



WASHINGTON PSYCHIATRIC SOCIETY NEWS

JULY/AUG 2010



INVITATION TO JOIN THE PHYSICIANS FOR HUMAN RIGHTS ASYLUM NETWORK



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Physicians for Human Rights (PHR) is a non-profit, non-sectarian organization founded in 1986 on the premise that health professionals are uniquely positioned to investigate the health consequences of human rights violations and to work to stop them. It is funded through private foundations and individual donors and has an office in Washington, DC although it is headquartered in Boston. PHR shared the 1997 Nobel Peace Prize.

PHR has an Asylum Network which consists of hundreds of health professionals throughout the USA who offer pro bono psychological and physical evaluations to document evidence of torture and other abuse for men and women fleeing persecution in their home countries. Asylum Network volunteers employ the very skills they use in their everyday careers as health professionals to provide unbiased evaluations of asylum seekers. The medical testimony that Asylum Network volunteers provide, and that asylum seekers submit to the government in support of their asylum applications, is often the difference

between an individual being granted asylum or being forced to return to persecution or even death in their home countries. Nearly 90% of the applicants evaluated by PHR Asylum Network volunteers in recent years have been granted asylum—a clear signal that the expertise of volunteer professionals makes a huge difference in promoting the human rights of asylum seekers.

PHR is seeking volunteer psychiatrists from our area. It provides interested and qualified psychiatrists with a written guide that includes an overview of political asylum law and procedure, discusses psychiatrist's role in asylum cases, and reviews components of appropriate testimony. PHR also provides new volunteers with the name of an experienced Asylum Network volunteer to serve as a mentor, background information on the human rights situ-

ation in the client's country of origin, and sample evaluations. Psychiatrists are free to take on as many or few cases as their schedule permits, whether it is one case per year, one per month, or anywhere between. The asylum seeker's attorney will provide a translator to assist in the psychiatrist's evaluation, if this is necessary, so no foreign language proficiency is required.

For more information on this program you can visit their website at www.physiciansforhumanrights.org. You may also contact Christy Carnegie Fujio, JD, Asylum Program Director, PHR at cfujio@phrusa.org or call her at 617-301-4242.



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Washington Psychiatric Society

4401A Connecticut Avenue, NW, #358 Washington, DC 20008 • Email: admin@wdcpsych.org • Web site: www.dcpsych.org
T 202.595.9498 • F 410.544.4640

THE PRESIDENT'S COLUMN

ELIZABETH MORRISON, MD, DFAPA



Need Help! Need Help? Want Help?

Canoeing the rapids with my husband Stuart and sister Kate on the old Patowmack Canal on a blistering July day, we successfully navigated the class II rapids until the last bend where we a-l-m-o-s-t made a quick turn left, then right—almost—but ended in the drink. The water was warm, and our stuff, in a dry bag hooked around a thwart, stayed with us. So here is a fun picture to document our efforts.

Is this a metaphor for the state of affairs for WPS? Perhaps.

Need Help!

Our first order of business this summer is some serious housekeeping. Our bylaws and ethics procedures need updating and revision. Kayla Pope, MD, JD, and Catherine May, MD, respectively, have taken the lead for these much needed projects. I am grateful for their energy and enthusiasm. Each will report on their committee work and recommendations at the Board retreat on August 28th. Later this fall, after Board approval we will send the revised Bylaws to the WPS membership for your vote—yay or nay.

Second: Dr. Judith Nowak has spent many years editing the WPS Newsletter. She and Dr. Harold Eist, who is co-editor, want to recruit members who will help them. I am confident that we have talent willing to do this. Are any of you past editors of your high school or college newspaper or yearbook? Now is the time to reconnect with those past accomplishments. If any of you think you might want to check this out, please email me at eamorrison@aol.com. Include the keyword “Newsletter” in the Subject section.

Need Help?

WPS is *your* platform for addressing issues of concern to you, within the parameters of the WPS mission statement.

Two recent examples, two of many, come to mind: Nathan Pilgrim, MD, a PGY-2 Georgetown resident, read a **Washington Post** article about suicides on the DC Metro tracks. He called the Metro employee quoted in the article and learned that Metro employees who witness suicides receive no psychological

assistance at all. In fact, their EAP program has no psychiatrist or other mental health provider. Metro has no plan or policy for assisting an employee who has witnessed a suicide. Nathan asked me if he could present his findings to the Board. My response: please do, yes. At the June meeting, the Board voted to establish a Task Force to address this concern, with Nathan and Bob Kiesling, M.D., President-Elect, as co-chairs. They will meet with Metro officials and gather information that may be useful to our recommending changes to the policies and procedures regarding employees who experience the horror of seeing a Metro rider kill him or herself.

Second example: Barry Landau, MD, was recently contacted by an insurance company mental health clinician asking for clinical information well beyond what had been established as allowable under the DC Confidentiality Law. Barry had previously worked with the D.C. Insurance Commissioner to successfully issue guidelines that reinforced confidentiality protections in outpatient claims review. In investigating the recent intrusion, Dr. Landau spoke with personnel at the insurance commissioner's office and discovered there was a complete turnover of staff and that no one knew about the previously established guidelines. There was an institutional memory lapse. A meeting has been set by the DC Insurance Commission to discuss this. Barry sent an email to me asking if he could attend as the representative of WPS? Yes!! I wish all decisions I make as the presiding officer of WPS were so easy. Barry will report the proceedings of this discussion to the Board.

Want Help?

Is there a problem or concern that you are aware of? Let WPS know. You can contact any of the WPS officers, including me at eamorrison@aol.com or Pat Troy, Executive Director, at pat@nextwavegroup.com.

Hope you had a safe summer.

STIGMA TAKES ITS TOLL

By WILLIAM B. LAWSON, MD, PhD, DFAPA

This is the best of times and the worst of times. In a previous newsletter, I discussed the many opportunities in the Obama health plan. Dr. Peele has been keeping us abreast of new treatments despite the absence of a real blockbuster. But as I read the news, I am distressed at the carnage that mental health services are experiencing. Once again, mental health services are especially vulnerable to cut backs when the economy goes sour. Why is this? Clearly stigma is involved. Nowadays, the mentally ill are no longer treated like biblical lepers. Most people talk about severe mental illness in terms of neurotransmitter activity and brain changes, instead of demon possession. But the next step has not occurred. Most people still see mental disorders as something that happens to "others". Services are seen as going to a group alien to the rest of us. NAMI and MHA do not appear in the media with poster children requesting support. Cancer has thrown off its stigma and can be widely discussed. Even AIDS generates little controversy when federal dollars are spent. But mental disorders, which impact far more people, are largely ignored unless there is violence: suicide in the military, murder at Virginia

Tech. As psychiatrists, it is in our interest to reduce this stigma that prevents so many from seeking help. But a larger issue may be in educating the public to recognize that these disorders are common, treatable, and affect human beings who are like the rest of us.



WPS AWARD NOMINATIONS

FROM ROBERT KEISLING, MD, DFAPA, WPS PRESIDENT-ELECT

I have been appointed chair of the WPS Awards Committee. I am looking for a member from Virginia and a member from Maryland to join me. I am also seeking nominations for Resident of the Year, Psychiatrist of the Year, Advocate of the Year and the Wellstone Award. These awards will be presented at the WPS meeting in November. You may e-mail recommendations to me at rkeisling@pathwaysdc.org or call me at 202-529-2972.

WPS UPCOMING FALL EVENTS


- **September 2**
Women's Caucus
Location: Famoso, Chevy Chase, MD
- **September 15**
DC Chapter, Annual Meeting
Careers and Leadership Program
All WPS Members Invited
Location: DC Medical Society
- **September 25**
Psychiatric & Somatic Medicine
Conference (CME)
Location: Suburban Hospital
- **September 28**
Connections & Conversation
Location: MD (TBD)
- **October 13**
Connections & Conversation
Location: DC (TBD)
- **October 19**
Psychiatric Salon (CME)
Location: La Ferme, Chevy Chase, MD
- **November 16**
Psychiatric Salon (CME)
Location: Maggiano's, Washington, DC
- **November 19**
Awards Reception
Location: JW Marriott, Washington, DC
- **November 29**
Connections & Conversation
Location: VA (TBD)
- **December 14**
Psychiatric Salon (CME)
Location: Brabo, Lorien Hotel
Alexandria, VA

SIGN-UP
NOW!

Virginia and Maryland Chapter meeting dates to be announced.

All dates are tentative and subject to change.

For more information and online registration, go to <http://www.dcpsych.org>



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WHAT IS PECOS ?

PECOS stands for Provider Enrollment, Chain, and Ownership System. It is an electronic data base begun in November, 2003 by Medicare (CMS) to enroll providers and all referring physicians who prescribe and refer patients for durable medical equipment, nebulizers, orthotics, prosthetics, home medical supplies, clinical laboratory and radiological prescriptions and services.

All of us, including physicians who have opted out of Medicare need to be enrolled through this data base. Those opted out need to be listed so that they can prescribe services such as medication and laboratory tests for their patients with Medicare that will be covered even if such patients pay their physicians privately for medical/psychiatric visits. Physicians who have validly opted out of the Medicare program will have a valid opt-out record in PECOS and will not

be required to submit an enrollment application.

The original deadline for enrollment was January 3, 2011. This was moved up to July 6, 2010 but the AMA has advocated for holding off enforcement until the 2011 date. CMS has agreed to put off enforcement but has not specified a final date.

Anyone who has enrolled in Medicare within the past 6 years or who has submitted updates to their enrollment information within the past 6 years have enrollment records already in PECOS and do not need to reapply.

Physicians who enrolled in Medicare more than 6 years ago and who have not updated their information in the past 6 years will need to submit enrollment applications to Medicare to establish an enrollment record in PECOS. Yes, this means filling out a CMS-855 application by paper or

online and resubmitting whatever credentials are stipulated in the application.

How does one establish one's enrollment status? You can go to www.cms.hhs.gov/MedicareProviderSupEnroll. It will tell you how to check your status and/or enroll. However, it is not a user friendly site.

One can call one's Medicare Administrative Contractor (MAC). I have found this does not require long telephone waits. For the District of Columbia and Maryland, it is Highmark at 877-235-8073. For Virginia, it is Trailblazers at 866-717-0010. A live human being will be able to tell you if you are enrolled in PECOS and, if not, how to go about enrolling. If you need to enroll, you can start the process by calling Medicare Enrollment at 866-488-0549.

One might wonder why Medicare did not just transfer all its provider information into PECOS without reenrollment. One reason is that they want to reconfirm and validate information in order to prevent fraud. The extent of this is breathtaking. For example, I had occasion to talk recently with a State Department official who told me that Nigerian and other fraudsters have set up virtual medical clinics that only exist in electronic space. They steal and use physician NPI and Medicare numbers and either steal or purchase Medicare ID numbers from Medicare beneficiaries. They then bill Medicare for services never rendered to patients who were never examined. Let's hope PECOS will stop the bleeding.

The Editor

MENTAL HEALTH PARITY LAW

Rules have been written regarding the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008. These rules stipulate that plans may not impose a different, more stringent set of restrictions on mental health and substance abuse treatment than are imposed on other medical and surgical services.

About 150 million Americans receive health insurance through large group health plans, defined in the regulations as those sponsored by employers of 50 or more workers. About 90% of these plans include mental health coverage.

The rules published February 2, 2010 in the Federal Register, will prohibit large group health plans from restricting access to mental health and substance abuse care by limiting benefits and requiring higher patient cost-sharing when compared to general medical or surgical benefits. The regulations do not require the plans to cover mental health services.

Plans will not be allowed to implement separate deductible and out-of-pocket limits for mental health/substance abuse and medical/surgical services. Instead, the categories must be combined into a single total deductible or out-of-pocket limit.

Perhaps most importantly, case management rules cannot be applied more stringently or restrictively to mental health/substance abuse treatment.

A lawsuit was filed in March by three managed care organization over these regulations. US District Court Judge Colleen Kollar Kotelly dismissed the case filed by a group calling itself the Coalition for Parity Inc. on June 21. This group consisted of Magellan Health Services, Inc, Beacon Health Strategies Inc and Value Options.

While the coalition objected on a procedural issue—that the government bypassed due process by issuing an interim final rule without issuing

a proposed rule for comment—it seems clear that they are threatened by the prohibition against non quantitative treatment limitations that involve managing behavioral health care costs.

How many of our members have had to fill out treatment plans while our medical/surgical colleagues do not? Or have been paid by private plans according to the Medicare fee schedule when medical/surgical "usual and customary" are paid at a higher rate? How many of our patients have separate deductibles for mental/substance use treatment from their medical/surgical? These would be forbidden for most plans as of January 1, 2011.

Our APA fought for dismissal of this parity law suit. Jennifer Tassler, J.D., deputy director for regulatory affairs in the APA Department of Government Relations said:



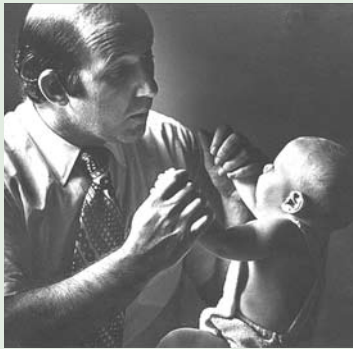
"Now that the suit has been dismissed, there is no question that the government's interim final rule stands." She said that the APA would begin outreach to the business community to help monitor compliance with the law and urged psychiatrists to contact the APA if they experience problems with compliance on the part of patient's health plans.

We on the Board of WPS ask that you notify us through our Executive Director, Pat Troy, so that we can advocate and communicate with APA on your behalf.

The Editor

Obituaries

Stanley I. Greenspan, MD, DLFAPA



Stanley I. Greenspan, 68, died April 27, 2010 of complications of a stroke. He was a child psychiatrist who developed a technique trademarked as DIR/Floortime for reaching children with autism and other developmental disorders.

He was born in Brooklyn on June 1, 1941. Stanley had difficulties with reading and writing as a boy and developed techniques for achieving academically. He graduated from Harvard College in 1962 and from Yale University Medical College in 1966, completing his Residency in Psychiatry at Columbia University College of Medicine. He joined the United States Public Health Service and was a researcher for many years at the NIMH.

Dr. Greenspan was a leader in the field of infant observation and in the importance of attachment bonds in child development. He found that babies who fail to connect with their parents for many reasons—developmental disorders or a parent's inability to relate to the child—are deprived of emotional tools necessary for growth and learning. He encouraged parents, teachers, and therapists to get down on the floor with children and engage them with gestures and words to build warm relationships.

In books such as *First Feelings* (1985), *The Essential Partnership* (1989), and *Playground Politics* (1993) provided a developmental map for parents. Other important publications of his many books and papers included *The Challenging Child* (1995) and *Engaging Autism* (2006). His advice received widespread attention in the media and his work was featured in the 1986 PBS special *Life's First Feelings* about the emotional development of babies.

Jon Meyer, MD notes his contribution to Dynamic Psychiatry via his involvement in the development of the *Psychodynamic Diagnostic Manual*.

Dr. Greenspan was founding president of Zero to Three, a national organization promoting healthy infant development and started the Interdisciplinary Council on Development and Learning Disorders, a nonprofit group that offers training in his Floortime model.

His first marriage to Helen Hans ended in divorce. He is survived by his wife Nancy Thorndike whom he married in 1975 and with whom he wrote several of his books. He is also survived by his three children from his second marriage, Elizabeth Greenspan of Boston, Sarah Greenspan of Silver Spring and Jacob Greenspan of Washington, DC.

Richard A. Rogers, MD, DLFAPA



Richard A. Rogers, 90, a psychoanalyst and psychiatrist, died June 19, 2010 at the Beaverton, Oregon home of his daughter, Jean Sneed.

He was born to Clarence and Minnie Rogers in Rexford, Kansas where his father taught in a one-room school. His parents sought to better themselves and moved the family to Chicago where his mother earned a teaching degree.

Al graduated magna cum laude from the University of Washington and graduated from the Northwestern University Medical School in 1943. He interned at Cook County Hospital where he also completed a Residency in Psychiatry.

Dr. Rogers served in the U. S. Army at four state-side posts. His last posting was at Havre de Grace, MD where he was chief of a veteran's mental hygiene clinic.

Al practiced psychiatry and psychoanalysis for forty years in the Washington, DC area. He had a private practice and was on the staff of Sibley Memorial Hospital in the District. He was an Associate Clinical Professor of Psychiatry at George Washington University Medical College. He was very proud of his work with the underserved mentally ill, running therapy groups for over thirty-five years. He retired in 1987 and moved to Bentonville, Virginia in the Shenandoah Valley.

Dr. Rogers enjoyed philosophy, music and the study of religion. In retirement, he played harmonica with the Harmonicats of Front Royal, Virginia.

Twice married, Dr. Rogers wed Lydia Hencky, who died in 1962, and Ruth Hardy, who died in 2001. He is survived by his three children from his first marriage, William Rogers of Gaithersburg, MD, Kathryn Ann Rogers of West Chester, PA, and Jean Sneed of Beaverton, OR; one daughter from his second marriage, Elizabeth Rogers of Front Royal, VA; three grandchildren; and three great-grandchildren.

Remembering Audrey Moss, MD

Comments of Kenneth Gaarder, MD, DLFAPA

Audrey Moss, MD, died on November 9, 2009 at the age of 54, from a cancer that she had fought for several years.

I first met her in 1992 when she was a resident and I had the privilege of supervising several of her therapy cases at George Washington University Medical School. What I remember most were her qualities of selflessness, intelligent focus, and dedication to the highest ideals of humanistic medicine. She was an outstanding physician.

As is too often the case, Audrey and I lost track of each other, since we practiced in different communities. Also, most generations of psychoanalysts know mainly their own training group and their teachers. In spite of our intense connections to a few close colleagues, we frequently lose contact with others. I got to know Audrey again last year at her memorial service at Virginia Hospital Center. I will try to bring us up-to-date with what I learned.

Although Audrey finished her psychoanalytic training in 2003 and practiced analysis, the scope of her interests was too large for psychoanalysis alone. She ventured into a much wider world of medical and community involvement, practicing family medicine and geriatric psychiatry along with psychoanalysis. At the last APA meeting she was honored by receiving NAMI's Exemplary Psychiatrist Award for her commitment to the care of the indigent mentally ill. She held a number of leadership positions at the Northern Virginia Mental Health Institute, where she worked with Roger Peele, and earlier in her career with the Air Force. She was a completely interdisciplinary physician who worked at the Northern Virginia Community Hospital and at the Virginia Hospital Center. She inspired her non-psychiatric medical colleagues and other

coworkers to give of themselves to their patients. She loved to participate in care planning conferences and inspired others with her imaginative approaches to care.

Reflecting this was the outpouring of feeling toward her at her memorial service. The auditorium was packed with people, and this was only one of several services at several facilities remembering her. Her parents, Mr. and Mrs. Arnold, her daughter Kathryn, and her colleagues and coworkers at the hospital spoke of her qualities: modesty, humility, focusing on the other person, courage in plunging ahead, giving comfort and being useful. Much of this was conveyed in her smile, which shines brightly in her pictures.

Having worked at Chestnut Lodge in the past, I was moved to see the considerable number of the seriously mentally ill who came to the service. This was especially touching, as it was easy to read the suffering on their faces, their reticence and awkwardness, but their determination to be there to remember her. Most of us work with the seriously mentally ill, but few of us commit ourselves to them as she did.

I talked with her coworkers and colleagues and learned that she had achieved the greatest recognition we can have as analysts. These people had treasured her as a coworker, and when they needed help themselves, it was to her that they turned. A nationally prominent psychoanalyst who was the father of one of her patients felt Audrey's help was crucial in his child's regaining equilibrium.

Audrey loved country music, partly because of the stories the songs tell. A book commemorating her life has been put together by a friend and coworker, Sarah Horrocks, and will soon be in the library at the Washington Center for Psychoanalysis. Audrey felt that her psychoanalytic training was the cornerstone of her work. We can all be very proud of her association with us. She had a rich life, which ended too soon. We mourn her with her family and thank them for having been at the center of her life. We are grateful to her for what she did, even as we miss her.

Editor's comments: Audrey graduated from Georgetown University Medical School, did her family practice residency at the Malcolm Grow Medical Center of the USAF, and her psychiatric residency at George Washington University Medical School. She was an Assistant Clinical Professor of Psychiatry and Behavioral Sciences at George Washington University Medical College. Dr. Moss served as an officer in the U.S. Air Force. Dr. Moss may be memorialized with donations to Clarendon House, a community-based rehabilitation program, and The Animal Welfare League of Arlington, Virginia. Those interested in Clarendon House may contact Rebecca Wright at (703) 228-5236 or at rwright@arlingtonva.us.



Update Your Email to Vote!

The APA is transitioning to an all electronic balloting process for national elections. Only electronic ballots will be sent to those with valid email addresses in future elections. Log into www.psych.org/options or Members Corner on the APA website to update your email address and profile. Questions and comments to election@psych.org

Call for APA Nominations!

Submit nominations for the 2011 Election to election@psych.org. Please write full name of the nominated APA member and the corresponding office(s) nominated. The following offices are open for nomination:

- President-Elect
- Secretary
- Member-in-Training Trustee-Elect (MITTE)

Important: Campaigning by candidates and supporters should not begin until the candidates are announced to the membership in September. Reference the Election Guidelines for further information.

Please visit the election section of the APA website under Association Governance. Go to www.psych.org/resources/governance/elections for more election and nomination information.

APA FELLOWSHIP APPLICATIONS

MUST APPLY BY 8/30/10!

Those eligible WPS members still have time to apply for APA fellowship. It is only a one page application—very easy to complete! We want to see WPS lead the way in recognizing members who have passed Boards—as other medical specialties do.

To be eligible, you must:

- ▼ Be a General Member for at least five years
- ▼ Have certification by the American Board of Psychiatry and Neurology, the Royal College of Physicians and Surgeons of Canada, or the American Osteopathic Association
- ▼ WPS Board can provide two letters of recommendation from current Fellows, Life Fellows, Distinguished Fellows or Distinguished Life Fellows (you can request WPS to provide these for you.)

We invite those eligible for APA Fellowship to apply through WPS or APA as soon as possible. Our WPS office must receive your completed paperwork by August 30, 2010, or you can submit directly to APA by September 1, 2010.

For more information, please contact Jane Martin, Director of Member Services, at janemartinso@yahoo.com or 410-626-1182.

Classified Ads

Office Space Available

50 square ft soundproof room, not including waiting room, becoming available in the McLean Professional Park. Please contact Dr Eric Steckler at 703-734-1633 or at dr.eric.steckler@gmail.com.

Psychiatrist Office for Rent 2141 K St. N.W. Washington, DC. Prime location in medical office building. Private Consultation & Waiting Rooms. Available Fall 2010. Parking in building and metro accessible. Call 202-223-1765 or cell 240-994-4970.

Positions Available

Psychiatrist(s) sought 5-15 hours/week. Practice at community clinic. Provide consultation to behavioral health team and medical providers and direct services to uninsured patients. Bilingual providers sought, translation available. Apply to: jennifer_pauk@primarycarecoalition.org or 301-801-9056.

Half-time staff psychiatrist, Patuxent Institution, Baltimore-DC area. Do long-term group and individual psychotherapy, psychiatric evaluations, medication management, and psycho-education in a treatment-oriented correctional facility. Maryland state employee, insurance, paid leave and retirement benefits. Contact Spencer Ward, M.D. at 410-799-3313 or saward@dpscs.state.md.us

AMERICAN RED CROSS DISASTER TRAINING



The American Red Cross has special roles for mental health professionals, including psychiatrists, as volunteers in disaster response.

All disaster mental health volunteers must take a basic Red Cross orientation (can be done at home) and the Red Cross Disaster Mental Health Class. After the course, volunteers can be assigned to disaster action teams that respond to local emergencies and are also eligible to volunteer for deployment to other regions where the Red Cross is responding to a disaster. The required mental health volunteer course is only offered a few times a year.

Suzan M. Stafford, psychologist, will be assisting in two trainings for the American Red Cross. One is **Disaster Mental Health**, required for disaster team assignment, on October 30, 2010 from 9 - 5. The other is **Serving People With Disabilities** on October 23, 2010 from 9 - 5. Both are at the Montgomery County office of the Red Cross on East - West Highway.

Any interested WPS member can apply directly to the Red Cross or may contact me, Dr. Julia Frank, for further information at jfrank@mfa.gwu.edu.

SAVE THE DATE WPS Annual Awards Reception

FRIDAY, NOVEMBER 19, 2010

J.W. MARRIOTT - GARDEN TERRACE ROOM

DETAILS TO BE ANNOUNCED.



Washington Psychiatric Society

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BOOKNOTES

Psychotherapy Is Worth It A Comprehensive Review of Its Cost-Effectiveness

Edited by Susan G. Lazar, MD; Group for the Advancement of Psychiatry

In Psychotherapy Is Worth It: A Comprehensive Review of Its Cost-Effectiveness, edited by Susan G. Lazar, M.D., and co-authored with members of the Committee on Psychotherapy of the Group for the Advancement of Psychiatry, surveys the medical, psychiatric and psychological literature from 1984 to 2007 that is relevant to the cost-effectiveness of all kinds of psychotherapy. The volume explores the cost of providing psychotherapy in relation to its impact both on health and on the costs to society of psychiatric illness and related conditions.

Written for psychotherapists, psychiatric benefit providers, policy makers, and others interested in the cost-effectiveness of providing psychotherapeutic treatments, this book analyzes the burden of mental illness, particularly in the United States, and the enormous associated costs to society that constitute a

chronic, insufficiently recognized crisis in the health of our nation. The authors point out that in the United States nearly 30% of the population over the age of 18 has a diagnosable psychiatric disorder and yet only about 33% of those treated receive minimally adequate care. In fact, most people with mental disorders in the United States remain untreated or poorly treated, leading to loss in productivity, higher rates of absenteeism, increased costs, morbidity and mortality from medical illnesses, and loss of life through suicide.

This book provides a systematic and comprehensive review of 25 years of medical literature on the cost-effectiveness of psychotherapy and discusses the:

- Epidemiology of mental illness, including prevalence and treatment rates
- Misconceptions and stigmas associated with psychiatric illness and the provision of psychotherapy and how they affect those most in need of care
- Cost-effectiveness of psychotherapy for the major psychiatric disorders as well as savings that psychotherapy can yield in increased health, work productivity, lives saved, and medical and hospital related costs

Psychotherapy Is Worth It: A Comprehensive Review of Its Cost-Effectiveness concludes that studies confirm psychotherapy works for many conditions, is cost-effective, and is not over-used by those persons not truly in need. A treatment that is cost-effective is not “cheap”; rather, it can provide effective medical help at a cost acceptable to society, in comparison both to other effective treatments for the same condition and to medical treatments for other classes of mental disorder.

2010 • 416 pages • ISBN 978-0-87318-215-7 • Paperback \$60.00 • Item #7215
From American Psychiatric Press, Inc. • www.appi.org