmaceutical Division, Evansville, Indiana 47721.

Abuse

continued from page 16

when the child victim testifies against an alleged parental or close-relation perpetrator," said Schuman. "Testimonial impairment in such cases goes far beyond the truism that no witness is fully accurate."

Signs that regression in children is occurring, said Schuman, are increased aggressive behavior; aggressive acting out; decline in motor control, perhaps affecting sphincter control, handwriting, or walking ability; increase in seeking pleasures, such as overeating or masturbating; search for immediate or indiscriminate satisfactions, such as stealing or sexual behavior; and a drop in the developmental level of speech or learning.

Such children, however, may not be lying about the abuse; they are just not telling the truth—an important distinction, said Schuman. "The child may well be incapable of distinguishing an objective truth from inevitable subjective interpretations. Lying is a separate and later developmental capability of children that involves knowing use of mistruths with the intent to deceive."

What happens in many cases, said Schuman, is children serve "as a relatively passive screen for projectional fantasies by adults" who may be experiencing regression brought about by domestic stress. A child may make an ambiguous report to an adult, who reacts positively and projects that reaction back onto the child. The child, receiving reinforcement, may then embellish the story.

In other cases, attorneys and the adversary legal system may be at the heart of some of the problems. Attorneys may supply some of their own interpretations and motivations for litigation, while the adversary system may not work in instances where there are no clear-cut adversaries: in cases involving families and parental loyalties, it is hard to distinguish one side from the other.

Schuman advised that evaluators of reportedly abused children should gather information from all previous or current investigators, therapists, and examiners. He also said that evaluators should place less emphasis on what a reported victim of abuse says or on fact finding in evaluations. Motivations are what's important.

Schuman said that he believes that family courts, not criminal courts, should decide whether abuse has taken place.

"Criminal courts are hamstrung by the need not to involve a defendant in the evaluation of the victim. Family court operates on the premise that in sexual abuse cases a victim and perpetrator usually will continue a relationship long after the legal case is completed."

Abstracts Wanted

Abstracts are invited for the Second International Conference on Multiple Personality/Dissociative State, to be held October 24 through 27 in Chicago. Abstracts should be submitted no later than February 21 and must be typed on one side of one page with a 1-inch margin. Two copies should be submitted. Submitters should underline in red whatever terms they would like indexed in a publication of the abstracts. Abstracts should be sent to Bennet G. Braun, M.D., Program Chair, Department of Psychiatry, MKF-IV Building, Rush-Presbyterian-St. Luke's Medical Center, 1720 West Polk Street, Chicago, Ill. 60612.

Psychosis controlled..



Artist's interpretation of the process of recovery from a psychotic episode, as it might be perceived by the patient.

References: 1. Ban TA, Kelwala S, Berney S, et al. Rapid tranquilization. Presented as a Scientific Exhibit at The American Psychiatric Association's 33rd Institute on Hospital & Community Psychiatry, San Diego, California, September 14-17, 1981. 2. Goldstein B, Weiner O, Banas F. The Thioxanthenes, in Lehmann HE, Ban TA (eds) *Modern Problems of Pharmacopsychiatry*. New York: Karger/Basel, 1969, vol 2, pp 45-52. 3. Bernstein JG. The rational use of psychotropic drugs. Prescribing antipsychotics. *Drug Therapy* 9:71-86, 1979. 4. Ketani H. High dosage and versatile drug therapy with treatment-resistant psychotic patients. *Hosp Community Psychiatry* 27:37-39, 1976.

BRIEF SUMMARY OF PRESCRIBING INFORMATION

Navane® (thiothixene) Capsules: 1 mg, 2 mg, 5 mg, 10 mg, 20 mg
(thiothixene hydrochloride) Concentrate: 5 mg/ml, Intramuscular: 2 mg/ml, 5 mg/ml

Contraindications: Navane (thiothixene) is contraindicated in patients with circulatory collapse, comatose states, central nervous system depression due to any cause, and blood dyscrasias. Navane is contraindicated in individuals who have shown hypersensitivity to the drug. It is not known whether there is a cross sensitivity between the thioxanthenes and the phenothiazine derivatives, but the possibility should be considered.

Warnings: *Usage in Pregnancy:* Safe use of Navane during pregnancy has not been established. Therefore, this drug should be given to pregnant patients only when, in the judgment of the physician, the expected benefits from the treatment exceed the possible risks to mother and fetus. Animal reproduction studies and clinical experience to date have not demonstrated any teratogenic effects.

In the animal reproduction studies with Navane, there was some decrease in conception rate and litter size, and an increase in resorption rate in rats and rabbits, changes which have been similarly reported with other psychotropic agents. After repeated oral administration of Navane to rats (5 to 15 mg/kg/day), rabbits (3 to 50 mg/kg/day), and monkeys (1 to 3 mg/kg/day) before and during gestation, no teratogenic effects were seen. (See Precautions.)

Usage in Children: The use of Navane in children under 12 years of age is not recommended because safety and efficacy in the pediatric age group have not been established.

As is true with many CNS drugs, Navane may impair the mental and/or physical abilities required for the performance of potentially hazardous tasks such as driving a car or operating machinery especially during the first few days of therapy. Therefore, the patient should be cautioned accordingly.

As in the case of other CNS-acting drugs, patients receiving Navane should be cautioned about the possible additive effects (which may include hypotension) with CNS depressants and with alcohol.

Precautions: An antiemetic effect was observed in animal studies with Navane; since this effect may also occur in man, it is possible that Navane may mask signs of overdosage of toxic drugs and may obscure conditions such as intestinal obstruction and brain tumor.

In consideration of the known capability of Navane and certain other psychotropic drugs to precipitate convulsions, extreme caution should be used in patients with a history of convulsive disorders or those in a state of alcohol withdrawal since it may lower the convulsive threshold. Although Navane potentiates the actions of the barbiturates, the dosage of the anticonvulsant therapy should not be reduced when Navane is administered concurrently.

Caution as well as careful adjustment of the dosage is indicated when Navane is used in conjunction with other CNS depressants other than anticonvulsant drugs.

Though exhibiting rather weak anticholinergic properties, Navane should be used with caution in patients who are known or suspected to have glaucoma, or who might be exposed to extreme heat, or who are receiving atropine or related drugs.

Use with caution in patients with cardiovascular disease.

Also, careful observation should be made for pigmentary retinopathy and lenticular pigmentation (fine lenticular pigmentation has been noted in a small number of patients treated with Navane for prolonged periods). Blood dyscrasias (agranulocytosis, pancytopenia, thrombocytopenic purpura), and liver damage (jaundice, biliary stasis) have been reported with related drugs.

Undue exposure to sunlight should be avoided. Photosensitive reactions have been reported in patients on Navane.

Neuroleptic drugs elevate prolactin levels; the elevation persists during chronic administration. Tissue culture experiments indicate that approximately one-third of human breast cancers are prolactin dependent *in vitro*, a factor of potential importance if the prescription of these drugs is contemplated in a patient with a previously detected breast cancer. Although disturbances such as galactorrhea, amenorrhea, gynecomasia, and impotence have been reported, the clinical significance of elevated serum prolactin levels is unknown for most patients. An increase in mammary neoplasms has been found in rodents after chronic administration of neuroleptic drugs. Neither clinical studies nor epidemiologic studies conducted to date, however, have shown an association between chronic administration of these drugs and mammary tumorigenesis; the available evidence is considered too limited to be conclusive at this time.

Intramuscular Administration: As with all intramuscular preparations, Navane Intramuscular should be injected well within the body of a relatively large muscle. The preferred sites are the upper outer quadrant of the buttock (i.e., gluteus maximus) and the mid-lateral thigh.

The deltoid area should be used only if well developed, such as in certain adults and older children, and then only with caution to avoid radial nerve injury. Intramuscular injections should not be made into the lower and mid-thirds of the upper arm. As with all intramuscular injections, aspiration is necessary to help avoid inadvertent injection into a blood vessel.

Adverse Reactions: Note: Not all of the following adverse reactions have been reported with Navane (thiothixene). However, since Navane has certain chemical and pharmacologic similarities to the phenothiazines, all of the known side effects and toxicity associated with phenothiazine therapy should be borne in mind when Navane is used.

Cardiovascular effects: Tachycardia, hypotension, lightheadedness, and syncope. In the event hypotension occurs, epinephrine should not be used as a pressor agent since a paradoxical further lowering of blood pressure may result. Nonspecific EKG changes have been observed in some patients receiving Navane. These changes are usually reversible and frequently disappear on continued Navane therapy. The incidence of these changes is lower than that observed with some phenothiazines. The clinical significance of these changes is not known.

CNS effects: Drowsiness, usually mild, may occur although it usually subsides with continuation of Navane therapy. The incidence of sedation appears similar to that of the piperazine group of phenothiazines, but less than that of certain aliphatic phenothiazines. Restlessness, agitation and insomnia have been noted with Navane (thiothixene). Seizures and paradoxical exacerbation of psychotic symptoms have occurred with Navane infrequently.

improvement maintained over the long term.

Back to reality

Navane (thiothixene) (thiothixene HCl) rapidly improves acute psychotic symptoms such as hallucinations, confusion and hostility ... often within one hour.¹

Back to the community

Control of psychotic symptoms is generally maintained over the long term. On Navane therapy, control of psychotic symptoms was maintained for up to 22 months in 51 chronic schizophrenic outpatients.²

Low incidence of adverse reactions

Excessive sedation or drowsiness has been reported, but is uncommon.³ Anticholinergic effects and hypotension have been reported, but rarely.^{2,3} Should they occur, extrapyramidal symptoms can usually be readily controlled.⁴

Navane[®]
(thiothixene) (thiothixene HCl)

Capsules 1 mg, 2 mg, 5 mg, 10 mg, 20 mg
Concentrate 5 mg/ml Intramuscular 2 mg/ml, 5 mg/ml

**Rapid and continuing control
of chronic psychosis.**

ROERIG **Pfizer**
A Division of Pfizer Pharmaceuticals

at the forefront of psychopharmacology

Hyperreflexia has been reported in infants delivered from mothers having received structurally related drugs.

In addition, phenothiazine derivatives have been associated with cerebral edema and cerebrospinal fluid abnormalities.

Extrapyramidal symptoms such as pseudo-parkinsonism, akathisia, and dystonia have been reported. Management of these extrapyramidal symptoms depends upon the type and severity. Rapid relief of acute symptoms may require the use of an injectable antiparkinson agent. More slowly emerging symptoms may be managed by reducing the dosage of Navane and/or administering an oral antiparkinson agent.

Persistent Tardive Dyskinesia As with all antipsychotic agents tardive dyskinesia may appear in some patients on long term therapy or may occur after drug therapy has been discontinued. The risk seems to be greater in elderly patients on high-dose therapy, especially females. The symptoms are persistent and in some patients appear to be irreversible. The syndrome is 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). Sometimes these may be accompanied by involuntary movements of extremities.

There is no known effective treatment for tardive dyskinesia; antiparkinsonism agents usually do not alleviate the symptoms of this syndrome. It is suggested that all antipsychotic agents be discontinued if these symptoms appear.

Should it be necessary to reinstitute treatment, or increase the dosage of the agent, or switch to a different antipsychotic agent, the syndrome may be masked.

It has been reported that fine vermicular movements of the tongue may be an early sign of the syndrome and if the medication is stopped at that time, the syndrome may not develop.

Hepatic effects: Elevations of serum transaminase and alkaline phosphatase, usually transient, have been infrequently observed in some patients. No clinically confirmed cases of jaundice attributable to Navane (thiothixene) have been reported.

Hematologic effects: As is true with certain other psychotropic drugs, leukopenia and leukocytosis, which are usually transient, can occur occasionally with Navane. Other antipsychotic drugs have been associated with agranulocytosis, eosinophilia, hemolytic anemia, thrombocytopenia and pancytopenia.

Allergic reactions: Rash, pruritus, urticaria, photosensitivity and rare cases of anaphylaxis have been reported with Navane. Undue exposure to sunlight should be avoided. Although not experienced with Navane, exfoliative dermatitis and contact dermatitis (in nursing personnel) have been reported with certain phenothiazines.

Endocrine disorders: Lactation, moderate breast enlargement and amenorrhea have occurred in a small percentage of females receiving Navane. If persistent, this may necessitate a reduction in dosage or the discontinuation of therapy. Phenothiazines have been associated with false positive pregnancy tests, gynecomasia, hypoglycemia, hyperglycemia, and glycosuria.

Autonomic effects: Dry mouth, blurred vision, nasal congestion, constipation, increased sweating, increased salivation, and impotence have occurred infrequently with Navane therapy. Phenothiazines have been associated with miosis, mydriasis, and adynamic ileus.

Other adverse reactions: Hyperpyrexia, anorexia, nausea, vomiting, diarrhea, increase in appetite and weight, weakness or fatigue, polydipsia and peripheral edema.

Although not reported with Navane, evidence indicates there is a relationship between phenothiazine therapy and the occurrence of a systemic lupus erythematosus-like syndrome.

NOTE: Sudden deaths have occasionally been reported in patients who have received certain phenothiazine derivatives. In some cases the cause of death was apparently cardiac arrest or asphyxia due to failure of the cough reflex. In others, the cause could not be determined nor could it be established that death was due to phenothiazine administration.

Dosage and Administration: Dosage of Navane should be individually adjusted depending on the chronicity and severity of the condition. In general, small doses should be used initially and gradually increased to the optimal effective level, based on patient response.

Some patients have been successfully maintained on once-a-day Navane therapy. Usage in children under 12 years of age is not recommended because safe conditions for its use have not been established.

Navane Intramuscular Solution: Navane For Injection—Where more rapid control and treatment of acute behavior is desirable, the intramuscular form of Navane may be indicated. It is also of benefit where the very nature of the patient's symptomatology, whether acute or chronic, renders oral administration impractical or even impossible.

For treatment of acute symptomatology or in patients unable or unwilling to take oral medication, the usual dose is 4 mg of Navane Intramuscular administered 2 to 4 times daily. Dosage may be increased or decreased depending on response. Most patients are controlled on a total daily dosage of 16 to 20 mg. The maximum recommended dosage is 30 mg/day. An oral form should supplant the injectable form as soon as possible. It may be necessary to adjust the dosage when changing from the intramuscular to oral dosage forms. Dosage recommendations for Navane (thiothixene) Capsules and Concentrate appear in the following paragraphs.

Navane Capsules: Navane Concentrate—In milder conditions, an initial dose of 2 mg three times daily if indicated, a subsequent increase to 15 mg/day total daily dose is often effective.

In more severe conditions, an initial dose of 5 mg twice daily.

The usual optimal dose is 20 to 30 mg daily. If indicated, an increase to 60 mg/day total daily dose is often effective. Exceeding a total daily dose of 60 mg rarely increases the beneficial response.

Overdosage: Manifestations include muscular twitching, drowsiness, and dizziness. Symptoms of gross overdosage may include CNS depression, rigidity, weakness, torticollis, tremor, salivation, dysphagia, hypotension, disturbances of gait, or coma.

Treatment: Essentially is symptomatic and supportive. For Navane oral, early gastric lavage is helpful. For Navane oral and intramuscular keep patient under careful observation and maintain an open airway, since involvement of the extrapyramidal system may produce dysphagia and respiratory difficulty in severe overdosage. If hypotension occurs, the standard measures for managing circulatory shock should be used (I.V. fluids and/or vasoconstrictors).

If a vasoconstrictor is needed, levaterenol and phenylephrine are the most suitable drugs. Other pressor agents, including epinephrine, are not recommended, since phenothiazine derivatives may reverse the usual pressor action of these agents and cause further lowering of the blood pressure.

If CNS depression is present and specific therapy is indicated, recommended stimulants include amphetamine, dextroamphetamine, or caffeine and sodium benzoate. Stimulants that may cause convulsions (e.g., picrotoxin or pentyleneetetrazol) should be avoided. Extrapyramidal symptoms may be treated with antiparkinson drugs.

There are no data on the use of peritoneal or hemodialysis, but they are known to be of little value in phenothiazine intoxication.

Congressional Staff Briefed on MH Research In Innovative Program

An intensive dawn-to-dusk Congressional staff site visit highlighting many of the most promising areas of investigation in mental illness research was conducted on December 5 and 6 at the department of psychiatry of the College of Physicians and Surgeons of Columbia University.

The program was jointly developed by APA's Division of Government Relations and Herbert Pardes, M.D., chair of the department of psychiatry at Columbia and director of the New York State Psychiatric Institute. It offered key Congressional staff the opportunity both to witness firsthand the progress in understanding, preventing, and treating mental disorders and to review the manner in which Federal appropriations for Alcohol, Drug Abuse and Mental Health Administration (ADAMHA) research are expended consistent with Congress's research priorities.

The program was built upon the highly successful research orientation session hosted by Louis Jolyon West, M.D., Daniel X. Freedman, M.D., and the U.C.L.A. Neuropsychiatric Institute in January 1984.

Participating in the program's opening session were Robert J. Campbell, M.D., president of the Corporation for the Advancement of Psychiatry and an APA trustee, and staff from the Office of Federal Relations at Columbia. The Congressional staff included Faye Drummond of the office of New York Senator Daniel Moynihan; Jim Kulikowski of the House Appropriations Committee minority staff; Shawn Smeallie of the office of New York Senator Alphonse D'Amato; and Mike Stephens of the House Appropriations Committee majority staff.

New Developments

The Congressional representatives had an opportunity to hear from leading scientists in their fields the array of new developments in the nation's understanding of mental and emotional disorders. This education was thought to be particularly helpful as Congress prepares to consider the Fiscal 1986 budget for ADAMHA's research establishment, which, with the rest of the Federal budget, faces a possible freeze. Because of both the House and Senate appropriations committees' recent commitment to increased spending for mental illness research, staff were eager to examine the capacity of the extramural research program of the National Institute of Mental Health (NIMH) to prudently allocate funds to the most promising areas of investigation. Recent Congressional committee reports had indicated that their substantial commitment of funds in recent years was based on the belief that advances in the field would fundamentally change public attitudes toward mental illness.

Pardes, a former NIMH head, and his staff of world-renowned scientists presented an extensive overview of the chief areas under investigation with major emphases on depressive and anxiety disorders, psychiatric disorders of the elderly, childhood mental illnesses, schizophrenia, addictive disorders, service delivery and epidemiological research, and clinical and research training.

see "Site Visit," page 27

Malpractice Costs Can Be Reduced!

For years we have been administering professional liability programs at rates lower than most. Here's a few of our programs:

American Psychological Assoc.
National Assoc. of Social Workers
American Chemical Society
American Assoc. of Marriage & Family Therapists

Now we are offering you the same advantages of professional handling and excellent stability for your coverage.

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- A no deductible plan of insurance for qualified applicants against claims arising out of professional services including coverage for the insured's liability arising out of acts of employees or others for whom you are legally liable.
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RATES

GROUP 1

Limits of Liability Each Claim Aggregate	Psychiatry	Neurology*	E.C.T.
\$100,000-300,000	\$608.00	\$ 710.00	\$152.00
\$200,000-600,000	\$771.00	\$ 909.00	\$193.00
\$1,000,000-3,000,000	\$972.00	\$1135.00	\$243.00

*Neurological procedures add 100% of the Neurology rate shown

Alabama
Alaska
Arkansas
Colorado
Connecticut
Delaware
Georgia
Indiana
Iowa
Kentucky
Maine
Maryland

Minnesota
Mississippi
Missouri
Nebraska
New Hampshire
North Carolina
North Dakota
Oklahoma
Rhode Island
South Carolina
South Dakota
Utah
Virginia
Wisconsin

GROUP 2

Limits of Liability Each Claim Aggregate	Psychiatry	Neurology*	E.C.T.
\$100,000-300,000	\$1001.00	\$1302.00	\$250.00
\$200,000-600,000	\$1281.00	\$1666.00	\$320.00
\$1,000,000-3,000,000	\$1602.00	\$2082.00	\$401.00

*Neurological procedures add 100% of the Neurology rate shown

District of Columbia
Idaho
Illinois
Louisiana
Massachusetts
Michigan
Montana
New Jersey
New Mexico
New York Rest of State

Ohio
Oregon
Pennsylvania
Tennessee
Texas
Vermont
Washington
West Virginia
Wyoming

GROUP 4

Limits of Liability Each Claim Aggregate	Psychiatry	Neurology*	E.C.T.
\$100,000-300,000	\$1111.00	\$1111.00	\$ 828.00
\$200,000-600,000	\$1211.00	\$1300.00	\$1060.00
\$1,000,000-3,000,000	\$1300.00	\$1625.00	\$1325.00

*Neurological procedures add 100% of the Neurology rate shown

California Florida Dade Broward County Hawaii

GROUP 3

Limits of Liability Each Claim Aggregate	Psychiatry	Neurology*	E.C.T.
\$100,000-300,000	\$1593.00	\$2071.00	\$398.00
\$200,000-600,000	\$2038.00	\$2650.00	\$510.00
\$1,000,000-3,000,000	\$2548.00	\$3312.00	\$637.00

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☐ Comprehensive Review and Update of Modern Psychiatry

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Address _____

Telephone Number _____

DB News

continued from page 5

me of Lewis Thomas's essay on med-
dling and its hazards. Possibly we
should move to make all legislatures
more part time than they already are.

The Massachusetts Psychiatric So-
ciety Newsletter announces "MPS
Files Brief as Amicus Curiae,"
"...supporting patients' rights to
confidentiality in an important case
now before the Massachusetts Su-
preme Judicial Court. MPS's brief will
argue that the important goal of pre-
venting fraud in the Medicaid and
other third party payer programs need
not require wholesale disclosures of
patients' confidential communica-
tions."

The MPS article continues, "The
successful efforts of the Hawaii DB of
APA, which won a ruling from the
Federal District Court that patients'
constitutional right to privacy obligat-
ed the government to use less intru-
sive means of monitoring payments,
will be cited as a precedent."

Gary Jacob, M.D., chair of the
MPS Legislative Committee, reported
on a meeting held at the society's
office and attended by more than 20
judges. "The judges were especially
interested in the scientific aspects of
the conference, e.g., information
about diagnosis and prognosis of ma-
jor mental illness and the uses and
side effects of antipsychotic medica-
tions." Dr. Jacobsen adds, "...many
requested...similar, more detailed
programs be held."

Finally, Dr. Richard Roth of
McLean, Va., recently informed me
that the Neuropsychiatric Society of
Virginia has changed its name to the
Virginia Psychiatric Society.

Chronic Mental Illness

APA, the Texas Society for Child
Psychiatry, and Timberlawn Hospital
will sponsor the "National Confer-
ence on Chronic Mental Illness in
Children and Adolescents" April 19
and 20 in Dallas. The meeting is being
coordinated by APA's Committee on
Chronically Ill and Emotionally
Handicapped Children, which is
chaired by John G. Looney, M.D.,
and charged with assessing the rele-
vant questions about these children.
Speakers will include John Talbott,
Larry Silver, Irving Philips, Donald
Gair, Jerry M. Lewis (all M.D.'s), and
Jane Knitzer, Ed.D. Further informa-
tion is available from Looney, Tim-
berlawn Hospital, P.O. Box 11288,
Dallas, Tex., 75223.

NGRI

continued from page 14

crease in stressful life changes. On the
first FIRO-B, the sample was charac-
terized by having a greater need to
include others than to be included,
and a greater need to be controlled
than to control. While each need mea-
sure showed decreases from the first
to the second administration, this was
significant only for the need-to-be-
controlled measure.

The data indicate that safe, effec-
tive outpatient treatment of NGRI ac-
quittes is possible, said the research-
ers. "Outpatient treatment was asso-
ciated with stable to improving psy-
chological functioning in a manner
consistent with public safety con-
cerns."



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Thomas A. Wehr, M.D., National Institute of Mental Health,
Bethesda, MD

Anthony Reading, M.D., Chairman of Dept. of
Psychiatry & Behavioral Medicine,
U.S.F., Tampa, FL

Steven Targum, M.D., Medical Director,
Sarasota Palms Hospital

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Professor and Chairman
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Blue Shield

continued from page 1

It is no secret in the New England state that Blue Shield is concerned about the costs of outpatient mental health benefits which, in the words of spokesperson Paul DiNatale, have "skyrocketed" since a 1975 law mandated \$500 worth of coverage in insurance policies. The number of eligible providers—psychiatrists, psychologists, and independent social workers—increased sevenfold since that time, he said, and payments jumped 2,000 percent, from \$1.9 to \$45 million. Payment for mental claims consumed 2 percent of the company's payments in 1975; now it is 14 percent.

In addition, Blue Shield wants to make sure it is paying for patients who have bona fide illnesses, not those "who are not happy with their lot in life," DiNatale said.

Troubling Cases

He cites two troubling cases: One psychologist billed the plan for psychotherapy after helping a young man decide which prep school to attend. A local newspaper ad noted the availability of health insurance for those who sign up for an eight-week course in meeting the opposite sex.

Murphy said Blue Shield initially had considered requiring providers to evaluate patients according to Axis V DSM-III, which asks clinicians to judge a patient's highest level of functioning over the past year in social relations, occupation, and use of leisure time. This was dropped, however, he said, in the face of provider protests over too many changes at one time.

Other concerns Gudeman mentioned—stressing there is "yet no evidence"—are that the changes may mean delays in approval for treatment, reducing patients' chances of recovery, and that Blue Shield may ask for substantially more information about a patient's illness, jeopardizing confidentiality.

DiNatale argues, however, that in 40 years of operating in the state, there has never been a breach of confidentiality.

Since it is still unclear exactly what information will be requested and when the changes will be effective, Gudeman said MPS "is not jumping up and down yet."

Site Visit

continued from page 23

The group also explored many of the public policy issues surrounding the indirect costs of performing research and visited animal care facilities, a cerebral blood flow laboratory, and the computer center.

In an unusual arrangement, patients in research protocols at the university agreed to be interviewed by the Congressional delegation concerning their reasons for seeking treatment at Columbia and the success of the diverse biologic and psychotherapeutic treatments they were under.

Meeting with the group were patients suffering from agoraphobia, depression, anxiety, and attention deficit disorder, as well as a young survivor of a suicide attempt. The patients were grateful to the Congressional staff for their willingness to come to New York to learn how Washington can best invest in research programs under the constraints of limited Federal funding.

APA, Black Psychiatrists Seek Abstracts for African Meeting

APA and the Black Psychiatrists of America are cosponsoring a meeting with the African Psychiatric Association in Nairobi, Kenya, August 11 to 14, 1986.

Abstracts of fewer than 250 words are being invited on the program's topics, which include the interplay of psyche and soma in Africa in the Americas; use of traditional healing methods in Africa and the Americas; epidemiology of mental illness in Africa and the Americas; psychosocial impact of the shift from traditional to Western values; identification problems in sub-Saharan and Northern Africa; substance abuse in Africa and the United States; problems of identity for blacks in Africa and the Americas; treatment of the chronic patient in Africa and the Americas; providing mental health services with meager

resources; the psychological effects of massive social upheaval; state of biological psychiatry in Africa and the Americas; and forensic psychiatry in Africa and the Americas. The deadline for abstracts is March 1.

Henderson Travel of Atlanta is handling the travel arrangements for this meeting, and it is now developing group rates. Groups will probably leave the United States on August 7, 1986, and return on August 16, 1986, if no postmeeting tours are taken. The possibility of postmeeting tours in Egypt, Senegal, and Nigeria and a safari from Nairobi are being explored. The agency estimates that the trip will cost \$1,900 to \$2,300.

For more information, please write to Ellen Mercer, Office of International Affairs, APA, 1400 K Street, N.W., Washington, D.C. 20005.

Psychopathology Meeting

The annual meeting of the American Psychopathological Association will be held February 28 through March 2 in New York City on the theme "Mental Disorders in the Community: Progress and Challenge (Findings From Psychiatric Epidemiology)." Further information is available from Nancy C. Andreasen, M.D., Secretary, Department of Psychiatry, University of Iowa, 500 Newton Road, Iowa City, Iowa 52242.

Samuelson Elected

Albert F. Samuelson, M.D., who is in private practice in Bismark, N.D., and an associate professor of neuroscience at the University of North Dakota School of Medicine, has been elected president of the North Central Medical Conference. The conference is composed of the medical societies of Minnesota, Iowa, Nebraska, Wisconsin, North Dakota, and South Dakota.



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Brief

continued from page 1

arist at the state hospital reported that Ake's mental condition had improved and he was capable of understanding the charges pending against him.

Before the trial began, the appointed defense counsel asked the state for financial aid in securing a psychiatric evaluation of Ake's mental condition at the time of the murders. Citing the 1953 Supreme Court decision in *U.S. v. Baldi*, the court said Ake had no constitutional right to such an evaluation.

In *Baldi* the Supreme Court also denied a pretrial request for psychiatric evaluation. APA points out, however, that the defendant in *Baldi* had been examined by three psychiatrists and at least one of them had examined the defendant's mental condition at the time of the crime.

According to the APA brief, Ake's only defense was that he was legally insane at the time of the murders. Without a pertinent psychiatric evaluation, APA maintains, "Ake had virtually no relevant evidence to offer on this point." Consequently the jury found Ake guilty on both counts of first degree murder.

During the sentencing phase of the trial, the brief notes, the prosecuting attorney encouraged the jury to view Ake as someone who would commit criminal acts of violence in the future and thus represented "a continuing threat to society." (One of the psychiatrists serving as a defense witness also had stated that he believed Ake would be dangerous in the future.)

The jury sentenced Ake to death by lethal injection on the basis of three aggravating circumstances, one of which was future dangerousness.

Ake appealed, but the Oklahoma Court of Criminal Appeals upheld all of the convictions. It also rejected Ake's claim that forced administration of chlorpromazine had eroded his competency so much that he was "effectively denied his right to be present at trial and to consult with counsel," the APA brief says. The appeals court suggested that Ake had feigned "abnormal behavior" to strengthen his insanity defense, the brief continues. The court also concluded that an indicted defendant cannot refuse medication administered to restore competency.

APA maintains that once a defendant's sanity has been questioned, the state must "provide him with a psychiatric examination to assist in the preparation and presentation of his insanity defense." Not only does a defendant require the assistance of a psychiatrist in formulating medical evidence, but also a jury needs a professional explanation of how a specific mental disorder might alter behavior and even lead to criminal conduct.

"Lay jurors may be able to recognize that a defendant's actions are aberrant or bizarre," the APA brief states. "Only on the basis of a clinical diagnosis, however, can they seriously entertain the possibility that the defendant is not responsible for these actions."

A defendant should also have the aid of a psychiatrist in challenging the prosecution's use of medical testimony to establish the threat of future dangerousness. In the 1983 case *Barefoot v. Estelle*, APA notes, the Supreme Court ruled that consideration of due process does not preclude psychiatric testimony on a defendant's future dangerousness. While conced-

ing that expert testimony on dangerousness is usually unreliable, the justices held that the defense should be able to refute any unconvincing testimony.

The Supreme Court stressed that the defendant in *Barefoot* was entitled by state law to receive assistance in retaining a psychiatric expert. In contrast, Ake was denied psychiatric expertise in rebutting the prosecution's testimony that alleged his future dangerousness.

The APA brief also deals with the question of whether Ake had become incompetent during the trial. Several times the defense counsel mentioned that he was unable to communicate with his client, possibly because of the amount of chlorpromazine Ake was receiving. The attorney described Ake as "totally and completely incoherent."

APA agrees with the Oklahoma appeals court that Ake had no right to

refuse antipsychotic medication. Nevertheless, the Association believes the court should have examined the question of continued competency. The brief explains that chlorpromazine can cause severe drowsiness and parkinsonism. Parkinsonism seldom impairs cognitive processes; however, the brief notes, it can lead to akinesia, "a condition characterized by extreme apathy, difficulty in initiating routine activities, and suppression of spontaneous movement and speech." The court should not have ignored the possibility that such side effects may have contravened the defendant's understanding of the proceedings and his ability to consult with his counsel, the brief concludes.

ABA Standard

APA recommends that the Supreme Court accept an American Bar Association standard requiring a court to

appoint a psychiatrist if the defense attorney can demonstrate that a psychiatric evaluation would support a substantial legal defense. The state's financial commitment must be limited to one thorough examination, the brief cautions. In APA's view, "a defendant would have no right to undergo one examination after another at state expense, until he found that particular psychiatrist who told him exactly what he wanted to hear."

The American Civil Liberties Union (ACLU) has joined APA in championing the indigent's right to a court-appointed psychiatrist. Both APA and the ACLU insist that the ability to pay for a psychiatric evaluation should not determine the right to a fair trial. "Such a heavy thumb on the scales of justice—with a human life literally hanging in the balance—cannot meet the standards of due process and equal protection," writes the ACLU in a separate brief.

Older, overwhelmed and depressed...

Ludiomil[®]

maprotiline HCl

For depression/anxiety

A side-effect profile
suitable for the elderly

C I B A

Since the elderly are generally more susceptible to adverse drug reactions, it is advisable that all antidepressants be prescribed with care.

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Tablets, 25, 50 and 75 mg

Cardiovascular side effects are rare.

Seizures have been reported with Ludiomil at a rate of less than 1/10th of 1%. Risk may be reduced by initiating therapy at low doses (75 mg in most patients, 25 mg in the elderly), and maintaining initial dose for two weeks before increasing gradually, by 25-mg increments if necessary. In most patients, efficacy will result at a maximum dosage of 150 mg daily. This dosage should not be exceeded except in the most severely depressed patients in whom dosage may be increased to a maximum of 225 mg. See Prescribing Information for details.

Ludiomil®
maprotiline hydrochloride
Tablets

BRIEF SUMMARY (FOR FULL PRESCRIBING INFORMATION, SEE PACKAGE INSERT)

Revised Prescribing Information effective 11/1/84.

INDICATIONS AND USAGE

Ludiomil is indicated for the treatment of depressive illness in patients with depressive neurosis (dysthymic disorder) and manic-depressive illness, depressed type (major depressive disorder). Ludiomil is also effective for the relief of anxiety associated with depression.

CONTRAINDICATIONS

Ludiomil is contraindicated in patients hypersensitive to Ludiomil and in patients with known or suspected seizure disorders. It should not be given concomitantly with monoamine oxidase (MAO) inhibitors. A minimum of 14 days should be allowed to elapse after discontinuation of MAO inhibitors before treatment with Ludiomil is initiated. Effects should be monitored with gradual increase in dosage until optimum response is achieved. The drug is not recommended for use during the acute phase of myocardial infarction.

WARNINGS

Extreme caution should be used when this drug is given to: —patients with a history of myocardial infarction, —patients with a history or presence of cardiovascular disease because of the possibility of conduction defects, arrhythmias, myocardial infarction, strokes and tachycardia.

PRECAUTIONS

General: The possibility of suicide in seriously depressed patients is inherent in their illness and may persist until significant remission occurs. Therefore, patients must be carefully supervised during all phases of treatment with Ludiomil, and prescriptions should be written for the smallest number of tablets consistent with good patient management.

Seizures have been reported in patients treated with Ludiomil, with the incidence of direct reports being less than 1/10 of 1%. Most of the seizures have occurred in patients without a known history of seizures. However, in some of these cases, other confounding factors were present, including concomitant medications known to lower the seizure threshold, rapid escalation of the dosage of Ludiomil, and dosage that exceeded the recommended therapeutic range. The risk of seizures may be increased when Ludiomil is taken concomitantly with phenothiazines, when the dosage of benzodiazepines is rapidly tapered in patients receiving Ludiomil, or when the recommended dosage of Ludiomil is exceeded.

While a cause-and-effect relationship has not been established, the risk of seizures may be reduced by (1) initiating therapy at a low dosage, (2) maintaining the initial dosage for 2 weeks before raising it gradually in small increments, as necessitated by the long half-life of Ludiomil (average, 51 hours), and (3) keeping the dosage at the minimally effective level during maintenance therapy. (See **DOSE AND ADMINISTRATION**.)

Hypomanic or manic episodes have been known to occur in some patients taking tricyclic antidepressant drugs, particularly in patients with cyclic disorders. Such occurrences have also been noted, rarely, with Ludiomil.

Prior to elective surgery, Ludiomil should be discontinued for as long as clinically feasible, since little is known about the interaction between Ludiomil and general anesthetics.

Ludiomil should be administered with caution in patients with increased intraocular pressure, history of urinary retention, or history of narrow-angle glaucoma because of the drug's anticholinergic properties.

Information for Patients: Warn patients to exercise caution about potentially hazardous tasks, or operating automobiles or machinery since the drug may impair mental and/or physical abilities.

Ludiomil may enhance the response to alcohol, barbiturates, and other CNS depressants, requiring appropriate caution of administration.

Laboratory Tests: Although not observed with Ludiomil, the drug should be discontinued if there is evidence of pathologic neutrophil depression. Leukocyte and differential counts should be performed in patients who develop fever and sore throat during therapy.

Drug Interactions: Close supervision and careful adjustment of dosage are required when administering Ludiomil concomitantly

with anticholinergic or sympathomimetic drugs because of the possibility of additive atropine-like effects.

Concurrent administration of Ludiomil with electroshock therapy should be avoided because of the lack of experience in this area.

Caution should be exercised when administering Ludiomil to hyperthyroid patients or those on thyroid medication because of the possibility of enhanced potential for cardiovascular toxicity of Ludiomil.

Ludiomil should be used with caution in patients receiving guanethidine or similar agents since it may block the pharmacologic effects of these drugs.

The risk of seizures may be increased when Ludiomil is taken concomitantly with phenothiazines or when the dosage of benzodiazepines is rapidly tapered in patients receiving Ludiomil.

Because of the pharmacologic similarity of Ludiomil to the tricyclic antidepressants, the plasma concentration of Ludiomil may be increased when the drug is given concomitantly with cimetidine, as has occurred with tricyclic antidepressants. Adjustment of the dosage of Ludiomil may therefore be necessary in such cases both when cimetidine therapy is initiated and when it is discontinued.

(See **Information for Patients**.)

Carcinogenesis, Mutagenesis, Impairment of Fertility: Carcinogenicity and chronic toxicity studies have been conducted in laboratory rats and dogs. No drug- or dose-related occurrence of carcinogenesis was evident in rats receiving daily oral doses up to 60 mg/kg of Ludiomil for eighteen months or in dogs receiving daily oral doses up to 30 mg/kg of Ludiomil for one year. In addition, no evidence of mutagenic activity was found in offspring of female mice mated with males treated with up to 60 times the maximum daily human dose.

Pregnancy Category B: Reproduction studies have been performed in female laboratory rabbits, mice, and rats at doses up to 1, 3, 7, and 9 times the maximum daily human dose respectively and have revealed no evidence of impaired fertility or harm to the fetus due to Ludiomil. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed. **Labor and Delivery:** Although the effect of Ludiomil on labor and delivery is unknown, caution should be exercised as with any drug with CNS depressant action.

Nursing Mothers: Ludiomil is excreted in breast milk. At steady state, the concentrations in milk correspond closely to the concentrations in whole blood. Caution should be exercised when Ludiomil is administered to a nursing woman.

Pediatric Use: Safety and effectiveness in children below the age of 18 have not been established.

ADVERSE REACTIONS

The following adverse reactions have been noted with Ludiomil and are generally similar to those observed with tricyclic antidepressants.

Cardiovascular: Rare occurrences of hypotension, hypertension, tachycardia, palpitation, arrhythmia, heart block, and syncope have been reported with Ludiomil.

Psychiatric: Nervousness (6%), anxiety (3%), insomnia (2%), and agitation (2%); rarely, confusional states (especially in the elderly), hallucinations, disorientation, delusions, restlessness, nightmares, hypomania, mania, exacerbation of psychosis, decrease in memory, and feelings of unreality.

Neurological: Drowsiness (16%), dizziness (8%), tremor (3%), and, rarely, numbness, tingling, motor hyperactivity, akathisia, seizures, EEG alterations, tinnitus, extrapyramidal symptoms, ataxia, and dysarthria.

Anticholinergic: Dry mouth (22%), constipation (6%), and blurred vision (4%); rarely, accommodation disturbances, mydriasis, urinary retention, and delayed micturition.

Allergic: Rare instances of skin rash, petechiae, itching, photosensitization, edema, and drug fever.

Gastrointestinal: Nausea (2%) and, rarely, vomiting, epigastric distress, diarrhea, bitter taste, abdominal cramps and dysphagia.

Endocrine: Rare instances of increased or decreased libido, impotence, and elevation or depression of blood sugar levels.

Other: Weakness and fatigue (4%) and headache (4%); rarely, altered liver function, jaundice, weight loss or gain, excessive perspiration, flushing, urinary frequency, increased salivation, and nasal congestion.

Note: Although the following adverse reactions have not been reported with Ludiomil, its pharmacologic similarity to tricyclic antidepressants requires that each reaction be considered when administering Ludiomil.

—Bone marrow depression, including agranulocytosis, eosinophilia, purpura, and thrombocytopenia, myocardial infarction, stroke, peripheral neuropathy, sublingual adenitis, black tongue, stomatitis, paralytic ileus, gynecostasia in the male,

Nadelson

continued from page 19

She also spoke with the resident about another patient and the transference aspects of psychotherapy. "You have to help the patient trust you enough to express his pain," Nadelson said. "You must understand that he remains in his current, painful situation to avoid a greater pain he dares not face."

● 2 p.m.: Nadelson worked with one of the chief residents about a couple who had remained married for 20 years despite little sexual intimacy. Nadelson and the resident also reserved some time to talk over administrative and teaching issues, new to his role as a chief resident.

● 3 p.m.: The weekly meeting of the coordinators of each of the four years of the psychiatric residency training program was held in Nadelson's office. A possible new unit, where there would be psychiatric beds, was discussed as the group considered

whether residents or students or both would be assigned to it and how it could be implemented.

● 4 p.m.: The research team met to discuss a grant proposal. The group is working on a longitudinal study of medical student stress and adaptation to understand the impact of the educational process and the possible precursors of physician impairment.

● 5 p.m.: Nadelson saw another patient in therapy.

● 6 p.m.: Nadelson headed for home along the crowded streets of Boston. Once in her kitchen, she and her husband prepared a delicious jambalaya for a guest, serving it on the outdoor terrace, surrounded by trees and cooled by a welcomed breeze.

Asked why she had become a psychiatrist, Nadelson said she had not initially planned on it when she began medical school. Her clerkship on a public psychiatry ward changed her mind, however: "I liked the patients and the people I worked with. I felt excited about what I was learning." As an elective the next year, she worked more closely with psychiatric residents on another type of inpatient ward but still planned to go into internal medicine.

At graduation she won the Benjamin Rush psychiatry prize for excellence in her work. "It was quite a surprise," she said. "I didn't think I would get it, but it made a difference." She then made the decision to apply for a psychiatric residency, and she was accepted at the Massachusetts Mental Health Center. There she met her husband, a psychiatry resident at Beth Israel Hospital, at a 7 a.m. course given by the late Dr. Elizabeth Zetzel, a well-known psychoanalyst. Subsequently, Nadelson and her husband both trained at the Boston Psychoanalytic Society.

● 8 p.m. until midnight: In her "night and early morning office," her home study, she continued to answer mail, made several phone calls to APA members and hospital staff, and read articles. She also worked on a paper she hoped to have published, which would add to her many already published articles on such topics as the changing view of femininity, marriage and midlife, medical student and physician impairment, the emotional impact of rape, and psychosomatic obstetrics and gynecology.

She checked her schedule, which included two or three days of meetings a week, many on weekends. They ranged from APA-associated meetings to the meetings of the American Association of Medical Colleges, the American Psychoanalytic Association, and the Royal Australia-New Zealand College of Psychiatry, at which she will deliver the keynote address.

Luckily she enjoys traveling and takes pleasure in learning about other cultures. She is also a "voracious reader of short stories and novels," finds shopping for antiques and clothes relaxing, and goes to auctions. She enjoys quiet dinners with friends as well as evenings at the theater, movies, ballet, and opera.

She has considered the demands of the APA presidency and the costs in terms of family life, but it is clear that everyone in her family is dedicated to her success as the first woman president of the American Psychiatric Association. She has something more important than the official vote—the unofficial vote of her husband and two children.

C I B A

117-2038-A

Classified Notices

Nationwide

HEALTHCARE SERVICES OF AMERICA is a dynamic investor-owned organization dedicated to becoming the premier provider of psychiatric health care in the USA. HSA has a number of attractive prac. oppty. for psychiatrists with our rapidly growing network of owned and managed facilities throughout the country. If you are interested in adult psychiatry, rsdntl. trmt., child and adol. psychiatry, chemical dependency, or other prac. specialization, HSA may have a placement oppty. that matches your personal as well as professional needs. Attractive financial assistance package and compensated admin. posns. are avail. at many locations. We can provide professional prac. management and marketing assistance to help you set up the type of prac. you prefer. If you would like to hear more, send CV and letter of introduction to Richard Nance, Box P, Healthcare Services of America, Inc., Suite 200, 2000 Southbridge Parkway, Birmingham, AL 35209; (205) 879-8970.

PSYCHIATRIC LOCUM TENENS-COMP-HEALTH, The largest multispecialty locum tenens organization, is now recruiting qualified psychiatrists for locum tenens or permanent placement posns. in inpt. units, drug abuse/alc. detoxification and rehab. prgms., and clin./med. dir. roles. COMPHEALTH serves both the posn. seeking professional and the staff recruiting MH employers. COMPHEALTH is a physician directed locum tenens grp. stressing quality of physicians and placement posns. For the physician, malprac. insur., licensure costs, associated costs and a lib. sal. are provided for LT placement. LT allows physicians to have flexible employment and free time scheduling. LT also offers oppty. to explore various placement oppty. without long-term commitment. For the MH Employer, our physician screening will provide competent med. coverage to meet your needs. For further info., contact T.J. Chamberlain, M.D., P.O. Box 2708, Cherry Hill, NJ 08034; (609) 751-0871 (call collect).

Regional

PSYCHIATRIST for Disability Determination Svcs. (Under the direction of the social security administration) at various metro. areas in IL, IN, MI, MN, OH, and WI. We are looking for bd. cert. (but will consider bd. elig. if exper. and background are commensurate with cert.) psychiatrists with good verbal and written communication skills. No pt. contact req'd. Sole work is chart review of claimant who allege psychiatric impairment. No prior exper. in the social security disability prgm. req'd. Agency supplies intensive 3 to 6 month trng. prgm. with full pay. Psychiatrist must be comfortable working in a large complex state bureaucracy with considerable Federal interaction, and with many non-posn. administrators, in a med. legal context. Posn. encourages a significant professional interaction with other psychiatrists and psychologists soon to be on staff. Paid time for relevant continuing med. education is avail. Contractual pay up to \$60,000/yr. CV and location preference should be submitted to Social Security Administration, Programs Disability Branch, 300 South Wackers Drive, 32nd Floor, Chicago, IL 60606. Attn: Jim Jamison.

We presently represent a Midwestern city of 100,000 seeking an adult psychiatrist plus a child psychiatrist. If you are considering relocating, please call collect for details (612) 436-5161.

Midwest Region—PSYCHIATRIST—Excel. career oppty. for Sr. Psych rsdnt. or physician 1-5 yrs. post-psychiatric rsdncy. to join busy assoc. in large Midwest city. Diversified prac. offering growth potential in specific areas of interest. Large, modern commty. hosp. with numerous inpt. referrals and tchn. oppty. Excel. cultural, recreat., and univ. facilities avail. Guaranteed prac. arrangements. Forward CV in confidence to Box P-962, *Psychiatric News*.

Alabama

Birmingham—MEDICAL DIRECTOR—BD. CERT. PSYCHIATRIST req'd. for full-time med. director posn. in 130-bed proprietary psychiatric hosp. in Birmingham, AL. Demonstrated admin. ability and 10 yrs. of prac. exper. req'd. Should be interested in chemical dependency, child, adol., and adult psychiatry. Facility has well estab. chemical dependency prgm. plus separate free-standing transitional home and schl. for children and adols. Respon. for functions of med. staff, admin. and commty. liaison, quality assurance and clin. prgms. Acad. appt. avail. Attractive bnft. package. Sal. nego. Call Richard Nance: (205) 879-8970. Send CV to Richard Nance, Box P, Healthcare Services of America, Inc., Suite 200, 2000 Southbridge Parkway, Birmingham, AL 35209; (205) 879-8970.

Mt. Vernon—SEARCY HOSP. has immed. vacancies for licensed PSYCHIATRISTS. We are a 650-bed psychiatric facility loc. near beautiful Gulf coast beaches. Sal. is nego. We offer excel. frng. bnfts.; 13 annual lv. days, 13 sick lv. days, 13 holidays, health insur., and retirement plan. Please contact Robert E. Griffin, Personnel Officer, Searcy Hospital, Mt. Vernon, AL 36560; (205) 829-9411. We are an EOE.

Arizona

Phoenix—Posn. avail. for a PSYCHIATRIST to join our Dept. of MH at CIGNA HealthPlan, an estab.,

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Phoenix—PSYCHIATRIST preferably bd. cert. with interest and expertise in consul.-liaison and psychiatric education to join estab. multidiscl. dept. at a major Southwest trng. ctr. Competitive sal. and excel. bnfts. Contact Lee S. Cohn, M.D., Chairman, Institute of Behavioral Medicine, Good Samaritan Medical Center, 1111 E. McDowell Rd., Phoenix, AZ 85006.

Arkansas

Texarkana—CLINICAL DIRECTOR—Pinewood Hosp. is seeking an adol. psychiatrist to serve as Unit Prgm. Director for its new 60-bed facility opening in September. The hosp. will provide both adult and adol. svcs. Texarkana, situated in the S.W. corner of AR and N.E. TX, is in an area of pine forests and lakes, and offers abundant recreat. and cultural oppty. This posn. provides ample oppty. for the dvlpmnt. of a prvt. prac. either individually or with a grp., and offers a liberal relocation and compensation package. Bd. cert. or elig. is desirable. If you are interested in working in multidiscl. setting in an underserved area, please contact Joe C. Waters, Administrator, 1600 Arkansas Blvd., #204, Texarakana, AR 75502; (501) 773-3131. Pinewood Hosp. is an affiliate of Psychiatric Institutes of America and National Medical Enterprises Inc.

California

Arcadia—PSYCHIATRIST: San Gabriel Valley—10 mi. E. of L.A. needed, F.T. Psychiatrist to augment our multidiscl. prvt. MH prac.—Our grp. is team oriented and the Psychiatrist is involved in direct svcs. to inpts. and outpts., consults., supervision. The MD will spend 30-50% of time with adols. and 10% with children. The ability to speak some Spanish is desired but not necessary. The financial & emotional rewards are commensurate to our efforts—Our work setting is

pleasant but the pace can be hectic at times. Please call Joyce Koch, (213) 283-5502 for further details. An interview will be necessary. P.O. Box 1035, Arcadia, CA 91006.

Atascadero—Calif. Dept. of MH Forensic Psychiatry Ctr., UCSF-Fresno affiliated hosp., in response to contemporary forensic issues, has new research, rsdncy, and fellowship prgms. We desire ABPN applicants with broad clin., acad. and research orientation to augment current staff of 27 highly credentialed psychiatrists. *National Geographic* describes our area halfway between Los Angeles and San Francisco as, "THE MIDDLE KINGDOM". Competitive sal. and bnfts. per Calif. Civil Svc. Send CV for prompt and confidential credentials committee review to Jerome L. Schulte, M.D., Director of Medical Education, P.O. Box A, Atascadero, CA 93423; (805) 461-2188.

Central California—Univ. of CA, San Francisco and Valley Med. Ctr., Fresno; an affiliated tchn. hosp. seek a PSYCHIATRIST to assume clin. tchn. and patient care respons. in emerg. and consul. psychiatry. Candidates must be bd. cert. or elig. and qualify for acad. appt. Valley Med. Ctr. is a site for accred. rsdncy. prgms. in all major disciplines. Central Calif. location offers delightful living conditions and ready access to mtn. and coastal retreat areas. Direct inquiries to Scott Ahles, M.D., Chief of Psychiatry, Valley Medical Center, 445 South Cedar Ave., Fresno, CA 93702; (209) 453-5085. The Univ. of CA is an EO/AE. Women and minorities are encouraged to apply.

Los Angeles—CONSUL./LIAISON FELLOWSHIP. The Dept. of Psychiatry of the USC SCHL. OF MEDICINE offers a full-time fellowship beginning July 1985. The fellowship offers exceptional clin. trng. with options for research and tchn. of med. students and rsdnts. at the LA-County-USC Med. Ctr., a 1200-bed tchn. hosp. Unique oppty. for specialized trng. in geriatrics and med. education. Intensive supervision and a didactic curriculum are offered. Contact Warner Johnson, M.D., Dir., C/L Psychiatry, USC School of Medicine, HMR 101, 2025 Zonal Ave., Los Angeles, CA 90033; (213) 224-7114.

Los Angeles—RESEARCH FELLOWSHIPS IN THE PSYCHOBIOLOGY OF THE MAJOR PSYCHIATRIC AND PSYCHOSOMATIC DISORDERS avail. in the DEPT. OF PSYCHIATRY & BEHAVIORAL SCIENCES AT UCLA. Fellowships are for one or two yrs. beginning July 1, 1985 are avail. upon completion of an accred. rsdncy. prgm. Fellows will work

under the preceptorship of a senior investigator on the topic of their choice. Fellows attend indiv. and grp. tutorial journal reviews, seminars, can take special courses, and work on their own projects. Preceptors and areas of expertise are: Psychopharm. (D.X. Freedman, C.P. Chien, D. Gorelick, D.J. Jenden, P.R.A. May); Psychoendocrinology (I.J. Chopra, H.L. Judd, W.M. Pardridge, R.T. Rubin, D.H. Solomon, J.H. Walsh); Brain Imaging (D.E. Kuhl, W.H. Oldendorf); Psychophysiology (T. Garrick, E.A. Serafetinides, D. Shapiro, M.B. Sterman); Neurochemistry (S. Eiduson, A. Yuwiler); Neurophysiology (J.M. Fuster, M.B. Sterman); Neuropsychology (P. Satz); Psychobiology (J.C. Liebeskind, M.T. McGuire, D.L. Novin); Statistics (W.J. Dixon); Alcoholism (E.P. Noble); Aging (A. LaRue, A.B. Scheibel); Affective Disorders (D.X. Freedman, A. Halaris, K. Jamison, R.T. Rubin); Eating Disorders (M. Strober, H. Weiner, J. Yager); Psychosomatic Disorders and Behavioral Medicine (A. Reading, D. Shapiro, D.K. Wellisch); Schizophrenia (A. Kling, P.R.A. May, K.H. Neuchterlein); Sleep Disorders (E.G. Zimmermann); Evaluation (H.E. Freeman, S.Greenfield). Sal. ranges depend on level of trng. completed. All those interested should submit a one page proposal, a CV and three letters of recommendation to: Herbert Weiner, M.D., Professor and Program Director, C8-861, Neuropsychiatric Institute, UCLA, 760 Westwood Plaza, Los Angeles, CA 90024; (213) 825-6700. The Univ. of Calif., Los Angeles is an EO/AAE.

Los Angeles/Orange County—Independent forensic psychiatric prac. seeks PSYCHIATRIST for quality job injury evals., part-time flexible hrs. Resume in confidence to Box 3424, Newport, CA 92663.

Merced—Merced County seeks to appoint a STAFF PSYCHIATRIST to work in a prgsv. CMHC. Requires a CA lic. Sal. nego. from \$60,000. Psychiatrists are independent contractors. Merced County is loc. in the ctr. of Calif., 2 hrs. from the Bay Area and 1-1/2 hrs. from Yosemite National Park. Contact Carlton Duckworth, M.D., Medical Director, 480 E. 13th St., Merced, CA 95340; (209) 723-8861.

Modesto—Prvt. prac. oppty. for CHILD PSYCHIATRIST. Adult, Adol., and Child prac. Multi professional MH grp. PPO. HMO, and prvt. patients. Exce. financial oppty. Town of 125,000. One and a half hrs. from San Francisco, Sacramento, and entire Bay Area. Two hrs. from Yosemite. Fishing, sailing, skiing, Sierras all easily avail. Affordable CA life style for psychiatrist. Send CV to Robert B. Schorr, D.O., Inc., 3501 Coffee Rd., Suite 1, Modesto, CA 95355; (209) 524-9401.

Napa—Napa State Hosp., No. Calif. One hr. from San Francisco. Recruiting several highly qualified PSYCHIATRISTS to join approx. 70 psychiatrists actively involved in innovative trmt. prgms. for the severely mentally ill. Accred. adult and child psychiatry residencies. Ideal climate, suburban and rural country. Stimulating professional atmosphere with a fully developed DME prgm. Competitive sal. and bnfts. per Calif. Civil Svc. Interested ABPN psychiatrists forward CV's to Thaddeus Kostrubala, M.D., Medical Director, Napa State Hospital, 2100 Napa-Vallejo Highway, Napa, CA 94558-6293; (707) 253-5434.

Northern California (coast)—Humboldt County MH Dept. is seeking applicants for a STAFF PSYCHIATRIST. Primary respons. will be: consul. to 3 non-profit contractors (2 providing children's svcs. and one providing adult rsdntl.); provision of psychiatric svcs. to two small satellite clinics; consul. to county jail and juvenile hall; and quality control. Respons. also will include on-call every 4th wk. (weekend) to cover a 15-bed inpt. unit. Requires CA lic. Sal. is \$57,975 per yr. Sal. and bnft. package (inclgd. health bnfts. and PERS retirement) equals \$72,400. Send resume to Program Chief, E. Bjerk, M.D., Humboldt County Mental Health, 720 Wood St., Eureka, CA 95501; (707) 443-4511.

Sacramento—Full-time acad. posn. in the Dept. of Psychiatry, Schl. of Medicine, Univ. of CA Davis, Med. Ctr., Sacramento. ASST./ASSOC. PROFESSOR. Exper. in research oriented acad. setting, preferably with admin. as well as clin. exper. Applicants must document tchn., clin. and admin. skills as well as present a strong research record, preferably biopsychiatric. Applicants must qualify for CA Med. lic. and be bd. elig. or bd. cert. by the ABPN in psychiatry or demonstrate equivalent education and exper. Send CV and five references to K.H. Blacker, M.D., Chair, Dept. of Psychiatry, Univ. of CA, Davis, Medical Center, Sacramento, 2315 Stockton Blvd., Sacramento, CA 95817. Applications accepted through April 30. The Univ. of CA is an EO/AAE.

Sacramento—Full-time acad. posn. in the Dept. of Psychiatry, Schl. of Medicine, Univ. of CA, Davis Med. Ctr., Sacramento. ASST./ASSOC./FULL PROFESSOR. Exper. in geropsychiatric research, preferably with admin. as well as clin. exper. Applicants must document tchn., clin., and admin. skills as well as present a strong research record. Applicants must qualify for CA med. licensure and be bd. elig. or bd. cert. by the ABPN in psychiatry or demonstrate equivalent education and exper. Send CV and five references to K.H. Blacker, M.D., Chair, Dept. of Psychiatry, Univ. of CA, Davis, Medical Center, Sacramento, 2315 Stockton Blvd., Sacramento, CA 95817. Applications accepted through April 30. The Univ. of CA is an EO/AAE.

Sacramento—PGY II, III & IV posns.—July '85. Rsdncy. Trng. Prgm. in Gen. Psychiatry Univ. of CA, Davis Med. Ctr. CA lic. req'd. Send CV and cover letter to K.H. Blacker, M.D., U.C.D. Psychiatry

Training, 4430 V St., Sacramento, CA 95817. EOE/AEE.

San Diego—CONSUL. LIAISON FELLOWSHIP POSN.: The Dept. of Psychiatry at the Univ. of Calif., San Diego is accepting applications for full-time fellowships in consul.-liaison psychiatry on a well-estab. liaison svc. Prgm. offers unique and exciting blend of intensive care unit liaison, gen. hosp. consul., and outpt. med. clinic liaison and tchnng. with primary care physicians. Intensive supervision and seminars offered. Contact Phyllis Baumgart, Coordinator, Residency Training Program, Department of Psychiatry, M-003, University of California, San Diego, La Jolla, CA 92093, for application and information. The Univ. of Calif., San Diego, is an EO/AEE.

San Jose Area—PSYCHIATRIST—Bd. elig./bd. cert. for multispecialty grp. Adult, family, adol. therapy plus psychotropic meds in outpt. multidiscpl. setting. Complete sal., excel. bnfts., superb cultural and recreat. environment. Send resume to P. D. Ostlund, M.D., 260 International Circle, San Jose, CA 95119.

Santa Barbara—PSYCHIATRIST II—\$5736/month. SANTA BARBARA COUNTY OUTPT. CLINIC IN SANTA MARIA. Requires two yrs. exper. in psychiatric facility, and CA MD/Surgeon lic. Contact County of S.B. Personnel, 1226 Anacapa St., Santa Barbara, CA 93101; (805) 963-7155. AA/EOE.

Stockton—CA CMHC seeks two PSYCHIATRISTS for inpt. and outpt. svcs. Inpt. psychiatrist is one of several team leaders who treat approx. 30 patients per month. Outpt. psychiatrist will participate in patient assessment, crisis intervention, and medication clinic. Both posns. allow oppty. to work with strong, stable staff in a recreationally oriented central CA valley location near San Francisco, Lake Tahoe, and Yosemite. \$64,000 up depending on exper. and quals. Contract allows for small prvt. prac. Contact Randall Stenson, M.D., or Nita Reinhart, Program Chief at San Joaquin County Mental Health Services, 1212 N. California St., Stockton, CA 95202; (209) 948-4484. AA/EOE.

Torrance (Los Angeles)—CHILD PSYCHIATRY FELLOWSHIP. The Div. of Child Psychiatry at Harbor-UCLA Med. Ctr. is being reorganized under the direction of Saul I. Harrison, M.D., is accepting applications for both first and second yr. fellowships for July, 1985. Sal. range is \$28,959-\$33,088 annually. Contact Dr. Harrison at Harbor-UCLA Medical Center, D-6, 1000 W. Carson St., Torrance, CA 90509; (213) 533-3112.

Walnut Creek—CPC Walnut Creek Hosp. is accepting applications for the posn. of Med. Director. Walnut Creek is a prgsv., 86-bed prvt. psychiatric hosp. loc. in the San Francisco Bay Area. The trtmt. approach is multidiscpl. with specialized prgms. for adols. and adults. The successful candidate must be bd. cert., demonstrate the ability to facilitate the workings of a very active med. staff, and highly motivated to develop the hosp.'s clin. svcs. and his/her own prvt. prac. Prior exper. as Med. Director of an inpt. psychiatric unit, a former tchnng. affiliation, and extensive knowledge of psychopharmacological, psychodynamic, and psychosocial approaches preferred. This is a part-time posn. with the remaining hrs. devoted to the dvlpmnt. of the physicians's own prvt. prac. The Med. Director is respons. for the clin. management of patient care and dvlpmnt. and maintenance of positive working relationships between the Counsulting Board, Med. Staff, and Hosp. Administration. Sal. is nego. Send resume to Ken B. Dyches, Regional Vice President, Community Psychiatric Centers, 175 La Casa Via, Walnut Creek, CA 94598.

Colorado

Boulder—Bd. elig. or bd. cert. PSYCHIATRIST interested in participating in the dvlpmnt. of multidiscpl. grp. Child and family assessment skills preferred. Send CV to Kay L. Grace, M.D., 4150 Darley Ave., Boulder, CO 80303.

Pueblo—COLORADO STATE HOSPITAL is a modern, full svc. facil. loc. in Pueblo, CO. Discover Pueblo, where our people make the difference in this friendly city at the foot of the Rockies. Enjoy sunshine and blue skies over 300 days per yr. with every type of recreat. avail. in the area. This is a unique oppty. to participate in one of the most dynamic mental health prgms. in the country at one of the finest psychiatric hosps. STAFF PSYCHIATRIST OPENINGS in the Child and Adol. Trtmt. Ctr. and the Institute for Forensic Psychiatry. Excel. sal. and bnfts. depending upon exper. and quals. Appointment to the Univ. of CO Health Sciences Ctr. possible for qual. applicants. For further info., write Haydee Kort, M.D., Superintendent, Colorado State Hosp., 1600 West 24th Street, Pueblo, CO 81003, or phone collect (303) 543-1170, ext. 2146.

Connecticut

CHILD PSYCHIATRIST—Prvt. psychiatry oppty. for a child psychiatrist who is willing to see children and adols. in office and hosp. setting. Nice area. Send CV for further details, reply Box P-907, *Psychiatric News*.

Meriden—PSYCHIATRISTS—Part-time posn. avail. in comnty. gen. hosp. loc. in central CT. Candidates must be exper'd. and bd. qualified. Respons. include supervision, direct patient care and hosp. consul. We offer an attractive sal. and bnfts. package. Please send resume to Box P-964, *Psychiatric News*.

Middletown—CHIEF OF PROFESSIONAL SERVICES posn. respon. for the planning and implementation for standards of clin. care. Plans and directs various accred. educational prgms. and actively participates in the Quality Assurance Prgm. CT Valley Hosp. is a fully accred. hosp.; Rsdncy. Trng. Prgm. is affiliated with Yale Univ. Sal. commensurate with

exper. Liberal frng. bnft. package. Possibility of on-ground housing. Please send resume to Vincenzo Cocilovo, M.D., Superintendent, Connecticut Valley Hospital, P.O. Box 351, Middletown, CT 06457. AA/EOE.

Middletown—PSYCHIATRIST—clin. team leader and tchnng. posns. avail. in dynamic 700-bed comnty. MH facil. Affiliation with Yale Univ. affords opptys. for faculty appt. Accredited four-yr. rsdncy. trng. prgm. Sal. commensurate with exper. and trng., outstanding bnft. package incldg. possibility of on-campus housing. Send resume to Vincenzo Cocilovo, M.D., Superintendent, Connecticut Valley Hospital, P.O. Box 351, Middletown, CT 06457. AA/EOE.

New Haven—ASSISTANT PROFESSOR: The Dept. of Psychiatry of the Yale Univ. Schl. of Medicine has an opening as of July 1, 1985 for a research psychiatrist at the Asst. Professor level to work in an outpt. psychiatric research clinic. Completion of psychiatric rsdncy. and at least 1 or 2 yrs. exper. conducting outpt. clin. neurobiologic psychiatric research studies is req'd. Laboratory exper. in some dimension of clinically related neuroscience is desirable. Duties include the shared responsibility for trtmt. of psychiatric outpts. in research protocols with neurobiologic testing. The selcted indiv. would be expected to participate in ongoing neurobiologic research prgms., conduct independent research, and teach psychiatric rsdnnts., med. students, and nursing personnel. Addressinitial inquiries to Dr. Boris Astrachan, Director, Connecticut Mental Health Center, Dept. of Psychiatry, 34 Park St., New Haven, CT 06508.

New Haven—ASSISTANT PROFESSOR, Yale Univ. Schl. of Medicine, Dept. of Psychiatry. Asst. Director, Psychiatric Consul.-Liaison and Ambulatory Svcs. and Chief of the Psychiatric Emerg. Room, Yale-New Haven Hosp. Respons. incldg. tchnng., research and clin. care. Interested candidates should forward a copy of their CV and three letters of reference to Boris Astrachan, M.D., Deputy Chairman, Department of Psychiatry, Yale University School of Medicine, 34 Park St., New Haven, CT 06519. Yale Univ. is an EOE.

New Haven—Two full-time ASST. PROFESSOR level posns. are avail. beginning July 1, 1985 for bd. elig. or cert. child psychiatrists, to work on an inpt. unit, or outpt. and comnty. liaison work. Interested applicants and those requesting more info. should send thier CV to John Schowalter, M.D., Chief of Child Psychiatry, Yale Child Study Center, P.O. Box 3333, New Haven, CT 06510. Application deadline is March 1, 1985. AN AA/EOE.

Newtown—STAFF PSYCHIATRISTS- Posn. avail. at a large accred. psychiatric care hosp. operated by the CT Dept. of MH and loc. in rapidly gowing Southwestern, CT. Excel. oppty for professional growth with our multidiscpl. trtmt. prgms. Sal. \$45,187—\$63,369, commensurate with exper. and trng. Liberal bnfts. package incldg. possibility of staff family housing. Send CV to Dr. E. John Scales, Superintendent, FAIRFIELD HILLS HOSPITAL, Box W, Newtown, CT 06470. EO/AEE.

West Haven—To begin July, 1985: V.A. Yale STAFF PSYCHIATRIST on 20-bed Eval. and Brief Trtmt. Unit. Should be imaginative, resourceful, psychologically oriented with strong clin., education and research interests. Major tchnng. commitment to psychiatric rsdnnts., med. students, psychology interns and nursing students. Ample research opptys. in ongoing protocols with possibility to develop own funding. Hiring at Instructor—Assistant Professor level. Please send vitae and names of three references to Paul Errera, M.D., Professor of Psychiatry, Yale University School of Medicine, V.A. Medical Center, West Haven, CT 06516. EOE.

West Haven—V.A. Yale—ASST. CHIEF, Consul.-Liaison Svc. with clin., research and tchnng. interest to begin July, 1985. Should be interested in clin. work with long-term psychiatric and med. patients. Posn. divided 40-40-20 between Consul.-Liaison, Research and other clin. respons. Hiring at Instructor-Assistant Professor level. Please send vitae and names of three references to Paul Errera, M.D., Professor of Psychiatry, Yale University School of Medicine, V.A. Medical Center, West Haven, CT 06516. EOE.

West Haven—V.A.-YALE SUBSTANCE ABUSE FELLOWSHIP—The West Haven V.A. Med. Ctr. is offering a 2 yr. Fellowship in substance abuse beginning July, 1985. The major goal is to train the physician to understand and treat substance abuse in a compre. manner. The Fellow will learn to diagnose and treat the illness and how to develop compre. prgms. for the effective trtmt. of these disorders. There will also be ample oppty. for collaborative research. Trng. will take place in the V.A. Alcoholism Prgm. and the Drug Dependence Unit of the CT MHC, major tchnng. facilities of the Psychiatry Dept. at Yale Univ. Schl. of Medicine. The Fellowship is avail. to physicians who will have completed rsdncy. trng. (bd. elig. or cert.) in psychiatry, family prac., internal medicine or neurology by July 1, 1985. Those interested should contact James Nocks, M.D., Fellowship Director and Chief, Alcoholism Program, Assoc. Clin. Prof. of Psychiatry, West Haven, VAMC; (203) 932-5711, ext. 522, EOE.

District of Columbia

The Georgetown Univ. Dept. of Psychiatry has an opening for a PGY IV level rsdnt. beginning July 1, 1985. PGY-IV rsdnnts. rotate through a tchnng./research exper. for 25 hrs./wk.; work at least 12 hrs./wk. in outpt. psychiatry; and attend conferences as well as supervise. For more info., call Richard Goldberg, M.D., Director of Residency Training at (202) 625-6184.

V.A. Med. Ctr. has openings for full-time and part-time staff psychiatrists. Part-time posns. serve as Officer-of-the-Day, nights and weekends, 35 hrs. per week. Svc. is 180 beds, incldg. alcohol and drug rehab. prgms., and outpt. clinic. Modern, gen. hosp. affiliated

with three med. schls. for student and rsdnt. trng. Federal gov't. sal. scale and bnfts., with physician's bonus. (202) 745-8156, or send CV to Alex R. Kelly, M.D., Acting Chief, Psychiatry Service, VAMC, 50 Irving St., N.W., Washington, DC 20422.

Florida

PSYCHIATRISTS—Gulf of Mexico, high growth metropolitan area. Bd. cert./elig. or FL lic. or ability to qualify immediately req'd. Prefer new or recent graduate of psychiatric rsdncy. prgm. for salaried posn. in gen. psychiatric inpt. and outpt. prac. effective July or Aug. 1985. Send CV to Box P-964, *Psychiatric News*.

Arcadia—PSYCHIATRIST SENIOR PHYSICIAN—Posns. avail. in a large Central FL State Hosp. FL licensure and one yr. of professional exper., bd. elig./cert. in Psychiatry. Sal. range \$38,502-\$71,284 annually/nego. Housing subject to availability. Excel. frng. bnfts. Pre-employment physical req'd. Contact Medical Executive Director, Barkat U. Khan, M.D., G. Pierce Wood Memorial Hospital, P.O. Box 189, Arcadia, FL 33821; (813) 494-8204. An EO/AEE.

Jacksonville—NORTHEAST FLORIDA COAST CMHC has immed. opening for full-time PSYCHIATRIST to work with adults in outpt., rsdntl. and crisis stabilization unit settings. Florida lic. req'd., bd. elig. or cert. desirable. Competitive sal. and bnfts. Send CV to: Clinical Director, Mental Health Resource Center, 6290 Beach Blvd., Jacksonville, FL 32216.

Panama City—ADULT PSYCHIATRIST—Applications invited. Activities include inpt. and outpt. trtmt. Prgm. emphasis is on high quality, compre. patient care. Panama City is loc. on the Gulf of Mexico—beautiful weather and beaches. New 65-bed psychiatric specialty hosp. and other expanding prgms. planned in the area. Send vita to or call Peter Hampton, Ph.D., Executive Director, Northwest Florida MHC, 624 1/2 N. Cove Blvd., Panama City, FL 32401; (904) 769-9481. AA/EOE.

Panama City—POSNS. AVAIL.: The Northwest FL MHC is inviting applications for several posns.: 1) CLINIC DIRECTOR—Exper'd. Ph.D. or M.A. level psychologist to direct a regional MH clinic serving two counties in the northwest panhandle of FL. Good clin. and managerial skills req'd. 2) PSYCHOLOGIST (M.A.)—Clinician posn. in regional MH clinic serving two counties. Posn. requires a masters degree in psychology and duties include outpt. therapy, psychological testing, crisis intervention, schl. and comnty. agency consul. 3) ADULT PSYCHOLOGIST—Ph.D. level clin./counseling psychologist to work within the Adult Outpt. Dept. of the Ctr.'s main clinic. Duties include psychotherapy and psychological assessment, staff or student supervision, prgm. dvlpmnt. Posn. requires Ph.D. in clin. or counseling psychology and elig. for FL psychologist lic. within one yr. 4) CHILD PSYCHOLOGIST—Ph.D. child psychologist to direct child and adol. day trtmt. and schl. MH svcs. at the Ctr.'s main clinic. Posn. requires Ph.D. in psychology and elig. for FL psychologist lic. within one yr. Duties include staff supervision, prgm. management and direct svc. The Ctr. is loc. on the gulf of Mexico. The area offers many attractions incldg. beautiful beaches, outdoor recreat. activities, no state income tax, and mild climate. Sals. depend upon quals. and competitive for all posns. Send resume to Director, Administrator Services, Northwest Florida Mental Health Center, 624-1/2 N. Cove Blvd., Panama City, FL 32401. AN AA/EOE.

Pensacola—STAFF PSYCHIATRIST, immed. opening for Adult Svcs. of large CMHC in Pensacola, FL. Min. starting sal. is \$55,418+ per yr. with excel. frng. bnfts. Duties include short-term, crisis oriented inpt. svcs. and outpt. svcs. that are both crisis and maintenance. Pensacola is loc. on the Gulf of Mexico, mild climate, yr.-round recreation, sugar-white sand beaches, and a nationally ranked low cost-of-living area, etc. Contact Lakeview Center, Inc., 1221 West Lakeview Ave., Pensacola, FL 32501; (904) 432-1222, ext. 229.

Tallahassee—Opening for bd. elig. or cert. PSYCHIATRIST to join a bd. cert. psychologist and psychiatrist in an expense sharing partnership. Loc. in Tallahassee, FL, which is the capital and site of two major univs. Opptys. for hosp.--office prac. Submit CV and letter to Royce V. Jackson, M.D., 1630 North Plaza Dr., Tallahassee, FL 32308.

Tampa—Eager PSYCHIATRIST interested in building a prvt. prac. wanted as an assoc. for an existing gen. and child prvt. prac. Fla. lic. req'd. Please forward vitae to Box P-952, *Psychiatric News*.

Tampa—Excel. oppty. for a well trained psychiatrist in a large prvt. prac. grp. in the most rapidly growing area in the country. Excel. sal. and frngs. with an oppty. for partnership. Please contact Walter E. Afeld, M.D. with Tampa Bay Neuropsychiatric Institute at 4308 West Cypress St., Tampa, FL 33607.

Georgia

AVAIL.—Office for Psychiatrist in affluent north central Atlanta area. Location is adjacent to large med. complex with easy access to psychiatric hosp. Terms will be nego. but base will be space sharing agreement. P.O. Box 1091, Smyrna, GA 30081.

GENERAL PSYCHIATRIST, desirable and scenic southeastern location, generous and lucrative compensation package, partnership or other nego. arrangement. For further info. on this and others contact Garrett Associates Inc., 100 Galleria Parkway, NW, Suite 675, Atlanta, GA 30339; (404) 955-2774.

Atlanta—CHILD AND ADOL. PSYCHIATRIST. To develop Adol. Prgm. and Adol. Chemical Dependency Prgm. for psychiatric hosp. High starting sal. Excel. oppty. in one of the fastest growing, prgsv. cities in the U.S. Reply Box P-936, *Psychiatric News*.

Atlanta—CHILD PSYCHIATRY—The Dept. of Psychiatry of Emory Univ. Schl. of Medicine at Grady Memorial Hosp., Atlanta, GA, is seeking full-time tenure track acad. child psychiatrist to serve as clin. director of the Child and Adolescent Psychiatry Outpt. Clinic. This posn. requires a major commitment to tchnng. adult rsdnnts. and child fellows and to participate in clin. research activities. Applicants must be bd. cert. or elig. in child psychiatry. Sal. will be commensurate wth quals. and exper.; faculty prac. grp. is offered. Send CV to J. Vernon Magnuson, M.D., Director, Division of Child and Adolescent Psychiatry, Grady Memorial Hospital, 80 Butler St., S.E., Atlanta, GA 30335. AA/EOE.

Atlanta—Georgia's prgsv. MH system is seeking PSYCHIATRISTS for regional hosps. and CMHC's.* Sal. nego. to mid \$60's. Excel. frng. bnfts. Contact Ilhan M. Ermutlu, M.D., Medical Director, Division of Mental Health and Mental Retardation, 47 Trinity Ave., S.W., Atlanta, GA 30334; (404) 656-4946. *GA lic. req'd.

Atlanta—Expanding grp. seeks dynamic GEN. PSYCHIATRIST to develop an inpt. and outpt. prac. High starting sal. Reply Box P-934, *Psychiatric News*.

Atlanta—Expanding grp. seeks experienced (10+ yrs.) GEN. PSYCHIATRIST. Primarily inpt. psychiatry. 35 hr. work week. High starting sal. Reply Box P-935, *Psychiatric News*.

Atlanta—UNIT DIRECTOR *For a Specialty Atlanta Facility*—Charter Brook Hosp. is a 45-bed, free-standing specialty facility based in Atlanta that is a member of the Charter Med. Corporaton family of quality healthcare facilities. Charter Brook addresses the problems of adol. alcohol and drug abusers. **Charter Brook** has a closed med. staff with an estab. client base. Our sophisticated team provides "state-of-the-art" inpt. and outpt. trtmt. prgms. We seek an enthusiastic *PSYCHIATRIST* with a keen interest in specializing in adol. psychiatry to serve as Unit Director for a 22-bed free-standing unit of Charter Brook Hosp. This indiv. must possess leadership ability and acad. credentials to qualify for bd.-exam eligibility. We are eager to talk to a candidate with a capacity for contributing spirited direction and input to our dedicated multidiscpl. team. This is an outstanding oppty. for key responsibility early in your career. We are offering an excel. compensation plan and the unbeatable life style of Atlanta. For immed. and confidential consideration, please write to Lonnie Scarborough, M.D., Medical Director, **CHARTER BROOK HOSPITAL**, 3913,N. Peachtree Rd., Atlanta, GA 30341. EOE/M/F.

Gainesville—STAFF PSYCHIATRIST—Full-time, bd. cert. or bd. elig. for CMHC. 1 hr. from Atlanta; on beautiful Lake Sidney Lanier and foothills of North GA Mtns. Headquartered in small culturally and educationally oriented city. Close relationship with regional med. ctr. with excel. facilities incldg. full range of med. and surgical specialties, CT Scanner, psychiatric ward, and CME prgms. We svc. 13 of the most picturesque counties of the South. Sal. starts at \$60,000 plus frng. bnfts. incldg. med. liability insur. Send resume to Alfred Agrin, M.D., Medical Director, P.O. Box 2395, Gainesville, GA 30503; (404) 535-5400.

Savannah—Expanding grp. seeks dynamic GEN. PSYCHIATRIST to develop an inpt. and outpt. prac. High starting sal. Reply Box P-940, *Psychiatric News*.

Savannah—Expanding grp. seeks experienced (10+ yrs.) GEN. PSYCHIATRIST. Primarily inpt. psychiatry. 35 hr. work week. High starting sal. Reply Box P-939, *Psychiatric News*.

Smyrna—PSYCHIATRIST, licensed and bd. cert. in U.S., U.K., and Canada. Exper., expertise in stress disorders; chemical dependence disorders; executive health maintenance prgms. Free to travel to U.K. and Canada. Must be elig. to obtain GA med. lic. \$50,000 per annum. Apply and or send resume to Georgia Department of Labor, 2972 South Cobb Drive, Smyrna, GA 30081, or the nearest GA Job Svc. Ctr. Control #GA 5036927.

St. Simons Island—GEN. PSYCHIATRIST with inpt. exper. to work with expanding grp. prac. High starting sal. Resort area with growing pop. New 60-bed hosp. Reply Box P-938, *Psychiatric News*.

St. Simons Island—Retirement/resort area. GEN. PSYCHIATRIST with inpt. exper. for totally hosp.-based prac. Brand new 60-bed hosp. Prefer someone with 10+ yrs. exper. High starting sal. 35 hr. work week. Reply Box P-937, *Psychiatric News*.

Idaho

Boise—ADOL. & ADULT PSYCHIATRIST—CPC Intermountain Hosp. of Boise, a 75-bed prvt. JCAH-accred. hosp., loc. in one of the best recreat. areas of the country, is recruiting for a psychiatrist interested in adult and adol. inpt. svcs. The trtmt. approach at the hosp. is multidiscpl. with several specialized prgms. Physicians applying must be highly motivated to develop and expand their own prvt. prac. and have a major interest in hosp.-based psychiatry. Sal. plus a guarantee and an office in a new professional building are part of the compensation package. For more info., send CV or contact Barry Dyches, Regional Administrator, Community Psychiatric Centers, Northwest Operations, 175 La Casa Via, Walnut Creek, CA 94598; (415) 933-7990.

Lewiston—PSYCHIATRIST needed for free-standing psychiatric and substance abuse hosp. Send resume to P.O. Box 5066, Coeur d'Alene, ID 83814.

Illinois

Anna—CLINICAL DIRECTOR, Anna MH and Developmental Ctr. 488-bed psychiatric hosp. and dvlpmntl. ctr. Fully accred. by JCAH and ACMRDD.

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FOR THE HOSPITALIZED PSYCHOTIC PATIENT

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There is no more effective neuroleptic than MELLARIL® (thioridazine).^{1,2,3,4} In fact, in two recent randomized, double-blind hospital studies, a higher percentage of patients responded more favorably to MELLARIL (thioridazine) than to thiothixene³ and haloperidol.⁴

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MELLARIL (thioridazine), with more than 25 years of clinical use, was the most widely prescribed neuroleptic in multicenter VA studies involving 10,328 patients.^{1,2}

With a highly favorable side effect profile

The incidence of extrapyramidal symptoms is minimal with MELLARIL

(thioridazine), but is much more frequent with neuroleptics such as haloperidol and thiothixene.⁵ MELLARIL (thioridazine) seldom requires additive antiparkinson therapy.^{1,2} Photosensitivity reactions are extremely rare.

MELLARIL therapy is contraindicated in patients with hypertensive or hypotensive heart disease of extreme degree. Like all neuroleptics, MELLARIL (thioridazine) may produce peripheral anticholinergic side effects (dry mouth, blurred vision, etc.), but central anticholinergic effects are rare.

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(thioridazine)

TABLETS: 10 mg, 15 mg, 25 mg, 50 mg, 100 mg, 150 mg, and 200 mg thioridazine HCl, USP.

CONCENTRATE: 30 mg/ml (each ml contains 30 mg thioridazine HCl, USP and 3.0% alcohol, USP) and 100 mg/ml (each ml contains 100 mg thioridazine HCl, USP and 4.2% alcohol).

MELLARIL-S (thioridazine) SUSPENSION: 25 mg/5 ml (each 5 ml contains thioridazine, USP equivalent to 25 mg thioridazine HCl, USP) and 100 mg/5 ml (each 5 ml contains thioridazine, USP equivalent to 100 mg thioridazine HCl, USP).

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.

Neuroleptic drugs elevate prolactin levels; the elevation persists during chronic administration. Tissue culture experiments indicate that approximately one-third of human breast cancers are prolactin dependent in vitro, a factor of potential importance if the prescription of these drugs is contemplated in a patient with a previously detected breast cancer. Although disturbances such as galactorrhea, amenorrhea, gynecomasia, and impotence have been reported, the clinical significance of elevated serum prolactin levels is unknown for most patients. 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 neurological 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 the 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 rhythmic involuntary movements of the tongue, face, mouth, or jaw (e.g., protrusion of tongue, pulling 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, gynecomasia, lactation, weight gain, edema, false positive pregnancy tests. **Urinary Disturbances**—Retention, incontinence. **Others**

—Hyperpyrexia, behavioral effects suggestive of a paradoxical reaction, including excitement, bizarre dreams, aggravation of psychoses, and toxic confusional states; following long-term treatment, a peculiar skin-eye syndrome marked by progressive pigmentation of skin or conjunctiva and/or accompanied by discoloration of exposed sclera and cornea, stellate or irregular opacities of anterior lens and cornea; systemic lupus erythematosus-like syndrome.

Dosage: Dosage must be individualized according to the degree of mental and emotional disturbance, and the smallest effective dosage should be determined for each patient.

[MEL-236—5 9 83]

References: 1. Gee S. *Psychiatric Drug Study, Part II: Mental Hygiene Clinic Survey, Day Treatment Center Survey, Day Hospital Survey, Controller Monograph No. 12*. Reports and Statistics Service, Office of the Controller, Veterans Administration, 1980, pp 10-55. 2. Murphy JM. Major tranquilizer usage in psychiatric patients at Veterans Administration treatment facilities. *Clin Ther* 1984;6:699-707. 3. Granacher RP Jr, Ruth DD. A comparison of thioridazine (MELLARIL) and thiothixene (NAVANE) in the treatment of hospitalized psychotic patients. *Curr Ther Res* 1982;31:692-705. 4. Cowley LM, Glen RS. Double-blind study of thioridazine and haloperidol in geriatric patients with a psychosis associated with organic brain syndrome. *J Clin Psychiatry* 1979;40:411-419. 5. Baldessarini RJ. Drugs and the treatment of psychiatric disorders, in Gilman AG, Goodman LS, Gilman A (eds): *Goodman and Gilman's The Pharmacological Basis of Therapeutics*, ed 6. New York, MacMillan Publishing Co Inc, 1980, pp 391-418.

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MEL-285-7

Children and adults. Provide supervision to med. staff and chairperson of professional staff. \$63,864.00 plus bnfts. Bd. Cert. STAFF PSYCHIATRIST posn. also avail. \$57,452.00 plus bnfts. Bd. elig. or cert. Write or call Asst. Superintendent, Anna Mental Health and Developmental Center, 1000 North Main, Anna, IL 62906; (618) 833-5161, ext. 264.

Chicago—ACADEMIC POSNS. in the Dept. of Psychiatry at THE UNIV. OF CHICAGO—CHIEF OF OUTPT. SVCS. Requires record of clin., tchnng. and leadership interests and skills. Candidate should be prepared to strengthen a section emphasizing specialized clin. prgms. appropriate to a univ.-based tertiary care med. ctr. Clin. prgms. must serve as a base for med. student tchnng., rsdnt. trng., and clin. research. Sal. and acad. appt. commensurate with quals. OUTPT. PSYCHIATRIST: Requires clin., tchnng., and research interests and skills. Candidate should be prepared to pursue a subspecialty area, such as geropsychiatry, affective disorders, eating disorders, behavioral medicine, etc. Promising new clin. investigator or estab. acad. psychiatrist will be considered. Sal. and acad. appt. commensurate with quals. The Univ. of Chicago is an AA/EOE. Write or phone (312) 962-6192; E. H. Uhlenhuth, M.D., Dept. of Psychiatry, The University of Chicago, Box 411, 5841 South Maryland Ave., Chicago, IL 60637.

Chicago—EXECUTIVE DIRECTOR—Immed. opening in compre. CMHC, the MH Dept. of a large neighborhood health ctr. Highly professionalized staff of 42 inclgd. five psychiatrists, six psychologists, 15 social workers. Requires advanced degree in a MH discipline and five yrs. exper. with commty. MH prgms., at least three yrs. in an admin. capacity. Full-time posn. Sal. competitive. Send resume to Ms. Gloria Mango, Director of Personnel, Mile Square Health Center, Inc., 2045 West Washington Blvd., Chicago, IL 60612.

Chicago—PGY 3,4, and 5 RESEARCH FELLOWSHIPS: The Dept. of Psychiatry at Michael Reese Hosp. and Med. Ctr., in conjunction with the Univ. of Chicago and the Illinois State Psychiatric Institute, sponsors an interdiscl. prgm. to support research on adolescence. Resources and trng. are provided to allow participants to conduct research and clin. work. Credit for child psychiatry fellowship trng. can be arranged. Two posns. open July 1, 1985. Contact Reed Larson, Ph.D., Program Coordinator (312) 791-3865 or Daniel Offer, M.D., Program Director (312) 791-3826, Dept. of Psychiatry, Michael Reese Hospital and Medical Center, 2959 S. Cottage Grove Ave., Chicago, IL 60616.

Collinsville—Interested in PSYCHIATRIST to join small grp. prac. Full- or part-time hrs. Sal. based upon commission. Send vita and letter of inquiry to Dr. Patricia A. Stark, Ph.D., EMPAS, 2802 Maryville Rd., Collinsville, IL 62234.

Urbana—PSYCHIATRIST to join expanding Dept. of Psychiatry in 150-doctor multispecialty clinic in Big 10 univ. commty. of 100,000. Prac. includes delivery of inpt., outpt. and consultative svcs. Dept. provides tchnng. svc. for med. schl. Liberal frng. bnfts. and sal. lead to equal ownership. Write including CV to Executive Vice-Chairman, Carle Clinic, Urbana, IL 61801.

Indiana

Anderson—GENERAL PSYCHIATRY—The Center for MH, Anderson, IN, has a posn. avail. for a psychiatrist to work in its Outpt. Svcs. Dept. Candidates should have an interest in treating children and adols. as a part of their respons. Candidates must be bd. elig. or bd. cert. Anderson is an urbanized commty. thirty-five (35) miles northeast of Indianapolis. The Ctr. offers a full range of svcs. as a compre. MHC serving a catchment area of 140,000. Excel. working conditions and frng. bnfts. Sal. nego. Contact: Richard DeHaven, Administrator or Dr. Thomas Fedor, Medical Director, The Center for Mental Health, Inc., P.O. Box 1258, Anderson, IN 46015. EOE.

Danville—MEDICAL DIRECTOR: Immed. opening for full-time Med. Dir. of a developing CMHC west of Indianapolis, specialty in psychiatry, bd. elig., preferably bd. cert., postresdncy, exper. req'd. Contact John L. Clodfelter, Ph.D., Director, Outpatient Service, Cummins Mental Health Center, P.O. Box 158, Danville, IN 46122; (317) 745-5419.

Indianapolis—PSYCHIATRIST for the Indiana Disability Determination Svcs. (Under the direction of the Social Security Administration). We are looking for a bd. cert. (but will consider bd. elig. if exper. and background are commensurate with skills. No patient contact req'd. Sole work is chart review of claimant who allege psychiatric impairment. No prior exper. in the social security disability prgm. req'd. Agency supplies intensive 3 to 6 month trng. prgm. with full pay. Psychiatrist must be comfortable working in a large complex state bureaucracy with considerable federal interaction, and with many non-posn. administrators, in a med. legal context. Posn. encourages a significant professional interaction with other psychiatrists and psychologists soon to be on staff. Paid time for relevant continuing med. education is avail. Contractual pay at full time rate up to \$60,000/yr. Hrs. are nego. Indianapolis is a mjaor metro. area of well over 1,000,000 people with a prominent univ. med. search and trng. ctr., professional football and basketball team, excel. nearby cultural, recreat. facilities, good schls. and affordable housing. Submit CV to Jim Hancock, Director, Disability Determination Division, P.O. Box 7069, Indianapolis, IN 46207.

Logansport—Need Bd. Elig./Bd. Cert. PSYCHIATRIST to fill vacant posns. Sal. nego. with min. of \$63,258 and max. of \$98,852. Liberal frng. bnfts., on-ground housing avail.—we work within a med. model and provide an atmosphere for professional growth. Indiana lic. req'd. Contact Medical Director, Shaffideen Ali, M.D., Logansport State Hospital, Logansport, IN 46947; (219) 722-4141; EEO, M/F.

Iowa

Independence—STAFF PSYCHIATRIST UNEXPECTED VACANCY. Full-time staff psychiatrist for a 27-bed acute trtmt. psychiatric hosp., JCAH-approved, affiliated with Univ. of Iowa Med. Coll. Compre. prgm. inclgd. two adult psychiatric units, adol. unit, children's unit, alcohol and drug abuse unit, and outpt. dept. with innovative commty. liaison. Eclectic approach. Situated in picturesque northeast Iowa near large cities with cultural advantages. Ideal for family living. Golf club, hunting and fishing area, good schls., etc. Sal. to \$71,989. State law protects employees against malprac. State pension plan. Unique deferred annuity plan. Blue Cross/Blue Shield plan. Social Security eligibility. Generous sick lv. and vac. Oppty. for tchnng. psychiatric rsdnrs, and for research in collaboration with Dept. of Psychiatry at the Univ. of Iowa. Immed. avail. Write or call collect B. J. Dave, M.D., Acting Superintendent, Mental Health Institute, Independence, IA 50644; (319) 334-2583. An EOE.

Iowa City—FACULTY POSNS.: INSTRUCTOR OR ASST. PROFESSOR—Requirement: M.D., completed psychiatric rsdncy. Productive record of biological research or research fellowship desirable. Should have tchnng. and clin. interests and talents. 50-70% time avail. for research. Contact George Winokur, M.D., Professor and Head, Department of Psychiatry, University of Iowa College of Medicine, low City, IA 52242. Univ. of IA is an AA/EOE.

Kentucky

Hopkinsville—STAFF PSYCHIATRIST—Opening for a full-time bd. elig. or bd. cert. Psychiatrist at prgsv. JCAH accred. 355-bed hosp. Competitive sal. commensurate with trng. and exper. Generous frng. bnfts. of paid holidays, sick lv., educational lv., grp. hospitalization and life insur., deferred compensation plan and annual lv. Prgsv. small city of 35,000 near beautiful lakes and recreation areas. Write Dr. Paul H. Rose, Chief of Staff, Western State Hospital, Box 2200, Hopkinsville, KY 42240; (502) 886-4431, ext. 225. Filling posn. in the immed. future.

LaGrange—CLINICAL DIRECTOR—STAFF PSYCHIATRIST—Needed, full-time Clin. Director and Staff Psychiatrist for 93 bed forensic psychiatric hosp. in LaGrange, KY. Clin. Director must be bd. cert. and licensed in KY plus five (5) yrs. exper. Staff Psychiatrist must be bd. elig. or bd. cert. and licensed in KY. Bd. elig. must have one (1) yr. exper. Outstanding frng. bnfts., inclgd. malprac. insur. Starting sal. for Clin. Director \$66,000 - \$76,260; Staff Psychiatrist (bd. cert.) \$61,200—\$71,916, (bd. elig.) \$56,400—\$68,004. Write or call Barbara Stead, ACSW, Director, Kentucky Correctional Psychiatric Center, P.O. Box 67, LaGrange, KY 40031; (502) 222-7161, ext. 536/537. An EOE M/F/H.

Louisville—STAFF PSYCHIATRIST posn. avail. in 128-bed JCAH accred., acute care psychiatric hosp. Loc. in suburbs of state's largest city. New 158-bed placement hosp. nearing completion. Liberal frng. bnfts., no night or weekend hrs. Requires completion of 3 yr. approved rsdncy. and Kentucky lic. Call or write Lee Chutkow, M.D., Clinical Director, CENTRAL STATE HOSPITAL, LaGrange Rd., Louisville, KY 40223; (502) 245-4121. EOE M/F/H.

Louisiana

Houma—CHILD/ADOL. AND GEN. PSYCHIATRISTS needed to estab. prvt. or grp. practices in conjunction with new 120-bed psychiatric hosp. opening in June 1985. Facility is attached to existing 185-bed gen. hosp. in commty. of 35,000 45 minute southwest of New Orleans. Convenient to a variety of outdoor and cultural diversions. Attractive compensation package and compensated admin. posns. avail. For additional info., reply with CV to Richard Nance, Box P, Healthcare Services of America, Inc., Suite 200, 2000 Southbridge Parkway, Birmingham, AL 35209; (205) 879-8970.

New Orleans—An Adult or Child Psychiatrist who can be a leader of a multidiscl. team. We are a multidiscl. grp. of psychiatrists, psychologists and psychiatric social workers who work together in a prvt. setting with a team philosophy. We need an indiv. who can be a leader, teacher, and hard worker. We are expanding our 25-bed inpt. unit to add 50 child and adols. beds. We are part of a med. complex which is expanding and opening other hosps. in the New Orleans area. This posn. would provide an oppty. for inpt., outpt., consul. and tchnng. The financial rewards can be great with a min. guarantee of \$60,000—\$70,000 in the first yr. depending on exper. A subsequent income of 100+ thousand should be attainable by the second or third yr. Send CV to Stanley Roskind, M.D., 4601 Patterson Rd., New Orleans, LA 70114.

Maine

Bangor—PSYCHIATRISTS—BANGOR MENTAL HEALTH INSTITUTE, a 300+ bed JCAH accred. state psychiatric hosp. serving Northern and Eastern Coastal Maine, is seeking a bd. elig. or cert. psychiatrist to direct special trtmt. prgms. in geriatrics, family therapy, and rehab. for the chronic mentally disabled in a multidiscl. compre. trtmt. setting. Prefer eclectic approach with good foundation in psychopharm. Emphasis on getting patients back into the commty. BMHI is a prgsv. professional commty. in a four-season resort area. Liberal bnfts. For immed. consideration call or write Roger Wilson, M.D., Clinical Director, BMHI, Box 926, Bangor, ME 04401; (207) 947-6981, Ext. 211. EOE.

Boston/Togus, Maine—Psychiatry-specialty trng. for psychiatrist or internist, PGY 4/5. Boston based trng. (6 months) in psychopharm., geriatric psychiatry, consul.-liaison at Tufts Univ. Schl. of Medicine-New England Med. Ctr., and the Boston V.A. Med. Ctr. with well known staff under the direction of Drs. Shader, Carol Nadelson, Theodore Nadelson. The other part of the trng. at V.A. Med. Ctr., Togus, ME in substance abuse and geriatric psychiatry with exper'd. and interested staff and Boston consultants. Togus is a 600-bed med.ctr. with a 275-bed Psychiatry Svc. JCAH approved. It is loc. 4 miles from the state capitol of Augusta and is within 40 miles of two state univ. campuses and four prvt. colleges. Maine is unsurpassed for its four-season recreat. resources with mtns., forests, lakes, clean air, open highways and rockbound coast. This presents a unique oppty. for relevant, intense specialty trng. in an acad. setting combined with one half yr. of trng. in a med. ctr. in a resort area. Single housing avail. Contact Theodore Nadelson, M.D., V.A. Medical Center, Boston, 150 So. Huntington Ave.; (617) 232-9500.

Ft. Fairfield—Northern Maine Hosp. with two full-time psychiatrists serving a 20-bed JCAH acute care inpt. unit seeks a third to join its med. staff. Aroostook MHC, in conjunction with Aroostook Med. Ctr., offers a well developed support system and excel. outpt. prgms. to a svc. area of 100,000. Loc. in a univ. commty., close to Maine's best fishing, hunting and cross country skiing, one hr. from Boston via commercial airline. Competitive sal. and bnft. package for bd. cert./bd. elig. psychiatrist willing to meet a challenge while enjoying Maine's special life style. Send CV to Northern New England Placement, Attn: Lianne Harris, Director, 63 Forest Ave., Orono, ME 04473, or call (collect) (207) 866-5680.

Rumford—STAFF PSYCHIATRIST needed by well-estab. CMHC serving rural Western Maine. Half-time posn. avail. with oppty. for prvt. prac. Hosp. liaison welcomed at Rumford Commty. Hosp. Sal. to \$25,000 (plus frng.) for bd. elig. psychiatrist, 20 hrs./wk. Expected earnings \$50,000 plus, when combined with prvt. prac. & hosp. work. Write or call (collect) Will Bredenberg, M.D., Director of Psychiatry, Tri-County Mental Health Services, Inc., 106 Campus Ave., Lewiston, ME 04240; (207) 783-9141. EOE.

Togus—PSYCHIATRIST—Vacancy exists at this Ctr. for a bd. cert. psychiatrist on admission ward with interdiscl. team; exper. with med. students and/or rsdnrs. desirable. Togus is a 600-bed med. ctr. with a 275-bed Psychiatry Svc. inclgd. ADTP. Geropsychiatric Prgm. and Mental Hygiene Clinic, JCAH-accred. and CME Cat. I approved. It is loc. 6 miles from the State capital of Augusta and is within 40 miles of 2 state univ. campuses and 4 prvt. colleges. Maine is unsurpassed for its 4-season recreation resources. Sal. up to \$63,900 plus bonus depending on quals. Interested and qualified candidates should call or write the Chief of Staff, VAM&ROC, Togus, ME 04330; (207) 623-8411, ext. 368. WE ARE AN EOE.

Maryland

Baltimore—DIRECTOR FOR INPT. PSYCHIATRIC SVC.—Psychiarist, bd. cert. or bd. elig., needed as Director for a JCAH-approved, 20-bed short-term trtmt. unit in a prgsv. commty. gen. hosp. Trtmt. prgms. are eclectic with a strong psychodynamic orientation. Respons. include coordination of inpt. prgm., supervision of multidiscl. MH staff, and direct svcs. Exper. and strong interest in inpt. psychiatry preferred. Requires lic. or elig. for licensure in the State of MD. Posn. open July 1, 1985. Competitive sal. and excel. frng. bnfts. Loc. witin metropolitan Baltimore and near to the Chesapeake Bay. Send resume to M. Lawrence Spoot, M.D., Chairman, Dept. of Psychiatry, Franklin Square Hospital, Baltimore, MD 21237. An EOE.

Gaithersburg—Immed. opening avail. PSYCHIATRIST to join multidiscl. inpt. and outpt. prac. with adols. and adults. CV to Adrian M. Cohen, M.D., 9025 Shady Grove Court, Gaithersburg, MD 20877.

Gaithersburg—PSYCHIATRIST for outpt.-inpt. adult and adolescent svcs., multidiscl. grp. Sal. nego. Growth oppty. Reply Box P-961, *Psychiatric News*.

Rockville—CHILD PSYCHIATRIST—Join exciting multidiscl. grp. in prvt. prac. Inpt. and outpt. trtmt. in Rockville and Frederick. Send CV to Bruce A. Kehr, M.D., 5918 Hubbard Drive, Rockville, MD 20852.

Massachusetts

Boston—CHIEF RESIDENT IN LEGAL PSYCHIATRY, 1985-1986. The Prgm. in Psychiatry and Law, Mass. MHC is recruiting a current PGY-3 or 4 rsdnt. for this posn., which includes consult svc., court clinics, ethics prgm., research, and course work at Harvard Law Schl. Intensive supervision by noted faculty. Send letter describing interests and CV to Paul S. Appelbaum, M.D., Mass. Mental Health Center, 74 Fenwood Rd., Boston, MA 02115.

Boston—CHILD PSYCHIATRIST—Full-time posn. avail. as Director of a Psychiatric Day Hosp. for Children, New England Med. Ctr. Hosps.; acad. appt., Tufts Univ. Schl. of Medicine. Minorities encouraged to apply. Contact Arthur Z. Mutter, M.D., Chief, Division of Child Psychiatry, New England Medical Center Hospitals, 171 Harrison Ave., Box 395, Boston, MA 02111 or call 1-617-956-5731.

Boston—CLIN. DIRECTOR for 21-bed open ward. This ward is part of a new 46-bed, short-term trtmt. unit loc. in a Boston commty. tchnng. hosp. This full-time posn. offers a psychiatrist oppty. to direct a clin. prgm., participate in tchnng. activities and develop prvt. prac. Trng. in both psychodynamic trtmts. and psychopharm. are req'd. Exper. with short-term inpt.

trtmt. is preferred. Send inquiries to Jonathan M. Horowitz, M.D., Director of Psychiatry, Carney Hospital, 2100 Dorchester Ave., Boston, MA 02124.

Boston—FELLOWSHIP avail. 7/1/85 in Consul.-Liaison Psychiatry at Univ. Hosp., core tchnng. and clin. facility for Boston Univ. Schl. of Medicine. Major focus on supervised clin. work in tertiary care oriented med. ctr. Must have completed psychiatric rsdncy. and elig. for MA lic. Send CV to H.S. Sandhu, M.D., 75 E. Newton St., B-410, Boston, MA 02118.

Boston—FELLOWSHIPS IN CHILD PSYCHIATRY. The Div. of Child Psychiatry of New England Med. Ctr. Hosp. and Tufts Univ. Schl. of Medicine has openings for 1st yr. fellows in child psychiatry beginning July 1, 1985. This exper. offers a combination of pediatric inpt. and liaison child psychiatry, day hosp. outpt. diagnosis and therapeutic work, tchnng. and admin. exper. and elective time. Ample supervision and intensive seminars are integral to the fellowship. Interested parties should write or call Kenneth S. Robson, M.D., Director of Training in Child Psychiatry, New England Medical Center Hospital, 171 Harrison Ave., Boston, MA 02111; (617) 956-5737.

Boston—MEDICAL DIRECTOR—Unexpected opening. 15 hrs. per week. New England Med. Ctr. Commty. Day Hosp. Exper'd. professional staff. Excel. svc. Tchnng. and research possibilities avail. Tufts Univ. Schl. of Med. fac. appt. Sal. nego. Send CV to Annette Hanson, M.D., Dir., Partial Hospitalization, Box 1007, 171 Harrison Ave., Boston, MA 02111; (617) 956-5750.

Boston—STAFF PSYCHIATRIST POSN.—A forty-six bed inpt. unit is being developed by a new dept. of psychiatry based in a Boston tchnng. commty. hosp. A half-time posn. as a staff attending on this unit is avail. Competitive compensation from sal. plus prvt. billing. Development of outpt. prvt. prac. is possible for psychiatrists joining this new expanding dept. Send inquiries to Jonathan M. Horowitz, M.D., Director of Psychiatry, Carney Hospital, 2100 Dorchester Ave., Boston, MA 02124.

Cambridge—PGY-5 FELLOWSHIP IN GEN. HOSP. INPT. PSYCHIATRY: Full-time fellowship beginning July 1, 1985 on closely supervised 16-bed voluntary unit at Mount Auburn Hosp./Harvard Med. Schl. Focus on admin./advanced clin. exper., also aftercare/outpt. evals. Send CV to R.H. Paulsen, M.D., Mount Auburn Hospital, 330 Mount Auburn St., Cambridge, MA 02238; (617) 492-3500, x1126.

Pembroke—Half- to full-time PSYCHIATRIST. Clin. staff posn. in newly constructed hosp. 20 miles south of Boston, MA. Excel. prac. oppty. Eclectic interest in psychodynamic and biological therapies desirable. Send resume to Paul Cotton, M.D., Medical Director, Pembroke Hospital, P.O. Box 549, Pembroke, MA 02359.

Stoneham—CHILD PSYCHIATRIST AND MEDICAL DIRECTOR for 12-bed Child Psychiatric Inpatient Svc. Tchnng., Admin. and Direct Patient Care. Primary placement for Harvard Med. Schl. Child Psychiatry Fellows. Bd. elig. or cert. in child psychiatry. Opening July 1, 1985. Send resume to Dr. Nancy S. Cotton, Director of Child Psychiatry Inpatient Service, New England Memorial Hospital, 5 Woodland Rd., Stoneham, MA 02180.

Wellesley—PSYCHIATRIST—seeking full-time bd. elig. person as ward physician. Duties include eval. trtmt. and tchnng. Must be qualified for acad. appt. Boston Univ. Med. Schl. affiliated. Sal. nego. Contact Ethan S. Rofman, M.D., Charles River Hospital, 203 Grove St., Wellesley, MA 02181; (617) 235-8400, ext. 204. An EOE.

Westfield—MEDICAL DIRECTOR—Commty. MH Clinic with 900 clients providing outpt. svcs. to adults, children, families. MR family support svcs. to suburban pop. of 110,000. Bd. cert. or elig. psychiatrist with commitment to CMHC svcs. Posn. involves psychiatric direct svcs. to varied pop.; supervision of psychiatrists and social workers; developing and coordinating staff insvc. trng.; consul. with commty. agencies and prgm. planning and dvlpmt. Sal. nego. Send resume to George Reichert, Clinic Director, Westfield Area Mental Health Clinic, 20 Broad St., Westfield, MA 01085. AA/EOE M/F.

Michigan

Openings for bd. cert. or bd. elig. PSYCHIATRISTS for the Detroit, Lansing, and Kalamazoo offices. Beginning sal. in mid-60's with 33% frng. bnfts. All inquiries are treated confidentially. An EOE. Please write Chief Medical Consultant, Disability Determination Service, P.O. Box 30011, Lansing, MI 48909.

Ann Arbor—FELLOWSHIP. Anxiety Disorders Prgm., Psychiatry Dept., Univ. of Mi. Full-time posn. for one-two yrs., starting July 1985. Completion of psychiatry rsdncy. preferred. Intensive clin. exper. in diagnosis and pharmacological, behavioral and psychotherapeutic trtmt. methods. Research trng. and participation in psychobiology (especially psychoendocrinology) of anxiety. Please contact George C. Curtis, M.D., Director, Anxiety Disorders Program, University of Michigan Hospital, Department of Psychiatry, 1405 East Ann St., Ann Arbor, MI 48109; (313) 764-5348.

Detroit—CHILD PSYCHIATRY—Large, multispecialty health care organization seeks candidates for two posns. in its Child Psychiatry Prgm. Prgm. currently treats children and adols. on an inpt. and outpt. basis and is in the process of establishing a Day Trtmt. Ctr. MEDICAL DIRECTOR, CHILD PSYCHIATRY. Bd. cert. child psychiatrist with strong clin., leadership, and trng. skills req'd. STAFF PSYCHIATRIST, CHILD PSYCHIATRY. Bd. elig. psychiatrist req'd., with background and trng. in child psychiatry preferred. Both posns. offer competitive sals. and generous bnfts. Please respond with CV to Linda

Davis, P.E.P.A.. 6001 W. Outer Drive, Suite 200, Detroit, MI 48235.

Detroit—CONSUL.-LIAISON FELLOWSHIP. Dept. of Psychiatry, Henry Ford Hosp. Full-time posn. offered to psychiatrists who have completed rsdncy. One yr. work with estab. liaison prgms. under intensive supervision. Compre. literature review will be provided. The Dept. of Psychiatry has fully accred. rsdncy., psychology internship, inpt. and outpt. units, sleep disorders eval., pain eval. prgms. Participation in ongoing research encouraged. Contact: Richard C. Preisman, M.D., Div. Head, Consultation-Liaison Psychiatry, Henry Ford Hospital, 2799 W. Grand Blvd., Detroit, MI 48202; (313) 876-2523.

Detroit/West Bloomfield—STAFF PSYCHIATRIST—Henry Ford Hosp., Maplegrove, has a full-time posn. avail. for bd. elig./bd. cert. Psychiatrist in our Chemical Dependency prgms. Included are 50 bed and 16 bed primary rsdntl. trtmt. prgms., intensive adol. day trtmt. prgm., outpt. dept. and 2 intensive OPD satellite primary trtmt. prgms. Knowledge and exper. in current methods of primary chemical dependency trtmt. req'd. Excel. sal. and frng. bnfts. Send CV to Suzanne R. Parker, M.D., Physician-In-Charge, Psychiatry, Dept. of Substance Abuse, Henry Ford Hospital, Maplegrove, 6773 W. Maple Rd., West Bloomfield, MI 48033.

East Lansing—DEPT. OF PSYCHIATRY, MICHIGAN STATE UNIV.—The Dept. of Psychiatry at Michigan State Univ. is seeking applicants for the posn. of UNIT DIRECTOR of a 30-bed inpt. psychiatric unit that is the major resource for psychiatric trng. of rsdnts. and med. students in the Lansing area. The inpt. unit is publically funded and is the primary inpt. trtmt. unit for the local CMHC. Applicants should have a major commitment to quality tchng. and clin. care in an inpt. setting, and an interest in clin. research. Applicants must be bd. cert./elig. in psychiatry. Acad. rank, sal. and frngs. are based upon applicants background and exper. This posn. is tenure stream nego. Send CV to Donald H. Williams, M.D., Chairperson, Michigan State University, Department of Psychiatry, A223 East Fee Hall, East Lansing, MI 48824. MSU is an AA/EOE.

Kalamazoo—HUMAN SERVICES PSYCHIATRIST—Sal. \$59,400—\$72,000. Posting #119-84. RESPONS.: Supervision of agency clients, psychiatric evals. incldg. emergs. and court orders; medication reviews, prgm. dvlpmt., consul. with commty. staff, prvt. sector psychiatrists, and state and prvt. hosps. QUALS.: Candidate must be licensed or elig. for licensure in state of MI and bd. cet. or bd. elig. Sal. range commensurate with trng. and exper. Please submit cover letter and vita to Ms. A. Celeste Shelton, Personnel Specialist, Kalamazoo County Personnel Dept., 201 W. Kalamazoo Ave., Kalamazoo, MI 49007. DEADLINE TO APPLY: March 1, 1985. EOE/M/F/H.

Marquette—PSYCHIATRIST needed to associate with two psychiatrists in the beautiful Upper Peninsula of Michigan in prvt. prac. of gen. psychiatry. Univ. town with excel. recreat. opptys. Send CV to James R. Richards, Recruitment Coordinator, Marquette General Hospital, 420 W. Magnetic St., Marquette, MI 49855.

North Central Michigan—MEDICAL DIRECTOR—20-bed Psych. Unit in Commty. Hosp., part-time plus willing to do prvt. prac. fee-for-svc. Close liaison with Commty. MH. Exciting oppty. for right person, avail. July 1, '85. Stipend, frngs., etc., nego. Bd. cert./bd. elig./MI lic. req'd. Send CV to Search Committee, 5305 E. Huron River, Suite 3B30, Ypsilanti, MI 48196.

Northville—One PSYCHIATRIST is needed for a modern prgsv., tchng.and research psychiatric hosp. of 765-beds. Posn. is immed. avail. in the Adult Psychiatric Svc. Oppty. for energetic and creative psychiatrist to work in intensive diagnostic and trtmt. prgms. LOCATION: Northville is a desirable rsdntl. suburban environment for quiet family living situated between Detroit and Ann Arbor. High quality schls. for children of all ages, extensive open-country recreat. facilities, churches, opptys. for social activities, cultural and sports events. SAL.: \$61,011 to \$81,244 depending on exper. Michigan Civil Svc. Bnfts.-Paid vacations and legal holidays, sick lv., employer contributory grp. health, dental, vision, life and income protection insurs., longevity pay, retirement and deferred compensation plans avail. Part-time prvt. prac. permissible. EOE. FOR FURTHER INFO. CONTACT, Chief of Clin. Affairs, Northville Regional Psychiatric Hospital, Northville, MI 48167.

Traverse City—PSYCHIATRIST desired for full-time clin. posn. in a MI Dept. of MH regional adult psychiatric facility loc. at Traverse City, Michigan and serving Northern Lower Michigan's Public MH system. Posn. would include working together with other psychiatrists and MH professionals to ensure JCAH accred. and continued dvlpmt. and coordination of inpt. svcs. with various catchment area Commty. MH Boards/Prgms. Traverse City is situated on Lake Michigan in Northwestern Lower Michigan and serves as a winter and summer recreat./resort hub for the region. The Traverse City Regional Psychiatric Hosp. is an EOE: sal. competitive; "coverage" avail.; frngs., etc., included. Direct inquiries to Bob Miller, M.D., Clinical Director, Traverse City Regional Psychiatric Hospital, Box C. Traverse City, MI 49684.

Minnesota

Minneapolis—The Dept. of Psychiatry of the Univ. of MN invites applications for a posn. in the Div. of Child and Adol. Psychiatry at the rank of ASST. PROFESSOR. Candiates should haver completed rsdncy. trng. in adult and child psychiatry and have at least one yr. of formal trng. in psychiatric research. Trng. in pediatrics is preferred. Candidates should have demonstrated research potential and tchng. ability. Candidates must have affective and anxiety disorders in children and adols. as an area of clin. investigation. Respons. will

include dvlpmt. of independent clin. research prgms. within the Div. of Child and Adol. Psychiatry. submission of grant applications, collaboration with members of the dept. in ongoing research, education and clin. prgms., and will be involved with either inpt. or outpt. clin. pops. Sal. will be on a 12-month basis; it is commensurate with quals. and exper. Please send a CV and three letters of reference by March 1, 1985 to Professor James Halikas, M.D., Director of Search, Department of Psychiatry, Box 393 Mayo Building, 420 Delaware St., S.E., Minneapolis, MN 55455. The Univ. of MN is an EOE and Educator. We specifically invite and encourage applications from women, minorities and the handicapped.

Minneapolis—The Univ. of MN, Dept. of Psychiatry, Div. of Child and Adol. Psychiatry seeks a CHILD PSYCHOLOGIST with demonstrated research ability and a Ph.D. from an APA-accred. prgm. in clin. psychology to fill a posn. at the Asst. Professor level, annual appt. Elig. for lic. as a licensed consulting psychologist in MN req'd. Primary emphasis will be placed on research comprising one half of the time, with the other half for clin. svcs., tchng., and supervision of trainees and staff. The successful candidate will assist in the direction of inpt. svcs., the supervision of psychology staff, and the psychology internship trng. prgm. Sal. is commensurate with quals. and exper. Please send a CV and three letters of reference to Jonathan B. Jensen, M.D., Director of Outpatient Services, Division of Child and Adolescent Psychiatry, Box 95 Mayo, 420 Delaware St. S.E., Minneapolis, MN 55455. The Univ. of MN is an EOE and Educator. We specifically invite and encourage applications from women and minorities, and the handicapped.

St. Paul—PRVT. PRAC. POSN.—Avail. immed. in psych. corp. Expanding prac. in both prgms. and geography. Bd. cert. or bd. elig. Strong background in gen. psych. forensics and/or liaison a plus. Salaried posn. plus frng. Partnership opptys. Send CV to Dr. C. J. Rowe, 551 S. Snelling, St. Paul, MN 55116.

Missouri

Cape Girardeau—STAFF PSYCHIATRIST—St. Francis MHC, loc. south of St. Louis seeks a team oriented staff psychiatrist to join their multidisclpl. staff. Respons. for this bd. elig./cert. psychiatrist center around outpt. work. Minimal inpt. and outreach coverage is included. St. Francis MHJC has a rich history in the commty. of over 10 yrs. Growth has expanded the staff to 49,inclgd. several psychiatrists. Our expansion includes a new facility to be completed early winter 1984. A competitive sal. and liberal frng. bnfts. pkg. complements this challenging posn. Send your resume in confidence to Charles M. Vehlouw, Jr., ACSW, St. Francis Mental Health Center, 24 S. Mt. Auburn Rd., Cape Girardeau, MO 63701; (314) 334-1100.

Columbia—MEDICAL DIRECTOR, Adult Inpt. of CMHC, loc. on campus of Univ. of Missouri-Columbia. Combination of Clin., Acad. and Research. Serves ten county area. 21-bed Acute Care Ward; 12 bed Intermediate Ward. Supervision of gen. psychiatry rsdnts. and med. students. Faculty appt. avail. through the Univ. of Missouri, Dept. of Psychiatry Schl. of Medicine. Sal. range \$61,668-\$73,632. A. E. Daniel, M.D., Chief of Staff, Mid-Missouri MHC, #3 Hospital Drive, Columbia, MO 65201; (314) 449-2511. AA/EOE.

Farmington—RURAL COMMITY. within 1 hr. drive of St. Louis needs STAFF PSYCHIATRISTS for inpt. units. Excel. schl. system and commty. in which to raise children. QUALS.: Bd. cert. or elig.; current MO lic. or elig. to obtain MO lic. Currently have 350-bed hosp., with approved funding for new 170-bed inpt. hosp., 90-bed forensic facility, and 200-bed MH prgm. in corrections. Sal.: \$59,410, plus \$8-10,000/ yr. for on-call (3-4 days/mo.); bd. certification differential; malprac., health insur.; tax deferred comp.; retirement bnfts; life insur.; 3 weeks vac.; 3 weeks sick lv; 10 days CME. Reimbursement for interview/moving expenses upon employment. Call or write Gary L. Bassett, M.D., Chief of Medical Staff, FARMINGTON STATE HOSPITAL, Farmington, MO 63640; (314) 756-6792, ext. 347.

Springfield—DIRECTOR OF MEDICAL SVCS./GEN. PSYCHIATRIST. Coordination and direction of med. svcs. Clin. trtmt. of adults and children. diagnostic evals., planning, consul. and supervision for prvt. nonprofit professional grp. in the beautiful Lakes Country Region of Southwest Missouri. Growing, vital city of approx. 150,000. Competitive sal. and excel. bnfts. Send resume to Burrell Center, Inc., P.O. Box 1611 SSS, Springfield, MO 65805. EOE M/F/H/V.

Montana

Great Falls—Recently trained gen. psychiatrist (child psychiatrist willing to do some adult work is acceptable). Must be willing to become bd. cert. To join bd. cert. psychiatrist and Ph.D. psychologist in 30-man multispecialty grp. Sal. nego. with possibility of partnership within one yr. Unexcelled area for recreation and rearing children. Outpt./inpt. procedures. Contact D.E. Engstrom, M.D., Great Falls Clinic, P.O. Box 5012, Great Falls, MT 59403.

Kalispell—PSYCHIATRIS needed for free-standing psychiatric and substance abuse hosp. Send resume to P.O. Box 5066, Coeur d'Alene, ID 83814.

Nebraska

Omaha—STAFF PSYCHIATRIST—We are looking for an energetic and dedicated bd. elig./cert. psychiatrist to join us at the Douglas County Hosp. CMHC.

NE lic. req'd. Omaha is a mid-size, pleasant midwestern commty., with a metro pop. of one-half million. Excel. schls. and activities. The CMHC provides a unique range of highly diversified svcs. to the commty. In addition to a full complement of CMHC svcs., we have strong relationships with the courts, county corrections, the civil commitment process, and the state MH system. Successful applicant will share outpt., inpt., consul., on-call and other respons. Write or call John Ursick, M.D., Medical Director, Douglas County Hospital, 4102 Woolworth Ave., Omaha, NE 68105; (402) 444-7310.

New Jersey

CHILD/ADULT PSYCHIATRIST—PRVT. PRAC. to join exciting and rapidly growing prvt. prac. 40 minutes from New York City in central New Jersey. Psychoanalytic psychotherapy/consul.-liaison. Seeking recent or prospective July '85 graduate. Reply with CV to Box P-949, *Psychiatric News*.

Bridgewater—Two half-time or one full-time Psychiatrists needed in outpt. clinic of newly dedicated CMHC in Central NJ. Bd. elig. req'd. Oppty. for prvt. prac. locally. Contact: Richard A. Cassone, M.D., Medical Director, Richard Hall CMHC, 500 N. Bridge St., Bridgewater, NJ 08807.

New Mexico

Clovis—PSYCHIATRIST: MH Resources, Inc. is seeking a psychiatrist to work in a newly estab. subsidiary corporation named Professional Counseling Services, Inc. loc. in Clovis, NM. The psychiatrist employed will work in a professional office complex and work under a prvt. prac. model. Sal. is nego. with built-in incentive plan plus excel. frng. bnfts. Interested applicants should send cover letter and resume to Charles Fleming, Ph.D., Executive Director, Mental Health Resources, Inc., 300 East First. Portales, NM 88130.

Farmington—PSYCHIATRIST needed for free-standing psychiatric and substance abuse hosp. Send resume to P.O. Box 5066, Coeur d'Alene, ID 83814.

New York City & Area

FELLOWSHIP IN CHILD AND ADOL. PSYCHIATRY—The Child and Adol. Psychiatry Prgm. at St. Vincent's Hosp. and Med. Ctr. of NY, has a fellowship posn. avail. in child and adol. psychiatry for the acad. yr. beginning on July 1, 1985. St. Vincent's is an 813-bed gen. hosp. loc. in Greenwich Village. It is a major univ. hosp. for NY Med. College. The gen. psychiatric rsdncy. and the child and adol. psychiatry fellowship prgm. are fully accred. The Child and Adol. Psychiatry Prgm. provides diverse clin., educational, and research expers. with children, adols. and families in outpt., inpt., rsdntl., sch., commty., pediatric, and court settings. Housing is avail. Interested applicants should call or write Reese Abright, M.D., Chief of Child and Adol. Psychiatry, St. Vincent's Hospital and Medical Center, 203 W. 12th St., New York, NY 10011; (212) 790-8213.

PSYCHIATRISTS—Harlem Hosp. Ctr. has openings for psychiatrists in the psychiatric adult inpt. svc., adult outpt. clinic, emerg. room and rehab. ctr. Requirements: bd. elig. with NY lic. Excel. sals. and frng. bnfts. Affiliated with renowned med. tchng. institution. Call (212) 491-8480, 8482 or 491-8518 and/or send CV to James L. Curtis, M.D., Director, Dept. of Psychiatry, Harlem Hospital Center, 506 Lenox Ave., New York, NY 10037. Member NYC Health & Hospitals Corporation. EOE/M/F.

PSYCHOANALYTIC TRAINING—The Long Island Institute of Psychoanalysis, Inc. (Provisionally chartered NYS Board of Regents), 2201 Hempstead Turnpike, East Meadow, NY. 11554, is currently accepting applications for psychoanalytic trng. Psychiatric rsdnts., psychiatrists and doctoral clin. psychologists will be considered for candidacy. Seminars are in the evening once weekly. Patient referral svc. for candidates is maintained. Four yr. trng. period leads to a certificate in psychoanalysis. For information write Y. Moadel, M.D., Chairman, Admissions Committee, 165 N. Village Ave., Rockville Centre, NY 11570; (516) 536-4765.

Volunteer positions for Bd.-cert. therapists and supervisors at nonprofit psychotherapy center serving the lesbian, gay, and bisexual commty. Resumes to: Institute for Human Identity, 490 West End Avenue, New York, NY 10024; (212) 799-9432. Affirmative Action/Equal Opportunity Employer.

Bronx—CHILD PSYCHIATRY FELLOWSHIP - Starting July 1985 at the Bronx-Lebanon Hosp. Ctr. affiliated with Albert Einstein College of Medicine. Qualified applicants send resume to Ricardo M. Vela, M.D., Director of Training in Child Psychiatry, 1842 Webster Ave., Bronx, NY 10457; (212) 590-5157. EOE.

Brooklyn—FELLOWSHIPS IN CONSUL.-LIAISON PSYCHIATRY—Jointly sponsored by Downstate Med. Ctr./Kings County Hosp. Ctr. and the Brooklyn V.A. Med. Ctr. Two one-yr. Fellowships open to those who have completed psychiatric rsdncy. Six months rotation at DMC-KCHC and six months at BVAMC. Fellowship includes opptys. for tchng., supervised research, and trng. in research methodology. Apply to Lewis S. Glickman, M.D., Director, C-L Psychiatry, Downstate- KCHC, 451 Clarkson Ave., Brooklyn, NY 11203. EO/AA Employer, DMC #609.

Elmhurst—PSYCHIATRIST/PRGM. DIRECTOR— Psychiatrist needed to serve as dir. of our new prgm. of MH SVCS. for the NYC DEPT. OF CORRECTIONS. This prgm. will have a professional staff of

approx. 50. Our goal is to create a model prgm. of MH care for this special population. The Dir. must be bd. cert. in psychiatry and should have significant exper. in the prac. and administration of commty., social, emerg., or admin. psychiatry. Excel. sal. and bnfts. as well as an acad. appt. at the Albert Einsten College of Medicine are avail. to the successful candidate. We seek an indiv. with a strong commitment to social justice to develop and run this prgm. We take affirmative action to equal oppty. Send CV to Personnel Manager, Montefiore Medical Center, Rikers Island Health Services, 15-15 Haven St., E. Elmhurst, NY 11370.

Elmhurst—PSYCHIATRISTS—In an institutional based prgm. within a correctional facility. This new MH prgm. will allow candidate to provide diagnostic and trtmt. svcs. for under served urban pop. Emphasis on expert diagnostic crisis intervention. Affiliated with major med. tchng. institution. NY lci. req'd. Excel. sal. and bnfts. Full- and part-time posns. avail. Send CV to Personnel Manager, Montefiore Medical Center, Rikers Island Health Services, 15-15 Haven St., E. Elmhurst, NY 11370.

Manhasset, L.I.—PSYCHIATRISTS for biochemical-ly oriented trtmt. prgms. for adults and children. Full- or part-time. Diagnosis, trtmt. and supervision. NYS lic. req'd. Write: North Nassau Mental Health Center, 1691 Noerthern Blvd., Manhasset, NY 11030; (516) 627-7535.

New York City—DIRECTOR OF PSYCHIATRIC SVCS. PART-TIME—Senior level child Psychiatrist sought to assume leadership of trtmt. svcs. for a large multidisclpl. Child Care Agency in NYC. Facilities include rsdntl. trtmt. ctrs., grp. and boarding homes, and foster care, adoption and outpt. trtmt. prgms. Excel. oppty. for research, prgm. dvlpmt., supervision and tchng. Work with psychologists, social workers, pediatricians, staff psychiatrists and child care workers. Requires interest and demonstrated abilities in med. psychiatry, trtmt. of children & families and admin. exper. Bd. cert. in child psychiatry or eligibility to take boards is a requirement. NYS lic. req'd. Acad. affiliation preferred. Sal. is commensurate with exper. Excel. bnft. package. Send resume to Ms. Sandy Shapiro, Personnel Director, Jewish Child Care Association, 345 Madison Ave., New York, NY 10017.

New York City—PART OR FULL-TIME STAFF PSYCHIATRIST \$58,262—\$66,234. FULL-TIME OUTPT. CLINIC DIRECTOR \$61,682-\$70,898. The Commty. Svc. of NYS Psychiatric Institute has an opening for the Director of one of its Outpt. Clinics as well as an opening for a staff psychiatrist. The Svc. is part of the Columbia Univ. Dept. of Psychiatry and is a dynamic prgm. combining clin. care of the chronically mentally ill, tchng. and research opptys. Psychiatrists are elig. for acad. appts. consistent with credentials, Excel. frng. bnfts., sal. pro-rated for part-time work. Starting date can range from immed. until July 1985. NYS Psychiatric Inst. is an AA/EOE. Send resume to Dr. Francine Cournos, New York State Psychiatric Institute, Washington Heights Community Service, 722 West 168th St., New York, NY 10032.

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

Wingdale—PSYCHIATRISTS posns. avail. at innovative fully accred., nationally recognized psychiatric facility serving 600+ inpts, at its Wingdale, New York, campus with a compre. network of outpt. prgms. serving 2000 patients in Putnam and Westchester counties. Excel. univs. and med. sch. in the area. Close to Berkshire Mtn. ski areas, within two hrs. from cultural metropolitan NYC and Hartford, CT. Excel. Civil Service bnft. package, med. sch. affiliation., housing and extra earning capability avail. Quals.: NYS lic. and approved rsdncy. sal. range \$58,262—\$66,234. Sal. \$61,682—\$70,898 if bd. cert., dependent upon trng. and exper. Both full and part-time posns. avail. for inpt. acute admissions, psycho-geriatric svcs. and commty. based svc. units in White Plains, Mt. Kisco, Peekskill, Valhalla (Crisis Svc.), New Rochelle, Port Chester, and Carmel. Respond to Girish V. Shah, M.D., Clinical Director for Inpatient Services, D-11, Harlem Valley Psychiatric Center, Box 330, Station A, Wingdale, NY 12594-0330. EO/AAE.

New York State

Recent graduate or third yr. resident in psychiatry, interested in prvt. prac. Oppty. to join two-man grp. in Nassau County. Reply Box P-961, *Psychiatric News*.

Binghamton—PSYCHIATRIST — A prgsv. JCAH-accred. facility with deep commty. involvement and developing innovative commty. prgms. is seeking NYS lic. Psychiatrists who are bd. cert. or bd. elig. Sals. range from \$58,262—\$62,800 with additional compensation of up to one-half of annual sal. for overtime duty. This is a semi-urban upstate commty. whose quality of life is rated excel. Dynamic psychiatrists who have career aspirations are invited to apply to Director, Binghamton Psychiatric Center, 425 Robinson St., Binghamton, NY 13901. An EO/AAE.

Buffalo—ACAD. RESEARCH PSYCHIATRISTS—DEPT. OF PSYCHIATRY, STATE UNIV. OF NY AT BUFFALO. Faculty posns. recently became avail. at Asst., Assoc., and Professional ranks. Seeking acad. psychiatrists with strong research commitment. Major areas of interest of Dept. are in schizophrenia and affective disorders, as well as anxiety disorders and geriatric psychiatry. These posns. do not carry admin. or clin. respons. The Dept. has excel. clin. resources with accessibility to a wide variety of patients for research projects. There is a generous Univ. Prac. Plan for supplementation of income. Inquiries and resume to Marvin I. Herz, M.D., Professor and

Chairman, Department of Psychiatry, SUNY at Buffalo, School of Medicine, 462 Grider St., Buffalo, NY 14215; (716) 898-3251. An EO/AEE.

Buffalo—CHILD/ADOL. PSYCHIATRY RSDNCY.—The Children's Hosp. of Buffalo and SUNY Dept. Psych. offer an accred., two-yr. eclectic prgm. featuring excel. integration of clin. and didactic material. Two first-yr. posns. for July 1985. This prgm. is small and personal. Variety of clin. resources permits flexible scheduling for indivs. needs and interests. In addition to usual clin. svcs., there is long-term day trtmt., preschl. daily nursery for 30 children, work with Family Court. Language Dvlpmnt. Prgm., and Day Prgm. for retarded children and adols. Pediatric Neurology rotation avail. Write or call Richard Cowan, M.D., Director, Child & Adolescent Psychiatry Residency Program, 219 Bryant St., Buffalo, NY 14222; (716) 878-7611. AA/EOE.

Buffalo—Children's Psychiatric Center seeking CLINICAL DIRECTOR. Must be bd. cert. in psychiatry, bd. cert./bd. elig. in child. Facility houses 70 beds with 10-bed secure unit. Tchng. oppty. and prvt. prac. option avail. — competitive sal. with excel. frng. bnfts. Major metropolitan advantages. Write Durham Medical Search Inc., Suite 600, 268 Main St., Buffalo, NY 14202.

Rochester—CHIEF OF PSYCHIATRY/DIRECTOR OF GENESEE MHC. A large growing, multifaceted unit has an outstanding career oppty. for an exper'd., bd. cert. psychiatrist with leadership ability and management exper. Overall duties include long range planning and other admin. and supervisory respons., as well as the potential for direct patient care and acad. involvement. As the Genesee MHC is an integral part of a busy, Univ. of Rochester affiliated tchnng. hosp., respons. will include planning and coordinating with other hosp. depts. as well as the Univ. Rochester will be the site of a five yr. demonstration project to test new ways of planning, financing and delivering commty. based svcs., especially focused on the chronically mentally ill. The Rochester commty. is actively experimenting with the HMO model of care providing opptys. for related extramural activities. The dept. offers outpt., partial hospitalization, emerg., inpt. and specialized alcohol svcs. provided by 130 staff who care for 5,000 patients. There are 8 full-time psychiatrists on staff (inclgd. 2 child psychiatrists) and 13 exper'd., non-med. primary therapists. The child psychiatry div. is expanding rapidly and a new acute inpt. trtmt. unit is planned. The dept. treats patients of all ages and socio-economic levels who present with a broad range of psychiatric illnesses, inclgd. alcoholism. Rochester combines the best of urban and rural lifestyles. Many cultural and recreat. opptys. make this upstate urban ctr. especially attractive. Competitive remunerative package is offered. Interested candidates should send CV to the Chairman of the Search Committee: Bejan Iranpour, DDS, The Genesee Hospital, 224 Alexander St., Rochester, NY 14607. EOE.

Willard—PSYCHIATRIST—Full-time posns. avail. for qualified psychiatrist in a JCAH-accred. 700-bed psychiatric facility in the beautiful Finger Lakes Region of Upstate New York. Willard Psychiatric Center serves five counties and uses a multidiscpl. trtmt. approach in both its inpt. and outpt. prgms. Nine colleges within a 30-mile radius and three cities within 1 to 1-1/2 hrs. car travel. Sal.: \$53,946-\$65,646 dependent on quals., plus excel. frng. bnfts. Additional sal. for extra svcs. Write: Anthony N. Mustille, M.D., Director, Willard Psychiatric Center, Willard, NY 14588. WE ARE AN AA/EOE.

North Carolina

Asheville—Blue Ridge Ctr. is seeking a psychiatrist to join the existing Med. Director, Staff Psychiatrist, and psychiatric consuls. in the delivery of outpt. psychiatric care to patients in a four-county catchment area. The Ctr.'s outpt. depts. include a Crisis Svc., Commty. Support Svc. for the chronically ill, Substance Abuse Svc., Mental Retardation Svc., Children and Youth Svc., and three rural satellite offices. Job respons. within these svcs. will be based on the new psychiatrist's interests and Ctr. needs. Faculty appt. at the Univ. of N.C. may be possible for qualified candidates. Sal. is competitive. Asheville is a four-season resort commty. loc. in the mtns. of Western N.C. It has consistently been rated as one of the most desirable commtys. in which to live and retire in the country, yet enjoys a reasonable cost of living. Asheville offers a large med. commty. with all specialties well represented, good public and prvt. schls., numerous cultural activities and events, and extensive opptys. for the pursuit of outdoor interests inclgd. skiing, hiking, camping, cycling, rock climbing, and white water sports. Interested candidates should contact David F. Silver, M.D., Medical Director, Blue Ridge Center, 356 Biltmore Ave., Asheville, NC 28801; (704) 258-3500. EOE.

Butner—CHILD PSYCHIATRIST—LONG TERM—ADOL. UNIT. Bd. cert. or elig. child psychiatrist respon. for 20-bed prgm. within the Children's Psychiatric Institute. Institute staff includes 9 child psychiatrists. Clin., admin., and trng. responsibility with potential for Duke Univ. Facility appt. Rural setting within 25 mile radius of Raleigh, Durham, Chapel Hill, and RTP. Sal. range up \$69,596. Send CV to Marc Amaya, M.D., Director, Children's Psychiatric Institute, John Umstead Hospital, Butner, NC 27509; (919) 575-7371.

Chapel Hill—DIRECTOR OF A DEVELOPMENTAL NEUROBIOLOGY RESEARCH CENTER—The Med. Schl. of the Univ. of NC at Chapel Hill seeks a director for the Biological Sciences Research Ctr., a multidiscpl. research ctr. devoted to basic research in the broad area of developmental neurobiology and mental retardation. Nominations or applications are invited for the posn. of director. This ctr. is housed in 33,000 square feet of a modern research bldg. The director is the chief admin. officer of the Ctr. and reports to the Dean of the Schl. of Medicine. Candidates should have an M.D. or Ph.D. degree, a

strong record of neurobiological research achievement, a commitment to continue an active research prgm., admin. exper., and quals. for a primary tenure-track appt. in a basic or clin. science dept. in the Schl. of Medicine. Nominations and applications should be received prior to April 1, 1985 by THE SEARCH COMMITTEE FOR THE DIRECTOR OF THE BSCR, OFFICE OF THE DEAN, SCHOOL OF MEDICINE, UNIV. OF NORTH CAROLINA AT CHAPEL HILL, CHAPEL HILL, NC 27514. *Women and minorities are encouraged to identify themselves voluntarily. UNC-CH is an EO/AEE.*

Concord—DIRECTOR OF PSYCHIATRIC SVCS. for a one-county MHC loc. adjacent to Charlotte, NC. Respons. include med. supervision of a 24-hr. crisis stabilization unit, partial hospitalization prgm., hosp. consuls., psychiatric rsdnt. supervision, and outpt. svcs. Applicants must be bd. elig./bd. cert., committed to working with a high risk pop. in a medically sophisticated commty. Adjunct med. schl. faculty appt. a possibility. Sal. range \$58,000—\$60,000 with additional compensation for on call svcs. if provided. For additional info. contact: Lois Smith, Personnel Officer, Piedmont Area MH/MR/SA Program, 457 Lake Concord Road, Concord, NC 28025.

Durham—PSYCHIATRIST—DUKE UNIV. STUDENT COUNSELING AND PSYCHOLOGICAL SVCS. Posn. avail. July 1, 1985, for bd. elig. or cert. psychiatrist with exper. in adol./college age psychiatry, and interest in working on a multidiscpl. staff providing compre. psychological svcs. within a univ. commty. Twelve month, 1/2 time posn. with possibility of a faculty appt. in Schl. of Medicine's Dept. of Psychiatry at appropriate level; extensive frng. bnft. package. Sal. commensurate with trng. and exper. Talent and enthusiasm for a commty. MH/outreach approach to students and the univ. commty. is essential, with prior trng. and/or exper. in preventive and proactive interventions preferred. Strong clin. background and interest in supervision/tchnng. also important. Duke has a diversified student body of 9500 students inclgd. 3500 graduate and professional students and is loc. in the attractive Research Triangle area of N.C. Interested candidates send CV and description of professional interests and exper. by January 5, 1985 to: Kenneth Rockwell, M.D., Chairman, Personnel Committee, Counseling and Psychological Services, 214 Old Chemistry Building, Duke University, Durham, NC 27706. Duke Univ. does not discriminate on the basis of race, color, national or ethnic origin, sex, age, or handicap in the administration of educational policies, admission policies, financial aid, employment or any other univ. prgm. or activity.

Fayetteville—BD. CERT. CHILD PSYCHIATRIST needed to develop active adol. prac. with estab. 120-bed psychiatric hosp. Facility consists of 38 adult, 56 adol., 12 child and 14 intensive care beds. A 34-bed adult and adol. chemical dependency trtmt. facility is adjacent to the hosp. Competitive financial assistance package and compensated admin. posn. avail. For additional info., reply with CV to Richard Nance, Box P, Healthcare Services of America, Inc., Suite 200, 2000 Southbridge Parkway, Birmingham, AL 35209; (205) 879-8970.

Fayetteville—CHILD AND ADOL. PSYCHIATRIST to develop hosp. based prvt. prac. in attractive univ. commty. in the foothills of the Ozark Mtns. Financial assistance avail. for relocation and prac. start-up costs. Write W. Ingham or William Lee, Charter Medical Corporation, P.O. Box 209, Macon, GA, or call toll-free 1-800-841-9403 (National) or 1-800-342-9660 (GA).

Gastonia—PRVT. PRAC. PSYCHIATRIST—Unexpected opening in a small grp. Excel. oppty. in terms of prac., income, and life style. Write Fred Weinstein, M.D., 239 Wilmot Drive, Gastonia, NC 28054.

New Bern—PSYCHIATRIST (Bd. Cert./Bd. Elig.). Full-time staff posn. Join one psychiatrist and other highly qualified multidiscpl. staff. Best of both worlds; excel. professional oppty. in coastal Eastern N.C. Univ. med. schl. nearby and excel. relationship with prgsv. county hosp. Compensation: \$52,804—\$72,889. Excel. frng. bnfts. Write & send CV to William D. Sudduth, Area Director, Neuse Center for Mental Health, Mental Retardation & Substance Abuse Services, P.O. Box 1636, New Bern, NC 28560. EO/AEE.

Shelby—PSYCHIATRIST (Bd. cert/Bd. elig.). child trng. and/or exper. preferred, full time for Sgl county CMHC experiencing dramatic growth. New leadership in all key posns. and firm commitment to quality care for our neighbors and families. Ltd. prvt. sector enhances socio economic, educational, racial, and diagnostic diversity of pt. pop., and furthers exec. relationships with sophisticated med. commty. in 3 hops. in county. County of 85,000 enjoys mod. 4-season climate. excel. schls., recreat. and ranges from rural to small city life with growing pop. and broad economic base. Shelby is 40 miles W. of Charlotte; 70 mi E. of Asheville. Major clin. duties to include mix of non-chronic adults, med. back-up of child/adol. svc. and P.H., and some CI and CL work. Call ltd. to back up in rotation with other senior clinicians. Ctr. has eclectic orientation within med. model. no inpt. unit or plans for same reflects philosophy of creative problem solving, and a commty. that takes care of its own while embracing newcomers. Sal. to \$75,000 + frngs. Responses to D.S. Brenneman, Ed.D., Area Director, or J.M. Billinsky, D. Min., M.D., Medical/Clinical Director, Cleveland County Area MH/MR/SA Program, 222 Crawford St., Shelby, NC 28150; (704) 482-8941.

Smithfield—ASSOCIATE MEDICAL DIRECTOR—Posn. avail. immed. for bd. cert. or bd. elig. full-time psychiatrist for prgsv., compre. CMHC loc. near three univs. and Research Triangle. Ctr. serves one county catchment area with pop. of 70,000. Duties include inpt. and outpt. trtmt. svcs. for children, adols., and adults. Will share clin. duties with a full-time med. director and a staff psychiatrist. Ctr. philosophy emphasizes treating patients in the commty. and compre. range or svcs. are offered. Sal. is nego. and commensurate with exper. Additional compensation for on-call duties amounts to approx. \$13,000 per yr. N.C. lic.

req'd. To apply, call or write DR. J. DANIEL SEARCY, AREA DIRECTOR, MS. CLARICE BARBOUR, PERSONNEL OFFICER, JOHNSTON COUNTY MENTAL HEALTH CENTER, P.O. BOX 411, SMITHFIELD, NC 27577; (919) 934-5121. An EOE.

Spindale/Tryon—Prgrsv., compre. CMHC for two-county area loc. in beautiful foothills of Western NC is seeking PSYCHIATRIST, bd. cert. or bd. elig., to join the existing med. director and consulting psychiatrists. Posn. may be full or part time. Time and sal. are nego. To apply, call or write Jeff Carter, M.D., Clinical Director, Rutherford-Polk Mental Health Programs, 311 Fairground Rd., Spindale, NC 28160; (704) 287-2211.

Winston-Salem—ADULT PSYCHIATRIST posn. at large CMHC. Prefer team oriented bd. cert. or bd. elig. adult psychiatrist. Duties include psychiatric eval., trtmt. and case consul. Assignment to short-term inpt. or outpt. svcs. possible. Oppty. to become integral member of dynamic professional staff. Sal. range \$47,507—\$73,216, plus additional compensation for emerg. on-call coverage. Send resume to Lenore Pless, Forsyth-Stokes Area Mental Health Center, 725 Highland Ave., Winston-Salem, NC 27101; (919) 725-7777. EOE.

North Dakota

Fargo—WANTED: The UND Schl. of Medicine is seeking a bd. cert. PSYCHIATRIST for the posn. of chairperson of the Div. of Psychiatry-Behavioral Science, Dept. of Neuroscience, with admin. and tchnng. exper. This is a tenure track posn. The sal. is competitive with an oppty. to augment. Oppty. to recruit for the Div. is avail. For further info. write or call Lee A. Christoferson, M.D., Chairman, Department of Neuroscience, UND School of Medicine, 1919 Elm St. North, Fargo, ND 58102; (701) 293-4114. UND is an EO/EE.

Jamestown—CHILD PSYCHIATRIST—The ND State Hosp. in Jamestown, ND is recruiting for a bd. cert. or bd. elig. child psychiatrist for its 48-bed Adol. Unit. Indiv. will be part of a 21-member physician staff which serves an adult, child, and adol. pop. This posn. will serve as part of a trtmt. team with primary emphasis on eval., diagnosis, trtmt. and research involving adol. patients. Limited prvt. prac. is possible. Jamestown is loc. in South Central ND and is about 200 miles from the Univ. of ND Med. Schl. Jamestown offers excel. schls. and outdoor summer and winter recreat. opptys. and excel. quality of life. Indivs. interested in this posn. should submit letter of application and vita to Dr. R.A. Aligada, Superintendent, North Dakota State Hospital, Box 476, Jamestown, ND 58401. EOE/M/F/H.

Ohio

Athens—MEDICAL DIRECTOR STAFF PSYCHIATRIST (S)—Professional opptys. for qualified psychiatrists. —JCAH accred. 240 bed MHC.; Affiliation—Ohio Univ. College of Medicine; Multidiscipline trtmt. team approach; excel. commty. relations and opptys.; prgsv. administration; quals. bd. cert. or elig. Posns. are avail. with sal. range of \$55,000—\$75,000, subject to negotiation and civil svc. appt. or personal svc. contractual agreement. Inquiries may be made to J. Blazek, Personnel, Athens Mental Health Center, Athens, OH 45701; (614) 592-3031, ext. 166. EEO/AEE Employer.

Chillicothe—PSYCHIATRISTS—We have vacant posns. for STAFF PSYCHIATRISTS to work in the Acute Inpt. Unit. Applicants for Staff Psychiatrist must be bd. elig. or bd. cert., and must be sensitive to the needs of the veteran pop. Chillicothe, OH is a 50 minute drive South of Columbus, OH, and possesses opptys. for cultural, recreat., and leisure activities. Excel. sal. and federal bnfts. Please send inquiries and CV to Paul F. Fletcher, M.D., V.A. Medical Center, 17273 State Route 104, Chillicothe, OH 45601; (614) 773-1141, ext. 201. EOE.

Cincinnati—MEDICAL DIRECTOR—The Millcreek Psychiatric Ctr. for Children is a 64-bed children's psychiatric hosp. seeking a Child Psychiatrist as a Med. Director. The hosp.'s strong trtmt. prgm. is fully accred. by JCAH and includes child psychiatry, psychology, social work, special education, nursing, activity therapy, and child care. Firm linkages to both the commty. and local univs. provide opptys. for professional growth and dvlpmnt. Competitive sal. and excel. frng. bnfts. make this vacancy a valuable oppty. Resumes are being accepted by Search Committee, The Millcreek Psychiatric Center for Children, 66th St. and Paddock Rd., Cincinnati, OH 45216. An EOE.

Cincinnati—PSYCHIATRIST—The Dept. of Psychiatry of the Univ. of Cincinnati College of Medicine is seeking an energetic full-time psychiatrist with a prac. plan addition for the posn. of Director of Consul-Liaison Svcs. in an outstanding acad. dept. famous for its psychodynamic psychosomatic approach to illness. Faculty rank (may vary between Asst. and Full Professor) and sal. are dependent upon quals. and exper. Respons. include: dvlpmnt. of an educational prgm. for rsdnts. and students in consul. psychiatry, research in the area of bio-psychosocial illness, committee work, direct patient care and collaborative work with other depts. Deadline to apply: Dec. 1, 1984. Please send CV to Marshall Ginsburg, M.D., c/o Sandra Hodges, Department of Psychiatry, University of Cincinnati, M.L. 559, Cincinnati, OH 45267-0559. AA/EOE.

Cincinnati—PSYCHIATRISTS, bd. cert. or bd. elig. in Acute Psychiatric Inpt. Facility. Short-term. Prefer full-time. Excel. full-time staff. Very liberal frng. bnfts. Cincinnati is known for its many educational and cultural activities. Interested persons should contact Dr. Richard Sutton, Medical Director or Personnel Office, Rollman Psychiatric Institute, 3009 Burnet Ave., Cincinnati, OH 45219; (513) 559-3320 or 559-3331. AN EOE.

Cleveland—ADULT PSYCHIATRIST, CHILD PSYCHIATRIST—KAISER Permanente Med. Care Prgm. The Kaiser-Permanente Med. Care Prgm. of OH, a federally qualified HMO, seeks well-qualified bd. cert. or bd. elig. adult psychiatrist and child psychiatrist. Offered are competitive income, extensive malprac. coverage, excel. retirement prgm., oppty. to participate in tchnng. and educational activities of Cleveland's internationally recognized med. institutions, plus many other bnfts. Write W.R. Young, M.D., Medical Director, Ohio Permanente Medical Group, 44120 or call collect (216) 795-6005. An EOE.

Cleveland—DIRECTOR, AMBULATORY SVCS. The Dept. of Psychiatry at Cleveland Metropolitan Gen./Highland View Hosp., a major affiliate of Case Western Reserve Univ., is seeking a full-time academically oriented psychiatrist for newly estab. posn. as director of ambulatory svcs. Duties and respons. include: 1) Director of current prgms., with both gen. and specialty clinics, and dvlpmnt. of new prgms. and trtmt. modalities. 2) Implementation of tchnng. curriculum and trng. activities for psychiatry rsdnts. and Case Western Reserve Univ. med. student core clerkship rotation. 3) Dvlpmnt. of research within the ambulatory area. Applicants should be bd. cert. and qualify for a full-time acad. appt. at Case Western Reserve Univ. with exper. and accomplishments in clin. tchnng. and research. Sal. and acad. rank commensurate with exper. Submit CV and names of three references to Angelos Halaris, M.D., Professor and Vice Chairman of Psychiatry, Case Western Reserve University, and Director, Dept. of Psychiatry, Cleveland Metropolitan General/Highland View Hospital, 3395 Scranton Rd., Cleveland, OH 44109.

Cleveland—INPATIENT PSYCHIATRIST—Cleveland Metropolitan Gen./Highland View Hosp. and the Ohio Dept. of MH are jointly seeking a psychiatrist for inpt. tchnng. units. Cleveland Metropolitan Gen./Highland View Hosp. is a major affiliated hosp. of Case Western Reserve Univ. and has a hosp.-based rsdncy. prgm. sponsored conjointly with the State of OH. Psychiatrist's duties focus primarily on the trng. of rsdnts. and supervision at Cleveland Psychiatric Institute, which is immed. adjacent to Cleveland Metro. Gen. Hosp. Additional activities may include supervision of Case Western Reserve Univ. med. students and participation in clin. research. Applicants should qualify for tchnng. med. students and participation in clin. research. Applicants should qualify for tchnng. appt. at Case Western Reserve Univ. and be bd. cert. or bd. elig. Send CV and names of three references to Angelos Halaris, M.D., Professor and Vice Chairman of Psychiatry, Case Western Reserve University, and Director, Dept. of Psychiatry, Cleveland Metropolitan General/Highland View Hospital, 3395 Scranton Rd., Cleveland, OH 44109.

Cleveland—The Dept. of Psychiatry at Cleveland Metropolitan Gen./Highland View Hosp., a major affiliate of Case Western Reserve Univ., is seeking a clinically and academically oriented bd. cert. or bd. elig. PSYCHIATRIST. Duties include svc. in ambulatory care and commty. psychiatry, tchnng. and supervising med. students and psychiatry rsdnts., and taking an active role in clin. research prgms. Applicants should qualify for a full-time faculty appt. at Case Western Reserve Univ., inclgd. a record of excellence in tchnng. and research productivity. Sal. commensurate with acad. rank and yrs. of exper. Address, CV and names of three references to Angelos Halaris, M.D., Professor and Vice Chairman of Psychiatry, Case Western Reserve University and Director, Department of Psychiatry, Cleveland Metropolitan General/Highland View Hospital, 3395 Scranton Rd., Cleveland, OH 44109. An EOE.

Oklahoma

Enid—BD. CERT. CHILD PSYCHIATRIST needed to estab. prvt. adol. prac. in conjunction with new 50-bed psychiatric hosp. to open in July 1985. Pleasant commty. of 60,000 with large underserved catchment area. Attractive compensation package with compensated admin. posn. avail. For additional info., reply with CV to Richard Nance, Healthcare Services of America, Inc., Suite 200, 2000 Southbridge Parkway, Birmingham, AL 35209; (205) 879-8970.

Norman—STAFF PSYCHIATRIST —Immed. opening avail. for bd. cert./bd. elig. full-time staff psychiatrist for 600-bed JCAH accred. state psychiatric hosp. Full Oklahoma lic. req'd. Sal. nego. depending on quals. Home of the Univ. of Oklahoma. Norman is loc. 20 minutes from Oklahoma City. Loc. within the city limits is recreat. Lake Thunderbird offering sailing, boating, fishing and swimming. Submit inquiries and resume to James K. O'Toole, M.D., Superintendent, Central State Hospital, P.O. Box 151, Norman, OK 73070, or call collect (405) 321-4880. EOE.

Tulsa—The Dept. of Psychiatry and Behavioral Sciences, Oral Roberts Univ. Schl. of Medicine/City of Faith Med. and Research Ctr. has openings for Asst. or Assoc. Professor with interests in tchnng., clin. prac., and research. Excel. oppty. for bd. elig./bd. cert. physician in an institution dedicated to the philosophy of Whole Person Medicine (bd. elig. must agree to take boards within one yr.). Rank and sal. commensurate with quals. and nego. Send CV and names of three references to F. Paul Kosbab, M.D., Chairman, Department of Psychiatry, Oral Roberts University School of Medicine, City of Faith Medical and Research Center, 8181 South Lewis, Tulsa, OK 74137-1270.

Vinita—SENIOR & STAFF PSYCHIATRIST. Bd. cert./bd. elig., full-time for JCAH accred. state psychiatric hosp. Require full Oklahoma lic. Sal. low to mid 60's nego. Northeast Oklahoma, near the Ozarks, is green, rolling country with pleasant mild climate. A large recreat. lake is nearby offering excel. fishing, boating and rsdntl. access. Housing may be avail. for these posns. Submit inquiries and resume to Superintendent, Mason W. Robison, M.D., Eastern State Hospital, P.O. Box 69, Vinita, OK 74301; (918) 256-7841. Collect calls welcome.

Oregon

Eugene—GEN. HOSP. PSYCHIATRIST—A unique oppty. exists in a prvt. prac. psychiatric grp. closely allied with Sacred Heart Gen. Hosp. for psychiatrists interested in playing a major role in the dvlpmnt. and expansion of hosp.-based psychiatric svcs. The grp. practices in a 421-bed gen. hosp. that serves as the regional med. ctr. for an area of 250,000+. The prac. includes inpt. work on a modern 30-bed psychiatric unit, consul.-liaison work, and a limited outpt. prac. Opptys. exist for the new psychiatrists to play a pivotal role in the dvlpmnt. of new clin. prgms. in conjunction with the hosp. Examples of such possibilities include the initiation of an eating disorders prgm. and the organization of a formalized consul.-liaison svc. We are seeking energetic physicians who enjoy the challenges and rewards of gen. hosp. psychiatry and can provide the needed expertise to guide prgm. dvlpmnt. in such areas. Compensation is competitive and Eugene offers excel. cultural opptys. and easy access to beaches and mtns. for outdoor recreation. For further info. forward a letter of interest and a CV to Stewart Shevitz, M.D., 1059 Hilyard St., Eugene, OR 97401; (503) 686-7044.

Medford—PSYCHIATRIST—CMHC in Medford, OR will have an opening starting July 1 for a full-time psychiatrist. Ctr. is loc. in the scenic Rogue Valley which offers a variety of recreat. and cultural attractions, a pleasant life style, and a prgsv. med. commty. Local hosp. has 17-bed psychiatric unit. Competitive sal. and excel. bnfts. OR lic. is req'd. Contact C.M. Blanchard, Jackson County Mental Health, 1313 Maple Grove Drive, Medford, OR 97501; (503) 776-7355.

Portland—CHILD PSYCHIATRIST—CPC Cedar Hills Hosp. is seeking a bd. elig./cert. child psychiatrist who is interested in developing an inpt. prac. CPC Cedar Hills Hosp. is loc. in beautiful Portland, OR, and is a 64-bed prvt. psychiatric hosp. with prgms. serving children, adols., eating disordered adults and dual-diagnosed chemical dependents. A min. sal. guarantee in referrals will be pledged for the first yr. If you are interested, please send a resume and/or call Daved Frerker, Administrator, or George Drinka, M.D., Director of Child and Adolescent Psychiatry, CPC Cedar Hills Hospital, 10300 S.W. Eastridge St., Portland, OR 97225; (503) 297-2252.

Portland—CPC Cedar Hills Hosp. is accepting applications for Med. Director. The hosp. is a 64-bed, prvt. psychiatric hosp. in the beautiful west suburban hills of Portland, OR. The trtmt. approach is multidispl., with specialized prgms. for adols. and adults. The successful candidate must be bd. cert. and highly motivated to develop and expand the hosp.'s clin. svcs. Besides dvlpmnt., respons. include commty. relations, clin. leadership, and supervision. Excel. opptys. for building a sound inpt. prvt. prac. Sal. is nego. Send resume to Ken B. Dyches, Regional Vice President, Community Psychiatric Centers, 175 La Casa Via, Walnut Creek, CA 94598.

Wilsonville—Immed. opening for STAFF PSYCHIATRIST at Dammach State Hosp. Work in a prgsv., modern, fully accred. 350-bed trtmt. ctr. for the adult mentally ill in a scenic rural setting within 20 minutes driving time from Portland. Enjoy Portland's cultural and educational bnfts. and easy access to mtns., rivers and ocean. Beginning sal. dependent upon quals. Requires OR lic. Liberal frng. bnfts. include a hosp. paid retirement plan and insur. package. Apply to Victor M. Holm, M.D., Superintendent; (503) 682-3111, ext. 2221.

Pennsylvania

Danville—PSYCHIATRIST—Bd. cert. or bd. elig. Mental Hosp. in central Pennsylvania. Easy access to New York, Philadelphia, Harrisburg. Close to Pocono resort area. Near major med. ctr. Good sal. with excel. frng. and retirement bnfts. Residence avail. Penn. lic. req'd. Contact Mr. Gary Ellis, Superintendent, Danville State Hospital, Danville, PA 17821-0700. An EOE.

Philadelphia—PSYCHIATRIST—Prvt. MH counseling prgm. is seeking a Psychiatrist to work on a PART TIME basis (15-20 hrs. per wk.) providing direct client care, inclgd. initial client evals., emerg. svcs. and medication evals. and reviews. Will also participate in clin. prgm. dvlpmnt. and provide insvc. staff trng. Svcs. will be provided in our offices loc. in the southern NJ area. Some evening hrs. req'd. Candidates should be bd. elig. or bd. cert. and be licensed in NJ. Knowledge of delivering MH svc. in an HMO setting preferred. Excel. sal./bnft. prgm. provided. Interested candidates should respond to Paul Dormont, M.D., Director, HALL MERCER COUNSELING PROGRAM for Business and Industry, Hall Mercer Center, 8th & Locust Sts., Philadelphia. PA 19107; (215) 829-5599. EOE M/F.

Philadelphia—The Eastern PA Psychiatric Institute (EPPI) of the Med. College of PA, a rapidly expanding tchn. and research facility, has the following openings with the Dept. of Psychiatry. SVC. CHIEF: This is a junior faculty posn. as a chief of one of seven multidisclpl. inpt. teams. Tchn. and clin. respons. include supervision of rsdnts. and med. students. Time will be avail. for research interests. ACAD. PSYCHIATRIST: This is a junior faculty posn. for a bd. elig. or bd. cert. level candidate to engage in clin. activities in a research prgm. The candidate will participate in all research seminars and activities in the dept. Opptys. are avail. for developing collaborative or indiv. research. Sals. for these posns. are competitive and there is excel. potential for the dvlpmnt. of a prvt. prac. Indivs. interested in faculty posns. should send their CV to Wagner H. Bridger, M.D., Chairman, Department of Psychiatry, Medical College of Pennsylvania, 3200 Henry Ave., Philadelphia, PA 19129; (215) 842-4280. RESEARCH FELLOWSHIPS IN CLIN. PSYCHOPHARM.: Posns. are avail. for PGY 4 or PGY 5 fellows. Fellows are supervised by a diverse faculty working in clin. and/or laboratory research. An inpt. research ward, outpt. research clinics, analytical lab

for drug levels and biological markers, psychophysiological and electrophysiology facilities are avail. There are ongoing research projects in the pharmacokinetics and trtmt. efficacy of neuroleptics, antidepressants and lithium. Studies are also underway on biological markers, in aging. EEG and autonomic measures, tardive dyskinesia, and interaction of drug and psychosocial trtmts. as well as basic laboratory research neurochemistry, neurobiology and behavior pharmacology. This is a dept. with room for future advancement. Send CV to George Simpson, M.D., Dept. of Psychiatry, Medical College of Pennsylvania, 3200 Henry Ave., Phila., PA 19129; (215) 842-4390. FELLOWSHIP IN GERIATRIC PSYCHIATRY: The Dept. of the Med. College of PA in affiliation with the Phila. Geriatric Ctr. is offering opptys. for Psychiatrists at the PGY 4 level or beyond for research and advanced clin. trng. in gerontology and geriatric psychiatry. The emphasis will be on participation in ongoing clin. or laboratory research in the affective and cognitive disorders, with opptys. for dvlpmnt. of the fellow's own research interests. Interested candidates should send their CV to Ira Katz, M.D., Dept. of Psychiatry, Medical College of Pennsylvania, 3200 Henry Ave., Philadelphia, PA 19129; (215) 842-4376.

Pittsburgh—PSYCHIATRISTS—Bd. elig. or bd. cert. for full-time posn. in expanding HMO serving greater Pittsburgh area. Respons. include both inpt. and outpt. direct patient care as well as supervision of non-MD MH professionals. For further info. contact Ray Pizzi, Penn Group Health Plan, 130 N. Bellefield St., Pittsburgh, PA 15213; (412) 622-7532.

Pittsburgh—PSYCHIATRISTS—Bd. cert. or elig. Challenging posn. avail. in psychiatric grp. prac. with in a traditional medical model inpt. setting. Excel. compensation. Malprac. paid. Possible academic appt. Suburban setting within 30 minutes of major metro. area. Call NEEMA Medical Services, inside PA (215) 925-3511 or outside PA (800) 523-0776 or send C.V. to NEEMA Medical Services, Inc., 399 Market Street, Phila., PA 19106.

State College—The Meadows, a new 92-bed prvt. psychiatric hosp., is currently recruiting a CHILD AND ADOLESCENT PSYCHIATRIST for staff posn. State College is a lovely univ. commty. with an atmosphere rich in cultural, educational, and recreat. activities. Sal. is nego. with an attractive prac. arrangement. Call or send CV to Magnus Lakovics, M.D., Medical Director, The Meadows, R.D. #1, Box 259, Centre Hall, PA 16828; (814) 364-2161.

Rhode Island

Newport—PSYCHIATRIST—Newport Hosp. currently has an oppty. for a bd. cert. or bd. elig. psychiatrist to provide trtmt. and professional leadership on a fee-for-svc. basis on its inpt. psychiatric unit. This expanding psychiatric prgm., designed to serve the acute care needs of southern RI, is an integral component of the svcs. provided by our two 17-bed, not-for-profit, JCAH-accred. commty. hosp. Newport Hosp. is loc. in scenic Newport, RI, a southeastern New England coastal resort commty. which affords a gracious life style in an outstanding recreational and cultural environment. For further info. or to apply, please contact William T. Martin, Vice President, Employee and Community Services, Newport Hospital, Friendship St., Newport, RI 02840-2299. An EOE.

Providence—Full-time psychiatrist to join 6 other full-time psychiatrists in outstanding comprehensive CMHC with staff of 100. Association with Brown Univ. Medical Schl. New building. Varied respons. include direct and indirect svc., outpt. and inpt. work, supervision of dynamic, well-trained staff, tchn. of medical students and rsdnts. bd. elig. sal. commensurate with experience. Send CV to: Michael A. Silver, M.D., The Providence Center for Counseling & Psychiatric Services, 520 Hope Street, Providence, RI 02906 (401) 274-2500.

Providence—PRVT. PRAC.—Full-time PSYCHIATRIST needed in a grp. prac. directed by former academician. Highest quality care provided and modern techniques utilized. Posn. requires special interest in psychopharm. for both inpt. and outpt. care. Brown tchn. hosps. utilized. Reply Box P-960, *Psychiatric News*.

South Carolina

Anderson—PSYCHIATRISTS posns. avail. at Harris Psychiatric Hosp., a 209-bed facility of the S.D. Dept. of MH loc. in northwestern S.C. Facility will open June 1985. For additional info. contact Dr. John Patton, Director of Psychiatric Service, Harris Psychiatric Hospital, P.O. Box 2907, Anderson, SC 29622. EOE/We Hire the Handicapped.

Charleston—ACAD. PSYCHIATRISTS—Med. Univ. SC has several excel. acad. posns. avail. The Dept. of Psychiatry is expanding both with a new chairman and with the construction of a new psychiatric institute and hosp. We are recruiting: 1) LABORATORY/RESEARCH-ORIENTED psychiatrists/neuroscientists, 2) INPATIENT psychiatrists, 3) an OUTPATIENT psychiatrist, 4) an acad. PSYCHOANALYST, 5) an exper'd. FAMILY THERAPIST (SW, Ph.D.), 6) Psychiatrist to join faculty of excel. FAMILY MEDICINE Dept. We are seeking applicants with demonstrated interest and accomplishment in research, clin. work, and tchn. Acad. rank appropriate to quals. and exper. Sals. competitive. Departmental and clin. facilities new and excel. Charleston is a warm, historic, and architecturally beautiful city. Beaches 10-20 minutes away with extraordinary recreat. opptys. (sailing, fishing, hunting, tennis, golf). Send CV to J.C. Ballenger, M.D., Chairman, Department of Psychiatry and Behavioral Sciences, Medical University of South Carolina, 171 Ashley Ave., Charleston, SC 29425. The Med. Univ. of SC is an EO M/F/Handicapped AAE. The

Med. Univ. encourages applications from qualified minority and female candidates.

Columbia—SC STATE HOSP.—Bd. cert. or bd. elig. PSYCHIATRIST wanted for DIRECTOR of Professional Svcs. for this JCAH Accred. Psychiatric Facility loc. in beautiful Columbia, SC. Diversified prgms. include Chld and Adol., Forensic and Acute and Extended Care Svcs. Aggressive renovation of the physical plan underway. If elig., faculty appt. avail. in the Dept. of Psychiatry, USC. Excel. sal. and frng. bnfts. package, inclgd. paid malprac. insur. Hosp. loc. in downtown Columbia, Univ. of SC one mile away, excel. schl. system. Diversified cultural and sporting events avail. Call J.E. Condom, M.D., Superintendent, at (803) 758-8655 or write South Carolina State Hospital, P.O. Box 119, Columbia, SC 29201.

Columbia—SC STATE HOSP.—Bd. cert. or bd. elig. PSYCHIATRIST wanted for the FORENSIC unit at the State Hosp. 100-bed unit now under complete renovation, will offer modern atmosphere in a secure environment. Excel. sal. and frng. bnfts. package, inclgd. paid malprac. insur. Hosp. loc. in downtown Columbia, Univ. of SC one mile away, excel. schl. system. Diversified cultural and sporting events avail. Call J.E. Condom, M.D., Superintendent, at (803) 758-8655 or write South Carolina State Hospital, P.O. Box 119, Columbia, SC 29201. EOE.

Columbia—SC STATE HOSP.—Bd. cert. or bd. elig. STAFF PSYCHIATRISTS wanted for Child Adol. Unit of the State Hosp. and for adult psychiatric svcs. of the facility. 60-bed children's unit in the process of being totally renovated, JCAH accred. with excel. staff and excel. interagency arrangements and cooperation. Loc. in beautiful Columbia, SC. Excel. sal. and frng. bnfts. package, inclgd. paid malprac. insur. Hosp. loc. in downtown Columbia, Univ. of SC one mile away, excel. schl. system. Diversified cultural and sporting events avail. Call J. E. Condom, M.D., Superintendent, at (803) 758-8655 or write South Carolina State Hospital, P.O. Box 119, Columbia, SC 29201. EOE.

Greenville—MEDICAL DIRECTOR MHC—The Greenville MHC of the S.C. Dept. of MH is recruiting for a Med. Director. Greenville is loc. in the Piedmont Region of S.C. and offers excel. recreat. and cultural activities. Requirements: Completion of 3 yrs. of psychiatric rsdnt. and two yrs. of exper. in psychiatry, one yr. of which must have been in a Commty. MH Prgm. Excel. bnfts. package inclgd. deferred compensation prgm. and state retirement. Sal. range \$48,970 to \$69,409. Interested persons should contact Kenneth M. Waggett, M.D., Greenville Mental Health Center, 715 Grove Rd., Greenville, SC 29605; (803) 235-0184. EOE/We Hire The Handicapped.

Greenville—PSYCHIATRIST seeks partner. Eager psychiatrist interested in building a prvt. prac. wanted as an assoc. for an existing gen. psychiatric prac. Please send CV to P. B. Mullen, M.D., 3-A Cleveland Court, Greenville, SC 29607; (803) 232-6216.

Myrtle Beach—CHILD/ADOL. PSYCHIATRIST needed to develop prvt. or grp. prac. with free-standing prvt. psychiatric hosp. in Myrtle Beach. Excel. oppty. to develop your own prgm. in an environment of professional support. Large underserved catchment area. 98 beds with 17 child and adol., 18 adult, 10 intensive care and 53 chemical dependency beds. Good schls. and a variety of recreat. and cultural diversions in a resort setting. Choose your life style. Competitive financial assistance package avail. For additional info., reply with CV to Richard Nance, Box P, Healthcare Services of America, Inc., Suite 200, 2000 Southbridge Parkway, Birmingham, AL 35209; (205) 879-8970.

South Dakota

45-man multispecialty clinic needs full-time Bd. cert. or bd. elig. PSYCHIATRIST. We have four psychologists and need a psychiatrist to help develop a compre. MH prgm. Excel. oppty., bnfts. and sal. Please contact Michael Ferrell, M.D., Central Plains Clinic, Ltd., 2727 S. Kiwanis, Sioux Falls, SD; (605) 331-3490.

The Univ. of South Dakota Schl. of Med., Dept. of Psychiatry, Sioux Falls, South Dakota is seeking 2 psychiatrists (1 child and 1 adult) at the Asst. or Assoc. Professor level. Our innovative prgm. in a commty. based med. schl. combines the good features of an academic setting with commty. prac. Respons. include multi-level tchn. and direct svc. to inpts. and outpts. Trng. and exper. in consultative liaison psychiatry highly desirable. We prefer that applicants are bd. cert. and they must be elig. for medical licensure in South Dakota. Sal. nego. \$65,000 to \$80,000 range which includes permissible augmentation, plus frng. bnfts. Starting Date: As soon as possible. Closing Date: February 15, 1985. Please send C.V. and list of three references to: David W. Bean, M.D., Professor and Chairman, USD School of Medicine, Dept. of Psychiatry, 2501 West 22nd Street, Sioux Falls, SD 57105. AA/EOE.

Tennessee

Chattanooga—MOCCASIN BEND MH INSTITUTE—modern, 281-bed full-svc. state hosp. with child, adol., acute & long-term adult prgms. ASST. SUPERINTENDENT posn. avail. immed.—Bd. cert. with 5 yrs. exper.; will supervise med. staff, clin. dept. heads, coordinate clin. svcs.; licensed or elig. in TN. Sal. nego. STAFF PSYCHIATRIST posns. avail. immed. Bd. Cert. or Bd. Elig., will manage 24-bed acute unit with interdiscl. trtmt. team approach; TN lic. req'd. sal. nego. (\$60,000-70,000 range-plus, for OD duty; prvt. prac. permitted); Excel. frngs.—life, health, malprac. insur.; retirement; generous sick, vac., holiday and educ. leave. Send resume or call William C. Greer, M.D., Supt., Moccasin Bend Mental Health Institute, Moccasin Bend Rd., Chattanooga, TN 37405; (615) 265-2271, an EOE.

Chattanooga—Psychiatric grp. seeks Psychiatrist for flexible posn. involving inpt. and outpt. therapy with both adult and adol. patients. Exper. and/or interest in adol. substance abuse therapy desirable; however, areas of therapy concentration would be dependent upon the expertise of the successful applicant. Bd. cert. or bd. elig. in both gen. and child psychiatry. Attractive guaranteed minimum bnft. pkg. for first yr. with potential for more based upon productivity. Individual must be TN and GA licensed or elig. Send vitae to Psychiatric Care of Chattanooga, P.C. c/o Michael Schmits, M.D., 1450 Mack Smith Rd., Suite 3, Chattanooga, TN 37412.

Chattanooga—STAFF PSYCHIATRIST posn. avail. immed. at Chattanooga Psychiatric Clinic. Duties involve 50% inpt. trtmt. within a gen. hosp. psychiatric unit and 50% outpt. adult trtmt. Oppty. avail. for tchn. med. rsdnts. Present med. staff consists of two full-time psychiatrists and two part time psychiatrists, one of whom is a child psychiatrist. Net sal. range is \$65,000 to \$75,000, depending on exper. Moving expenses paid. Attractive work hrs. Oppty. for prvt. prac. Excel. frng. bnfts., inclgd. Clinic paid retirement, liability insur., disability insur., 3 weeks' vac., sick lv. and tax deferred annuity plan. SEND CV to Floyd C. Cooper, M.D., Clinical Director, 1028 East Third St., Chattanooga, TN 37403.

Johnson City—The Quillen-Dishner College of Medicine and the Mtn. Home Veterans Administration Hosp. have two openings for psychiatrists. Full-time faculty posns. are offered with responsibility for inpt. trtmt., outpt. trtmt., consul./liaison and tchn. of med. students. Stimulating univ. commty. situated in the beautiful Smokey Mtns. with tremendous access to outdoor activities. Temperate climate and all the advantages of small town life. For info. send CV to James M. Turnbull, M.D., Professor & Chairman, Department of Psychiatry, Quillen-Dishner College of Medicine, P.O. Box 19, 510A, Johnson City, TN 37614. AA/EOE.

Memphis—ACAD. CHILD PSYCHIATRIST to join young and innovative Div. at the Univ. of TN. Posn. includes clin., tchn. and research opptys. as med. direc. of a model child and adol. day trtmt. prgm. Bd. elig. or cert. Sal. nego. with liberal prvt. prac. allowance. Contact David B. Pruitt, M.D., Director, Div. of Child Psychiatry, UTCHS, 711 Jefferson Ae., Memphis, TN 38105; (901) 528-5944.

Memphis—ACAD. PSYCHIATRIST to join Outpt. Div. at UTCHS. The posn. includes clin., tchn., and research opptys. within the Div. Bd. elig. or cert. Sal. nego. with liberal prvt. prac. allowance. Contact Neil B. Edwards, M.D., Professor and Acting Chairman, Dept. of Psychiatry, 66 N. Pauline, Suite 633, Memphis, TN 38105; (901) 528-6400.

Memphis—The Univ. of TN announces an opening for a full-time PSYCHIATRIST to be the Med. Director of the new Psychiatric Emerg. Facility in the Regional Med. Ctr., Memphis. Facility is new, spacious and designed to most modern standards. Opptys. for tchn. and research are manifold. Posn. requires urban psychiatric Emerg. Room trng. and applicant must be bd. elig. or bd. cert. Sal. and starting date are nego. and posn. carries a faculty appt. Send CV to Neil B. Edwards, M.D., Acting Chairman and Assoc. Professor, UTCHS, 66 N. Pauline, Suite 637, Memphis, TN 38015.

Nashville—One or two-yr. Instructorship in Div. of Psychodynamic Psychiatry at Vanderbilt. Half-time plus in Univ. Student MH Svc. Research in student/campus life expected. Prvt. prac. stipend augment possible. Ideal for PGY-5. Posn. avail. Sept. '85. Vanderbilt is an AA/EOE. Contact James L. Nash, M.D.; (615) 322-4796 or write with CV c/o Dept. of Psychiatry, Vanderbilt Medical Center, Nashville, TN 37232.

Oak Ridge-Knoxville Metropolitan Area—PSYCHIATRIST—Posn. on staff of Ridgeview Psychiatric Hosp. and Ctr., newly reorganized and in expansion prgm. Loc. in nationally known research ctr. and developing high technology area near major univ. Serves broad spectrum of patients utilizing inpt., outpt. and commty. level prgms. Oak Ridge has excel. schls., high standard of living, numerous outdoor recreat. opptys. Competitive sal., liberal bnfts. Contact Dr. John F. Byrne, 240 W. Tyrone Rd., Oak Ridge, TN 37830; (615) 482-1076.

Oak Ridge—PSYCHIATRIST—MEDICAL DIRECTOR: Senior level psychiatrist sought to assume leadership of trtmt. prgms. at Ridgeview Psychiatric Hosp. & Ctr., Inc. Requires bd. cert. in psychiatry and appropriate exper. Ridgeview Ctr. is a newly restructured psychiatric facility that has evolved out of a compre. CMHC. Newly added emphasis on prvt. psychiatric care broadens svc. offerings and pop. served while retaining commty. respons. Facilities include in-house 44-bed hosp. unit, large outpt. svc. with associated satellite offices. Loc. in metropolitan Knoxville-Oak Ridge area, near Univ. of Tennessee and TVA lakes in commty. focused on energy research with fine schls., recreat. and cultural resources. Sal. nego. and competitive. Direct inquiries to Dr. John F. Byrne, Ridgeview Hospital, 240 W. Tyrone Rd., Oak Ridge, TN 37830; (615) 482-1076.

Texas

Austin—PSYCHIATRISTS wanted in Austin, TX, for a rapidly growing multispecialty grp. of approx. 45 physicians providing care to both prepaid and fee-for-svc. patients. One posn. avail. immed.; another open mid-1985. Bd. elig. or cert. req'd. Emphasis in child psychiatry or consul. liaison preferred. Stimulating major univ. commty. of 350,000 with superb cultural advantages, situated in the beautiful Highland Lakes Hill Country of Texas. Send CV to Norman H. Chenven, M.D., Medical Director, Austin Regional Clinic, P.O. Box 26726, Austin, TX 78755 or call (512) 465-6680.

Dallas/Ft. Worth—CHILD/ADOLESCENT PSYCHIATRIST wanted to join estab. prvt. psychiatric clinic in mid-cities area of DFW Metroplex. Current staff includes two psychiatrists, psychologist, and social worker. Staff is relatively young, enthusiastic, and dedicated to providing highest possible psychiatric care. Will be moving into new offices in April and would be interested in adding child/adol. psychiatrist to staff subsequent to that. If interested, please call collect (817) 283-5767 or send vita to A. Scott Winter, M.D., 309 Westpark Way, Euless, TX 76040.

El Paso—PSYCHIATRIST POSNS. avail. for small inpt. facility with limited outpt. respon. and occasional M.R. consults. Acad. appt. possible, competitive sal., excel. bnfts. Loc. in attractive, bi-cultural city known for warm, sunny climate yr.-round. If your interest lies in commty. psychiatry, working in a setting that values your expertise, and you have or qualify for TX med. licensure, contact Diane Cano or Pablo Holguin, Administrators, El Paso State Center, P.O. Box 20019, El Paso, TX 79998-0019; (915) 779-0800, ext. 208 or 204.

Houston—CHILD PSYCHIATRIST for consul./liaison posn. Join large Div. of Child Psychiatry which includes five full-time c/l faculty. Unusual oppty. for research and professional dvlpmnt. Apply to Douglas B. Hansen, M.D., Baylor College of Medicine, 6560 Fannin, Suite 950, Houston, TX 77030; (713) 799-4850.

Houston—CHILD PSYCHIATRY FACULTY at Univ. of TX Med. Schl.; Consul.-Liaison, Clinical Trng., research. Contact Betty Pfeifferbaum-Levine, M.D., Department of Psychiatry, University of Texas Health Science Center-Houston, P.O. Box 20708, Houston, TX 77225; (713) 792-5660. An EOE. Women and minorities are encouraged to apply.

Houston—FULL-TIME STAFF PSYCHIATRIST POSNS. coming avail. on 354-bed fully-accred. psychiatry svc. that has a variety of inpt. and outpt. prgms., inclgd. geropsychiatry, gen. psychiatry, clin. research, alcoholism trtmt., drug dependence trtmt., and consul.-liaison; major tchn. hosp. for Baylor College of Medicine. Candidates must be bd. cert. or bd. elig., and qualify for faculty appt. with Baylor. In addition to clin. care, should have interest in tchn. and/or research. Submit CV and statement of interests to W. E. Fann, M.D., Chief, Psychiatry Service, Houston V.A. Medical Center, Houston, TX 77211; (713) 795-7434. An EOE.

Houston—Posn. avail. for CHILD/ADOL. or ADULT PSYCHIATRIST with psychoanalytic orientation and bd. elig. Outpt. and inpt. therapy, short- and long-term trtmt. Oppty. to develop substance abuse prgm. that has intensive family focus. Applicant must be expert with intensive indiv., grp., and family therapy and collaboration with multidiscpl. team. Sal. history, references and short synopsis of personal history to: Business Office Manager, 11222 Richmond, Suite 160, Houston, TX 77082. Contact Bobby R. Lowrance, M.D., or Leo J. Borrell, M.D., to arrange an interview or for further info. call (713) 556-9191.

Houston—PSYCHIATRISTS—The Dept. of Psychiatry, BAYLOR COLLEGE OF MEDICINE, is accepting academically-oriented psychiatrists with abilities in tchn., patient care, and clin. administration as well as interest in research to join the faculty in its Commty. and Social Psychiatry Prgms. on July 1, 1985. Applications from psychiatrists who will have completed rsdncy. trng. by July 1, 1985 will be given serious consideration. Acad. rank and sal. will be commensurate with exper. Baylor College of Medicine is an EOE and encourages applications from minority grp. members, women, and other qualified applicants. Please forward inquiries together with a CV to George L. Adams, M.D., Department of Psychiatry, Baylor College of Medicine, One Baylor Plaza, Houston, TX 77030; (713) 799-4881.

Lufkin—PSYCHIATRIST—Bd. cert. or bd. elig. staff psychiatrist to participate in svcs. provided by a prgsv., JCAH-accred. Commty. MH/MR Ctr. in Lufkin, TX. Sal. and bnfts. highly competitive, beautiful East Texas, non-urban, favorable cost of living, numerous recreat. opptys. Please respond to: Deep East Texas Regional MHMR Svcs., 4101 S. Medford Drive, Lufkin, TX 75901; (409) 639-1141.

Texarkana—MEDICAL DIRECTOR—Pinewood Hosp. is seeking a Med. Director for its new 60-bed facility opening in September. The hosp. will provide both adult and adol. svcs. Texarkana, situated in the S.W. corner of Arkansas and N.E. Texas, is in an area of pine forests and lakes, and offers abundant recreat. and cultural opptys. This posn. provides ample oppty. for the dvlpmnt. of a prvt. prac. either individually or in a grp. setting, and offers a liberal relocation and compensation package. The Med. Director will be involved in the design, coordination, and implementation of med. svcs. in this new P.I.A. facility. Interested candidates should be bd. cert. or elig. Contact Joe C. Waters, Administrator, 1600 Arkansas Blvd., #204, Texarkana, AR 75502; (501) 773-3131. Pinewood Hosp. is an affiliate of Psychiatric Institutes of America and National Medical Enterprises Inc.

Waco—Prvt. Prac. grp. has opening for GEN. and/or CHILD and ADOL. PSYCHIATRIST. Prac. in new office bldg. adjacent to modern 80-bed psychiatric hosp. Excel. financial oppty., with guaranteed min. income. Steven Dutton, M.D. or James W. Joliff, M.D., 305 Londonderry, Suite 6, Waco, TX 76710; (817) 776-1421.

Utah

Salt Lake City—The Univ. of Utah Schl. of Medicine—Primary Children's Med. Ctr. is seeking a senior rank person to help direct the Child Psychiatry Prgm. This indiv. may choose to assume the role of Chairman of Child Psychiatry at the Primary Children's Med. Ctr. and of Chief of the Div. of Child Psychiatry in the Dept. of Psychiatry at the Univ. of Utah Schl. of Medicine. The Primary Children's Med. Ctr., loc. in Salt Lake City, is a 164-bed Univ. Affiliated Hosp.

with a vigorous psychiatric inpt. unit of 40 beds, a rsdntl. trtmt. facility, an active outpt. svc. and an estab. liaison prgm. with the Dept. of Pediatrics. The trng. prgm. in Child Psychiatry is fully accred. and accommodates two Child Fellows per yr. The situation presents an ideal oppty. for growth and dvlpmnt. of an outstanding tchn., research and clin. svc. prgm. in Child Psychiatry. The Univ. of Utah/Primary Children's Med. Ctr. is an EOE. Contact Bernard I. Grosser, M.D., Professor and Chairman, Department of Psychiatry, University of Utah School of Medicine, Salt Lake City, UT 84132. The deadline for applications is April 30, 1985.

Vermont

Bennington—PSYCHIATRIST to join prgsv. CMHC in So. VT. vac. area. We offer a compre. organization with staff of 75, full range of svcs. near modern med. ctr. with specialty staff. Excel. compensation package inclgd. liberal frng. bnfts. Sal. range \$55-65K. Oppty. to participate in staff dvlpmnt., commty. education, indiv., grp., family trtmt., hosp. consults, and psych. evals. We want Psychiatrist who: is bd. elig. or cert., can provide leadership in multidiscpl. setting, appreciate the New England way of life. For more info., please send letter and responses to Personnel Dept., UCS, P.O. Box 588, Bennington, VT 05201. EOE

Virginia

Charlottesville—Applicants are being solicited for 3-yr., post-doctoral fellowships for a multi-site, multidiscpl. trng. prgm. in Research in Family Processes and Psychopathology involving 9 sites and 10 sponsoring investigators. Conditional on funding by the National Institute of MH, the prgm. will begin August 1, 1985. Deadline for applications March 1, 1985. For more info. and application forms, write to Department of Psychology, Gilmer Hall, Admissions, Multi-site Family Postdoctoral Program, University of Virginia, Charlottesville, VA 22901. An EO/AEE.

New Kent—Between Richmond and Williamsburg. Cumberland, a Brown Schls. Hosp. needs a CHILD PSYCHIATRIST for its unique patient pop. of head-injured and chronically medically ill/psychiatrically impaired children and adols. Applicant must be versatile with psychopharm., interdiscl. team work. Prvt. prac. model with excel. remuneration. Opptys. for tchn. and research. Call or write Dean Parmelee, M.D., Psychiatric Director, P.O. Box 150, New Kent, VA 23124; in Virginia call 1-800-552-1828, outside Virginia call 1-800-368-3472.

Richmond—AFFECTIVE DISORDER PRGM. FELLOWSHIP, MED. COLLEGE OF VIRGINIA (1,000 bed tchn. hosp.), Dept. of Psychiatry. Estab. fellowship. One yr. advanced trng. in basic and clin. research, and tchn. in affective disorder spectrum illness. Multidiscpl. team approach. Offered to psychiatrists who have completed rsdncy. and have career interest in affective disorders and research. Fellow will have Univ. appt. and bnfts. Begin July 1, 1985. Send CV to Prakash Ettigi, M.D., Director, Affective Disorders Program, Department of Psychiatry, MCV Box 710, Richmond, VA 23298. MCV/VCU is an EEO/AEE. Women and minorities are encouraged to apply.

Richmond—DEPT. OF PSYCHIATRY, MED. COLLEGE OF VA recruiting a faculty with career interest in trtmt., trng., and research of chronic mental illness. Research support and supervision is a prefunded prgm. component. 60% of time at state hosp. and 40% of time MCV. Posn. respon. for developing and directing a model prgm. related to trtmt. resistant mental illness. Faculty will train full-time psychiatric fellow. Must be bd. cert. or elig., strong interest in research, previous exper. in an acad. hosp. setting, some admin. exper. preferred. Send CV to Joel J. Silverman, M.D., Chairman, Search Committee, Department of Psychiatry, MCV/VCU, Box 710, Richmond, VA 23298. MCV/VCU is an EOE/AA Employer. Women and minorities are encouraged to apply.

Richmond—FELLOWSHIP IN CHRONIC ILLNESS, DEPT. OF PSYCHIATRY, MED. COLL. OF VA recruiting two fellows to study full-time under the supervision of the Directors for the Chronic Trtmt. Unit and Acute Diagnostic and Trtmt. Svc. Fellows will have a Univ. appt., receive extensive supervision and have hands-on exper. in order to enhance their skills. Bd. elig., career interest in chronic mental illness, and research important criteria. Send CV to Joel J. Silverman, M.D., Chairman, Search Committee, Department of Psychiatry, MCV/VCU, Box 710, Richmond, VA 23298. MCV/VCU is an EOE/AA Employer. Women and minorities are encouraged to apply.

Roanoke-Salem—Bd. cert. or elig. STAFF PSYCHIATRIST posn. on an acute inpt. unit. This JCAH-accred. Med. Ctr. with a 329-bed Psychiatry Svc. is affiliated with the Univ. of VA, offering opptys. in student tchn., research and outpt. follow-up. The Roanoke-Salem Valley comprises a metropolitan area of 225,000 with numerous cultural, sports and recreat. activities. Excel. bnfts. include 30 days vac., 15 days sick lv., and insur. with sal. to \$71,000 contingent upon exper. and quals. Write or call V.A. Medical Center, Psychiatry Service (116A), Salem, VA 24153; (703) 982-2463, ext. 2515. An EOE.

Staunton—PSYCHIATRISTS with med. confidence and internist/generalists with psychiatric skills for a 750-bed gen. psychiatric hosp. in the Shenandoah Valley. Adult and geriatric patients with a full range of neuropsychiatric disorders. Approved site for Public Health Svc. physicians. Affiliation with the Dept. of Behavioral Medicine and Psychiatry, Univ. of Virginia; full and clin. faculty appts. avail. Substantial sal. and bnft. package. Convenient to city and countryside. Graduation from a recognized med. college and licensed in Virginia to prac. medicine or elig. For specifics contact Garland J. Wampler, M.D., Deputy

Director for Medical Affairs, Western State Hospital, Box 2500, Staunton, VA 24401-1405; (703) 885-9458.

Tidewater—CHILD PSYCHIATRIST (S) Bd. cert. or elig. to join estab. prgsv. psychiatric grp. prac. with offices in Norfolk, Virginia Beach, Chesapeake, Suffolk and Franklin, VA. Posn. avail. in Suffolk, Franklin, Norfolk and Virginia Beach areas. Interested in dynamic indivs. to meet the challenges of a changing health care environment. Full Bnft. prgm. Contact: Warren J. Jones Jr., M.D., 880 Kempsville Rd., Suite 1100, Norfolk, VA 23502.

Tidewater—PSYCHIATRIST (S)—Bd. cert. or elig. to join estab. prgsv. psychiatric grp. prac. with offices in Norfolk, Virginia Beach, Chesapeake, Suffolk and Franklin, VA. Interested in dynamic indivs. willing to meet the challenge of the changing health care environment. Full Bnft. prgm. Contact: Warren J. Jones Jr., M.D., 880 Kempsville Rd., Suite 1100, Norfolk, VA 23502.

Washington

Ft. Steilacoom—STAFF PSYCHIATRIST: Bd. cert. or elig., Western State Hosp., Steilacoom, WA. Fully accred. hosp. loc. on Puget Sound, 45 min. south of Seattle. Sal. up to \$61,000 (with O.D. pay) now with increase to \$67,000 Jan. 1, 1985. Excel. bnfts., Wash. lic. required. Send CV to R. Darrell Hamilton, M.D., Western State Hospital, Steilacoom, WA 98494; (206) 756-2525.

Mount Vernon—PSYCHIATRIST posn. avail. at Skagit CMHC. Share coverage with two other psychiatrists. Ctr. offers a full range of commty. MH svcs. in the "Magic Skagit Valley," where the Cascade Mtns. and Puget Sound coincide. Catchment area 60,000; prvt. prac. opptys. avail. Contact Mark H. Backlund, M.D., or Jere LaFollette, MSW, MPH, at (206) 336-3193, 208 Kincaid St., Mount Vernon, WA 98273.

Seattle—The Univ. of WA (UW) Dept. of Psychiatry and Behavioral Sciences is recruiting a SENIOR ACAD. PSYCHIATRIST for the posn. of Med. Director of the Harborview Commty. MHC (HCMHC). The Med. Dir. coordinates and supervises the clin. and acad. prgms. of the Ctr. and evaluates the quality of care. The Med. Dir. collaborates with the Exec. Dir. in the dvlpmnt. of standards and clin. policies and supervises their implementation. He/she responds to commty., univ., governmental, and staff inquiries regarding patient care. The Med. Dir. is the acad. head of the HCMHC faculty grp. and acts as a liaison to the UW Dept. of Psychiatry and Behavioral Sciences. Exper. in the administration of a commty. MHC and a record of research, tchn., and clin. care are req'd. Send letter of interest and CV to John Hampson, M.D., Chair, Search Committee, Department of Psychiatry, University of Washington RP-10, Seattle, WA 98195. The UW and HCMHC are AA/EOE.

Seattle—Univ. of WA—PSYCHIATRIST to direct Regional Psychiatry Emerg. and Short-Term Trtmt. Prgm. at Harborview CMHC (HCMHC). Respons. include prgm. dvlpmnt., quality assurance, trng. and supervision of MH professionals and students, and liaison with other providers. Interest and exper. in emerg. svcs. and commty. psychiatry are req'd. Applicant must qualify for faculty appt. Send letter of interest and CV to Eric Trupin, Ph.D., Chairperson, RES/TC Search Committee, Department of Psychiatry, University of Washington RP-10, Seattle, WA 98195. The UW and HCMHC are AA/EOE.

Wisconsin

Cumberland—We can offer a PSYCHIATRIST challenge and variety. Northern Pines Unified Svcs. Ctr. serves over 100,000 people in 5 counties. We operate both psychiatric inpt. and outpt. prgms. Enjoy the pleasures of life in a four season resort area with access to urban resources. Our income and frng. package are highly competitive. Send your resume today Ron Beckman, Associate Director, Box 518, Cumberland, WI 54829. NPUSC is an EOE.

Green Bay—PSYCHIATRIST—Brown County Unified Board offers immed. full- or part-time employment for a psychiatrist in a commty. MH prgm. with prac. in both inpt. and outpt. settings. Must be bd. cert. or bd. elig. Sal. nego. in the high 60's. JCAH-accred. regional referral ctr. Green Bay is an urban commty. with outstanding schls., a major branch of the Univ. of Wisconsin, a four-season recreat. area, low crime rate and low cost of living. Contact Howard W. Davis, M.D., Clinical Director, Brown County Mental Health Center, 2900 St. Anthony Drive, Green Bay, WI 54301; (414) 468-1136. AA/EOE M/F/H.

Milwaukee—GEROPSYCHIATRISTS AND GEN. PSYCHIATRISTS (Bilingual-Spanish). Milwaukee County MH Complex is currently recruiting staff to meet its current and expanding prgm. needs. We are seeking bd. elig. and cert. indivs., especially those who are bilingual (English-Spanish) to more aggressively serve the commty.'s Spanish speaking pop. and in our expanded svcs. in geropsychiatry. The MH Complex is affiliated with the Med. Coll. of Wisconsin, a member of the Milwaukee Regional Med. Ctr. and is clustered with member hosps. on campus-like grounds in a western suburb of Milwaukee. Rsdnt. staff provides evening and weekend emerg. coverage. Sal. structure and bnfts. are attractive, competitive with, and many cases better than those offered by medium-sized, government sponsored, med. schl. affiliated hosps. Those interested in more specific info. about job opptys. please contact Laurence Kauth, M.D., Asst. Medical Director, MILWAUKEE COUNTY MENTAL HEALTH COMPLEX, 9455 Watertown Plank Rd., Milwaukee, WI 53226. EOE.

Wyoming

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Foreign

St. Thomas, U.S. Virgin Islands—Fellowships in Commty. Psychiatry are being offered by the Dept. of Health, Div. of MH, Alcoholism, and Drug Dependency of the U.S. Virgin Islands Govt. in conjunction with Howard Univ. Hosp. Applicants should have completed a four yr. rsdncy. This prgm. will start in July 1985. The fellowship will expose the psychiatrist to a wide range of psychotherapeutic and commty. MH svcs. in a diverse cultural setting. The fellow will be a member of a multi-discpl. team which provides crisis intervention, acute inpt. care, chronic and long term care, day hosp., children's svcs., consul./liaison, forensic, and drug and alcohol trtmt. prgms. Qualified applicants send CV to Patricia Rhymer Todman, Director, Division of Mental Health, Alcoholism and Drug Dependency, P.O. Box 7309, St. Thomas, U.S. Virgin Islands 00801.

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CALL FOR PAPERS: The American Institute of Med. Education invites your participation in its conferences. If you would like to be a speaker, please send an outline, summary, or paper of your presentation to The Program Committee, AIM ED, 2625 W. Alameda Ave., #504, Burbank, CA 91505. Deadline for EMOTIONAL GROWTH IN ADULT LIFE—KAUAI 85, to be held at the Kauai Surf Resort Dec. 22, 1985—Jan. 1, 1986, is April 30, 1985. Deadline for CREATIVITY AND MADNESS in Hawaii Feb. 15-22, 1986, is May 30th. Deadline for CREATIVITY AND MADNESS—EUROPE May 17-31, 1986 (Amsterdam, Paris and the French Riviera) is June 30, 1985.

APRIL 18-21, '85, NEWPORT BEACH, CA. 3rd Annual Symposium in Psychiatry/Law—American College of Forensic Psychiatry. Sections: (1) Sexual Acting Out (2) Civil cases (3) Correctional Psychiatry. CME in appl. Information: ACFP, 26701 Quail Creek, No. 295, Laguna Hills, CA 92653; (714) 831-0236.

CREATIVITY AND MADNESS—SAN FRANCISCO 1985. A one-day conference on art and artists at the Fairmont Hotel. Presentations on Picasso, Dylan Thomas, Brahms, and others. Contact The American Institute of Medical Education, Attn: Barry Panter, M.D., 2625 W. Alameda Ave., #504, Burbank, CA 91505; (818) 842-8818.

HAWAII-EASTER WEEK March 30-April 7, 1985. A one-week conference presented by The American Institute of Medical Education. CREATIVITY AND MADNESS MAUI '85—Psychological Studies of Art and Artists. Presentations on J.S. Bach, Degas, Puccini, Egon Schiele, Mary Cassatt, and others. Contact AIM ED, Attn: Barry Panter, M.D., Ph.D., 2625 W. Alameda Ave., #504, Burbank, CA 91505; (818) 842-8818.

THE MASTERSON GRP., P.C. FOURTH ANNUAL CALIFORNIA CONFERENCE: "The Borderline Patient-A Clin. conference of lectures and video tapes" March 1,2, 1985 Hotel Del Coronado, San Diego. CONF. will consist of lectures, discussion, two video

tapes, a supervised case presentation by Dr. James Masterson. For brochure write Masterson Grp., 60 Sutton Place South, New York, NY 10022.

Courses & Workshops

MAUI PSYCHIATRIC UPDATE, March 7-10, 1985. Maui Surf Resort, Hawaii, 25 Category 1 Hrs. Robert Williams, David Kupfer, Carl Whitaker. David Spiegel, Judith Wallerstein. John Schwartz. Continuing Medical Education, Inc., 2030 E. Fourth St., #132A, Santa Ana, CA 92705; (714) 547-5186.

TWO HARVARD MEDICAL SCHL. CONFERENCES—Sponsored by Dept. of Psychiatry/The Cambridge Hosp.—Inpt. Psychiatry: Aspects of a New Specialty March 29, 30, 1985 Boston. Guests include: Drs. Joseph English, Alan Gelenberg, Ira Glick, Cavin Leeman, and Andrew Slaby. 6th ANNUAL PSYCHOTHERAPY SYMPOSIUM: The Modern Practice of Psychotherapy June 14, 15, 1985 Boston. Guests include: Drs. Ramon Greenberg, Robert Michels, Gean Baker Miller, Sheldon Roth, Evelyn Schwaber, and Myron Sharaf. For further info, contact Douglas Jacobs, M.D., Director, Continuing Education Division, Dept. of Psychiatry, The Cambridge Hospital, 1493 Cambridge St., Cambridge, MA 02138; (617) 864-6165.

VANCOUVER PSYCHIATRIC UPDATE, April 26-28, 1985. Hyatt Regency Vancouver, Canada, 22 Category 1 Hrs. Judd Marmor, E. James Anthony, Gene Usdin, Robert Cancro, Barry Blackwell. Continuing Medical Education, Inc., 2030 E. Fourth St., #132 A, Santa Ana, CA 92705; (714) 547-5186.

Books & Tapes

COMPUTERS IN PSYCHIATRY/PSYCHOLOGY—A clin. resource journal beg. its 7th yr. featuring computer applications for diagnosis, testing, research, office mgmt. & therapy. Bibliography and software reviews. All 7 vols.: \$195; 3 vols. ('85, '84, '83): \$100; 2 vols. ('85, '84): \$80; 1 vol. ('85): \$45. CP/P, Box 1, 26 Trumbull St., New Haven, CT 06511; (203) 562-9873.

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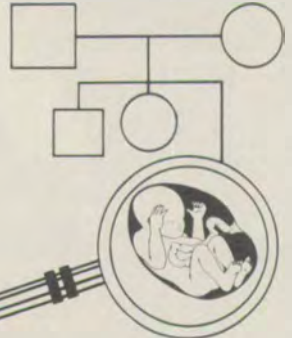


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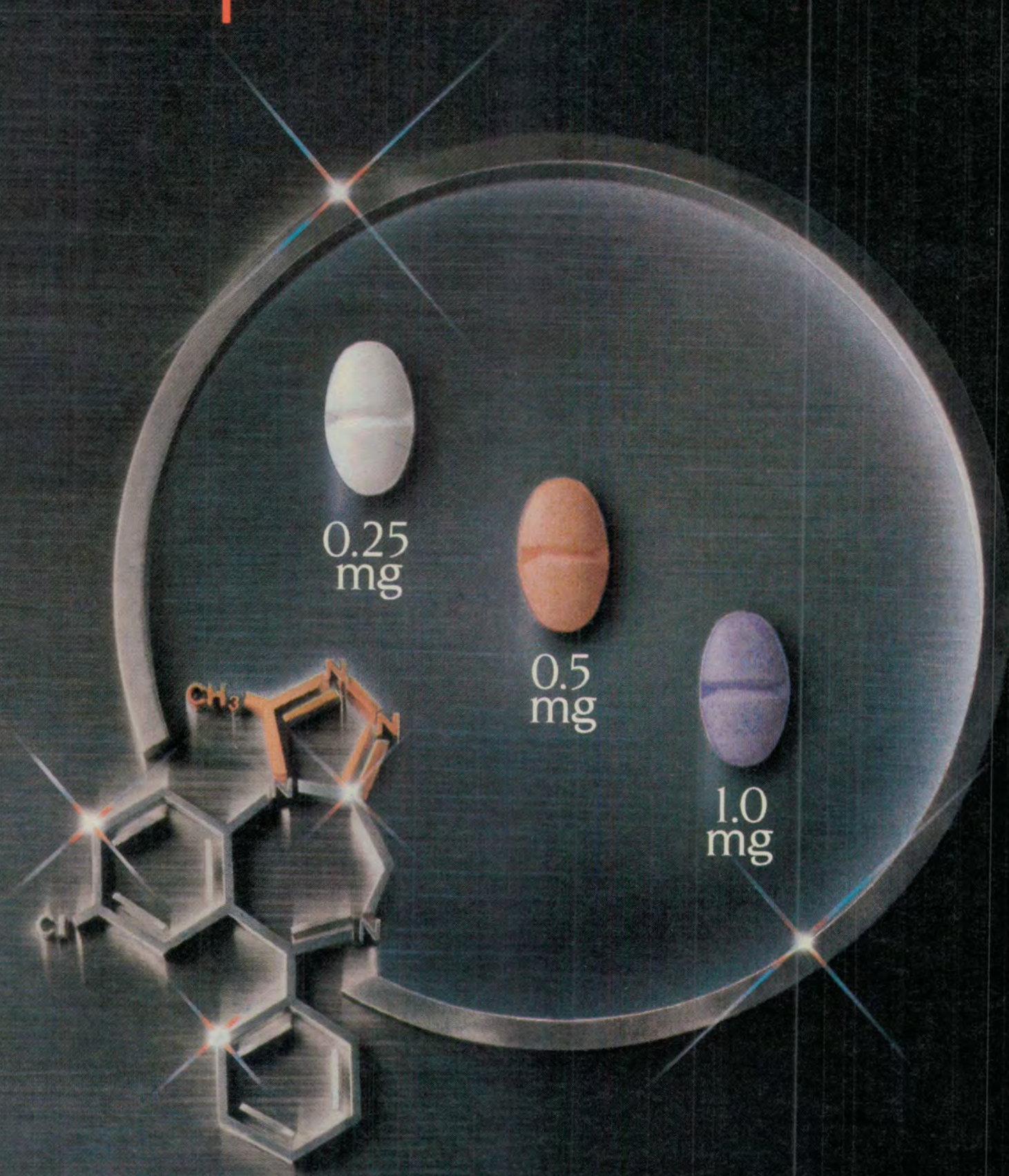
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