



# WASHINGTON PSYCHIATRIC SOCIETY NEWS

SEPT/OCT 2010



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## GIVE AN HOUR

We would like to introduce our members to Give An Hour. Founded by Dr. Barbara Van Dahlen, a clinical psychologist practicing in the Washington, DC area, its mission is to develop national networks of volunteers capable of responding to both acute and chronic conditions that arise within our society.

Its first mission is to provide free counseling and other mental health services to active duty service members, members of our National Guard and Reserve forces, and veterans of Iraq and Afghanistan who have separated or retired from any branch of military service. In addition, Give an Hour is offering free services to spouses, children, parents, siblings, and unmarried partners of such personnel who are not entitled to receive mental health benefits through the military or the Veterans Administration.

Give an Hour has been endorsed by the American Psychiatric Association and the American Psychological Association, as well as other major mental health organizations.

Give an Hour is asking psychiatrists in the Washington Psychiatric Society to join in and donate an hour of their time each week to provide free mental health services to military personnel and their families. If you are interested, log on to [www.giveanhour.org](http://www.giveanhour.org), click on "providers" and consider filling out a registration form or just read for more information. You may also learn more by contacting them at [info@giveanhour.org](mailto:info@giveanhour.org)

Give an Hour will provide a variety of materials on their web site to help clinicians familiarize themselves with the military culture and experience. It



also has links to a variety of military web sites and sites sponsored by military support organizations such as the National Military Family Association. It plans to partner with the Veterans Administration and other military service providers to establish specific procedures for critical situations such as the hospitalization of active duty personnel and decisions regarding a soldier's fitness to serve. A useful resource is the National Veteran's Foundation hotline, at <http://www.nvf.org>.

Give an Hour recruits patients by reaching out to the military community in several ways. As a member of America Supports You, a Department of Defense program that provides opportunities for citizens to show their support for the U. S. Armed Forces, it is identifying individuals involved in post-deployment processing of returning troops. It is developing collaborative relationships with the commanding officers of returning

*Continued on page 7.*



## Washington Psychiatric Society

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# THE PRESIDENT'S COLUMN

By ELIZABETH MORRISON, MD, DFAPA



## On Gardening

I am a gardener. Fall is a busy time for many gardening chores. With cooler and moister weather, it is a time to dig and enrich garden soils and start new garden projects, as well as to weed and dig up weak or failing plants to either replant in a better-suited spot or, alas, consign to the compost bin.

Being President of WPS has much in common with overseeing a garden. To start with, both are learn-by-doing activities. With both, I am indebted to mentors and sages who have walked in my shoes. With WPS, I am fortunate to have the aid and energy of a small army of committed members.

The WPS Board's annual retreat occurred on an auspiciously beautiful, sunny late August Saturday. We were oriented and educated about the inner workings of APA and WPS governance and ethics. The energy of ideas that were discussed has been a springboard for new projects, as well as for weeding, pruning, and renovation of existing ones. I list several, with apologies to those not mentioned this time:

I. Kayla Pope, for overseeing our Bylaws renovation project.

II. Catherine May, for updating our ethics procedures to be in compliance with the recently revised APA Ethics policies.

III. Jane Jackson and Darryl Smith, residents at Howard University, for their work as co-chairs of the Membership Committee. They spent hours reaching out to members who were eligible for fellowship status to help them meet this year's application deadline.

IV. Cynthia Turner-Graham, for accepting an appointment to the role of Member Engagement. She is my liaison to those of you who express interest in becoming active within WPS.

V. Bill Lawson, for chairing an ad hoc committee to arrange a tour of the new St. Elizabeth's Hospital. (Stay tuned!)

VI. Avram Mack and Bill Lawson for co-chairing the new Reference Committee, where Action Papers are reviewed and vetted, and then presented to the Board for a vote on disposition.

VII. Eliot Sorel and Hind Benjelloun, for invigorating resident and early career members with their hugely successful Careers, Leadership and Mentoring Program.

VIII. Julia Frank, for being WPS liaison to the District of Columbia Department of Health's disaster planning efforts.

IX. Toni Baum, for arranging our regular Womens Caucus gatherings.

X. Nesibe Soysal, Molly Strauss, Jessica Brown, Lou Kopolow, and Sara Cartmell for their tireless efforts to bring timely, relevant and cost-effective educational events to our members. The 8th Annual Med-Psych Conference on September 28th received outstanding ratings from the sixty-plus attendees.

XI. Judith Nowak, for her many years of dedicated service as Editor of the WPS Newsletter. Judith has announced her intention to step down from this role in March 2011. A Communications Committee will be formed to evaluate the entirety of WPS communications. We will look at what types of communication strategies our members find most useful, as well as cost-effective, in this electronic era.

XII. Jim Dee, for developing an on-line educational concept, Mental Health Matters, that WPS members can contribute to and that the public can access. More on that later.

XIII. Last, and most certainly not least, Pat Troy and her flotilla, including Jane Martin, Chris Cotter, and Linda Hanifin-Bonner, without whose assistance the WPS garden would be a mess of weeds and brambles.

Me? I am looking forward to the CME Salons, the Annual Awards Meeting on November 19th, and my President's Event on March 19, 2011, when concert pianist/psychiatrist Richard Kogan will analyze George Gershwin and play excerpts from *Porgy and Bess*. Oh, I also look forward to curling up with gardening catalogues on winter nights to plan my horticultural attack come next spring.



# LETTER TO THE EDITOR

## MEDICAL HOME SWEET HOME

By JULIA FRANK, MD, DFAPA

I beg to differ.

Dr. Eist's screed in the May/June 2010 WPS Newsletter does us as a society no credit. His sweeping dismissal of the allied medical professions as assistants to assistants cannot go unchallenged. Nor do HMOs merit the scorn heaped upon them. His views presumably reflect his experience. My experience, and the conclusions I draw from it, differ in every respect.

Recently, changes in institutional purchasing forced me to move from Kaiser Permanente, my family's medical home, to standard insurance. I nearly had the bends! I have three children. One is asthmatic; she never started wheezing before 6:30 in the evening. Because we were part of an HMO, where she could be treated urgently after hours, she never had to go the ER or spend a night in the hospital. When my second daughter broke her leg, we saw many providers as we moved from radiology, to orthopedics, to physical therapy. We did not get six different bills for six different elements of every service. My family has also had psychiatric needs. These, too, were well served by Kaiser providing access to different specialists with different training at appropriate times.

For myself, I miss the way that Kaiser back-stopped my primary physician. In place of regular reminders to come in for preventive care when the insurance would cover it, it is now my responsibility to know when I should have screening, and to find out when my plan will allow it. My physician has set up her office to be responsive to severe illness, but she cannot do that and also absorb new patients, or take prevention seriously.

To the extent that medical homes function like true HMOs, not the closed networks developed to siphon off insurance payments, they will add immeasurably to the care of patients. Yes, I went to medical school and, yes, I can think of many encounters where my education and experience helped me get to the root of a complex problem (or to recognize a seemingly complex problem as simple). As a psychiatrist trained in the days of milieu therapy, however, I learned how to collaborate with nurses, social workers, techs and support staff. As an educator, I currently work to help students learn to function as parts of teams. My concern is not that they will be insulated from patients by layers of untrained assistants. Rather, I worry that they will be expected to function as isolated individuals,

responsible for keeping up with huge volumes of information while seeing huge volumes of patients.

As a man of demonstrated principle, Dr. Eist can rightly say that no system can duplicate the complexity, depth or ethical sophistication of the individual practitioner. But organized systems of care, whatever they are called, can do things that individuals cannot: monitor errors, update protocols in light of new evidence, and use technology efficiently. Rather than hole up in the professional version of an SRO or studio apartment, I am eager to look for a medical home where I as a physician can work with many other professionals and where I, as a patient, can get what I need. Of course we must insist that psychiatry not be relegated to the attic or the basement of this new dwelling, but I believe we will be much more effective if we sign up rather than opt out.



By HAROLD I. EIST,  
MD, DLFAPA

## DR. EIST'S REPLY


Having just spent over two weeks in hospital, dealing with members of each of the groups I delineated in my column, I learned first hand the full truth of my "screed." However, Dr. Frank chooses to defend HMO's as medical homes and expresses regret at her eviction from her medical home for what I assume were institutional financial reasons. She commends her HMO and the excellent care she and her family got there. I am glad that they did. However, most people get inferior care in HMO's and prefer to choose their own doctors.

I believe this is especially true of psychiatric care for children. HMO pediatricians, in fact all pediatricians, are either poorly trained in psychiatric care or not trained in this at all.

Nationally there has been a trend towards decreasing the length of psychiatry rotations in medical schools.

The Accreditation Council for Graduate Medical Education Residency Review Committee (RRC) does not mandate any mental health training, thus leading to minimal ability of pediatricians to deal with mental illness in children, including when to make appropriate referrals to child psychiatrists. Only 1 in 5 mentally ill children in HMOs get the mental health care they need.

Sadly, children have already been relegated to attics and basements, excluding them from their medical homes, making a mockery of the medical home concept for most children.



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# PHARMACEUTICAL COMPANY DISCLOSURE POLICIES

By JAMES DEE, MD, DFAPA

We on the WPS Board want all our members to know that if WPS or one of its chapters invites you to a meeting sponsored by a pharmaceutical company your name may be published on the Internet as a recipient of payments. An example of such a disclosure policy, Pfizer reports:

"As part of our ongoing commitment to transparency, Pfizer began capturing payment data in July 2010 in preparation for our previously announced plans to publicly post payments to healthcare professionals on [www.pfizer.com](http://www.pfizer.com) in the first quarter of 2010.

Pfizer previously committed to reporting payments, including meals and business related expenses greater than or equal to \$25, and when the aggregate amount paid by Pfizer to an individual healthcare professional is greater than or equal to \$500 in a calendar year. Licensed healthcare professionals who can prescribe medicines, as well as principal investigators on Pfizer-sponsored clinical trials, are affected by the policy.

However, as part of Pfizer's new corporate integrity agreement, in 2011 we will be required to report all meals and educational items regardless of value. Therefore, effective January 1, 2010, all transactions of any value will be captured. Data for 2010 will be disclosed in March 2011.

Those affected by policy:

- All US healthcare professionals who can prescribe medicines, including physicians, nurse practitioners and physician's assistants
- Major institutions for ongoing clinical trials

- All principal investigators and other entities for Phase I-IV clinical trials sponsored by Pfizer begun on or after July 1, 2009

Payments being reported include those for:

- Clinical development and commercial consulting
- Promotional speaking
- Phase I-IV clinical trials
- Investigator-initiated research
- Meals and business travel expenses
- Educational items
- Permitted items provided by ex-US entities

The payments will be grouped and sub-totaled by the categories above.

Healthcare professional payment disclosure is just one of the many ways Pfizer is working to keep our commitment to increased transparency.

If you would not like to receive meals or educational items from Pfizer, please notify your sales representative or send an email to [pti@pfizer.com](mailto:pti@pfizer.com)"

To some extent, this applies to GlaxoSmithKline, Lilly and Merck and is likely to extend to others.

WPS wants to be sure that each of our members makes an informed decision regarding their participation in any events sponsored by pharmaceutical companies whether or not they are co-sponsored by WPS.

## 2010 MARYLAND LEGISLATIVE SESSION

SHIRA H. RUBINSTEIN, MD, DFAPA  
MARYLAND LEGISLATIVE LIAISON,  
WPS

The Maryland State Assembly meets each year from January to April. Each fall, the Maryland Psychiatric Society and the Suburban Maryland Psychiatric Society meet to reflect on the session past and to prepare for the legislative season ahead. As we prepare to meet the challenges of the 2011 session, I would like to offer a summary of 2010.

This session we were joined by our new lobbyists Lisa Harris-Jones and Sean Malone. Ms. Harris-Jones and Mr. Malone, who were selected by an exhaustive resume review and interview process from a large field of qualified applicants, ably stepped into the very large shoes of our retiring lobbyist, Franklin Goldstein. The joint legislative committee of MPS and SMPS reviewed bills, wrote letters and offered in person and written

testimony to support our interests and, more importantly, the interests of our patients.

An important bill was the Medical Review Committee-Subpoena of Medical Records for Mental Health Services. This bill, if approved would have required the Maryland Board of Physicians to notify patients when a subpoena is being issued for mental health records. Despite strong support from our membership, the bill received an unfavorable report from the Health and Government Operations Committee of the House of Delegates.

In response to the brutal sexual assault and murder of an 11 year old girl on Maryland's Eastern Shore, many bills dealing with the sexual offender were introduced. Dr. Brian Zimnitsky, a legislative committee member, pro-

vided skillful and persuasive testimony which aided in the passage of a bill requiring lifetime supervision for the convicted sexual offender.

The bill entitled Criminal Procedure-Incompetency and Criminal Responsibility-Dismissal of Charges was strongly opposed by our committee and defeated. This bill would have increased the amount of time defendants found incompetent would have to wait before charges would be dropped. If the bill had been passed, defendants in capital cases would have to wait 30 years instead of 10 years for charges to be dropped; and in other cases, the defendants would have to wait 20 years instead of the current 10.

A major victory for Marylanders came with the passage of the Mental Health Benefits-Group Health Plans. This bill

requires group health plans to provide coverage for the treatment of mental illness and substance abuse under the same terms as other illnesses.

The lobbying efforts of the legislative committee met with success in two other areas. The first was legislation providing for the State Drug and Alcohol Abuse Council to coordinate drug and alcohol prevention, intervention and treatment within the state. Second was the passage of a bill that creates Child Advocacy Centers to investigate possible instances of child abuse and to provide necessary treatment and services for the victims.

The 2010 legislative was exciting and engrossing for all involved and provided many opportunities to advocate for our patients and our profession.

# Obituary

Thomas D. Reynolds, MD



Thomas DeWitt Reynolds, 80, a former division director at St. Elizabeths Hospital, who practiced psychiatry in the Washington area for more than 50 years, died April 16, 2010 at Suburban Hospital in Bethesda MD of complications from pneumonia and strokes.

Tom was born in Detroit, Michigan and completed high school in Dayton, Ohio. He was a 1949 graduate of the University of Chicago and a 1955 graduate of The University of Chicago's The Pritzker School of Medicine. After completing his psychiatric residency at St. Elizabeths in 1957, he spent two years in the Army Medical Corps where he was Chief of Neuropsychiatric Services at the Irwin Army Hospital in Fort Riley, Kansas.

Dr. Reynolds, a Gaithersburg resident, was medical director of Washington Assessment and Therapy Services, a private outpatient mental health organization, from 1985 to 2001.

He was a consulting psychiatrist at Montgomery General Hospital in Olney, MD from 1980 to 2008 and at Shady Grove Adventist Hospital in Rockville, MD from 1980 to 1986.

From 1962 to 1980, he was clinical director of a research division at Saint Elizabeths Hospital where he trained and supervised psychiatrists, social workers and other mental health professionals. In the 1970s, he also provided care at the D.C. Institute of Mental Hygiene.

Tom was devoted to serving the disadvantaged in many community settings which included the Green Door and Woodley House in the District of

Columbia. Green Door prepares men and women with schizophrenia and other severe mental illnesses to work and live independently and is recognized nationally as one of the most successful of such programs. Woodley House provides crisis care and long-term housing in such neighborhoods as Woodley Park, Cleveland Park, and Adams Morgan.

As a continuation of his social advocacy, Dr. Reynolds provided medical care to participants during the 1968 Poor People's March on Washington which was a demonstration against poverty and joblessness organized by the Southern Christian Leadership Conference. He worked with the homeless mentally ill people, providing voluntary medical care at a Community for Creative Non-Violence shelter in Washington, DC. In 2000 he was part of a medical mission to Haiti organized by St. Francis of Assisi Catholic Church in Rockville, MD where he was a member.

Dr. Reynolds published papers in many psychiatric journals and was a speaker at national and international conferences, writing and speaking on research in the treatment of schizophrenia, including work on the mathematical modeling of schizophrenic behavior.

Tom was a musician, too, playing the violin with area chamber music groups.

His first marriage, to Dr. Ruth Shereshefsky Reynolds, ended in divorce.

Survivors include his wife of 27 years, Ann McNally Reynolds of Gaithersburg; three children from his first marriage, Leah Reynolds of Philadelphia, Rebecca Reynolds of Highland Park, N.J., and David S. Reynolds of Kensington; two stepchildren, Reid McNally of Oakland, Calif., and Cathy McNally of Frederick; and three grandchildren.

*Courtesy of The Washington Post's Adam Bernstein*

# Election 2011

## APA ELECTION: Slate of Candidates

The Nominating Committee reviewed nominations for all offices and selected the following slate of candidates for the upcoming 2011 Election.

- **President-Elect**  
Jeffrey L. Geller, MD, MPH  
Dilip V. Jeste, MD
- **Secretary:**  
Roger Peele, MD  
Sidney H. Weissman, MD
- **Area 2 Trustee:**  
Jack Drescher, MD  
James Nininger, MD
- **Area 5 Trustee:**  
James Greene, MD  
Gary Weinstein, MD
- **Member-In-Training Trustee-Elect (MITTE):**  
Kurt Cousins, MD  
David Driver, MD  
Alik Widge, MD

The slate of candidates will be considered official once it has been reported at the September 2010 Board of Trustees meeting. When nominees are notified of their candidacy, they are provided with the Election Guidelines to begin their campaign. For more information on the nomination and elections process, please visit the election section of the APA website under Association Governance or send an email to [election@psych.org](mailto:election@psych.org). Dr. Alan Schatzberg and the Nominating Committee offer their best wishes to all the nominees.

*Congratulations to WPS members, Drs. Peele and Driver, who are running as noted for APA office.*

## ANYONE INTERESTED IN A BOOK CLUB?

We are wondering if any of our members would be interested in WPS sponsoring a book and/or journal club. We would be glad to do so if there is sufficient interest. Please let us know by calling **202-595-9498** or by emailing [admin@wdcpsych.org](mailto:admin@wdcpsych.org).

## WE LOVE TO WRITE ABOUT OUR MEMBERS

We request that you inform us of any honor or special activity in which you have been involved. We will publish it in the newsletter. This includes special talks or presentations, honors received, or books published. We are pleased to write a review of any newly published book by our member in the **Notes on Books** section. We also would like you to consider submitting articles for publication. Let us know by emailing [admin@wdcpsych.org](mailto:admin@wdcpsych.org).

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troops so that these officers are aware of and comfortable with the services provided. Give an Hour is also working closely with a number of veterans service organizations to promote its services directly to military families and with Walter Reed Army Medical Center in Bethesda, MD and the Veterans Administration.

Those who are helped by Give An Hour are encouraged to give an hour back to those in need in their home communities.

Give an Hour is in the process of building its Provider Resource Library. All our members, whether they volunteer or not, can access resources which they may find interesting and helpful. These include: (1) The Iraq War Clinician Guide, developed by members of the National Center for PTSD and the Department of Defense, for clinicians. It addresses the unique needs of veterans of the Iraq war (2) The National Center for PTSD has designed a Web-based educational resource about post-traumatic stress disorder. Called PTSD 101, the program is for busy practitioners who provide services to military men and

women and their families as they recover from combat stress or other traumatic events.

(3) The Soldier/Family Deployment Survival Handbook, though addressed to soldiers and their families, offers useful insights into the military culture and the experiences of families as they prepare for deployment. (4) A presentation produced by the VA Post Deployment Mental Illness Research, Education, & Clinical Center (MIRECC) and Duke University integrates much information about post-deployment concerns and resources. It is called DoD, VA, State, and Community Partnerships in Service to New Veterans and Their Families. (5) In June 2008, Give an Hour™ and Value Options held a joint internet seminar, featuring two presentations specifically on suicide and returning veterans. These may be viewed at [www.healthandperformancesolutions.net/Give%20An%20Hour/GAH\\_71008.html](http://www.healthandperformancesolutions.net/Give%20An%20Hour/GAH_71008.html) and [www.healthandperformancesolutions.net/Give%20An%20Hour/GAH\\_62408.html](http://www.healthandperformancesolutions.net/Give%20An%20Hour/GAH_62408.html).

## REPORT ON THE AMERICAN PSYCHIATRIC ASSOCIATION AREA III MEETING

By ROGER PEELE, MD, DFAPA

Area III includes representatives from the Washington Psychiatric Society, Delaware, Maryland, New Jersey, and Pennsylvania.

WPS members attending the 11th September meeting at Shepard Pratt with me were Drs. Hind Benjelloun, Catherine May, Eliot Sorel, Brian Crowley, Richard Ratner, and William Narrow.

Dr. Sorel and Dr. Anita Everett of Johns Hopkins have lead an effort to have the APA take initiatives in the integration of psychiatry into primary care. That motion will be addressed at the APA Board of Trustees meeting September 25/26.

The Maryland District Branch reports that their book club is a success so WPS will explore starting our own.

New Jersey District Branch reported that their leadership training program, which included our own Drs. Benjelloun and Sorel, has been a success.

The Assembly has established a

component on relationships between psychiatrists and industry. Dr. Sorel was asked to chair that component. At the WPS Board of Directors meeting in October or November it is expected that Dr. Sorel will have options for us to consider on this issue which, so far, has resisted consensus.

Some Actions papers were discussed.

The new requirements for recertification in psychiatry will require psychiatrists to obtain feedback from some of their patients. (see next newsletter for details). Two motions on recertification, from Dr. David Scasta, were approved as follows:

1. That the APA oppose any credentialing or recertification requirement that compels psychiatrists to solicit feedback directly from the patients whom they treat (See newsletter article for details of new requirements).

2. That the APA establish a component on Recertification.

The following motions were presented by me and approved by the Area III group but have not yet been presented to or approved by the WPS Board:

1. That the APA's Secretary increase publication of pending and past activities

## Classified Ads

### Office Space for Rent

**250 sq 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](mailto:dr.eric.steckler@gmail.com)

**Office space** available 1 block from Dupont Metro. Spacious, attractively furnished, shared office on 9th floor with 20' window view in 3 room psychotherapy suite w/waiting room + kitchenette. \$20/hr (4 hr min.) Rate decreases as hours increase. Avail. some days/evenings. Za McDonnell 202-331-1999 or [zalw@verizon.net](mailto:zalw@verizon.net)

**Attractive offices** in engaging townhouse on Connecticut Ave at Woodley Pk Metro. Ideal for therapists. Offices can be shared. Beautiful wood floors, great natural light, and security door with dedicated-line telephone intercom. 202-686-7691 or email [mrqwin@aol.com](mailto:mrqwin@aol.com). \$799 to \$920/month

### Position Available

Seniors Wellness Group, P.C. has an opportunity for a part-time **psychiatrist** to join its long-term care practice in Northern VA. Position involves making visits at local nursing and rehabilitation centers, providing diagnostic evaluations and psychopharmacological treatment to residents/patients of the facilities, and consultation to families and members of the interdisciplinary team. Hours are flexible and can be set to accommodate one's other professional obligations. Please forward CV to Executive Director at [gkoltarz@swgmi.com](mailto:gkoltarz@swgmi.com) or FAX 877-397-5992.

of the APA Board of Trustees. Very little information about the Board's activities is made available to our members. Virtually no information is sent about pending issues.

2. That APA offices be encouraged to use "FAPA," "DFAPA," and "DLFAPA," in their official communications.

3. An action paper requesting that the APA explore with the AMA the possibility of de-specializing some illnesses, such as nicotine addiction. This would mean that all physicians could treat such disorders.

4. That the DSM-5 include the diagnosis of a borderline type of personality disorder in children and adolescents or, if it does not do so, provide a scientific explanation as to why such a diagnosis should not be used in children and adolescents.

Two action papers were presented and rejected and will not be pursued. The first recommended that the term "Alcoholism" be retained in the DSM 5 instead of the Task Force's recommendation that alcohol abuse and alcohol dependence be combined into a single "Alcohol Use Disorder." The second proposed that the APA explore recognition of syndromes

not in the DSM IV but that appear to be associated with clinically significant predictions about prognosis or treatment.

### Brian Crowley, MD, DLFAPA, our new Area III Trustee, reports:

As your new Area 3 Trustee I'm very pleased to report that I am being warmly welcomed at the APA Board of Trustees meetings, am actively participating, and feeling right at home. Dr. Carol Bernstein, our President, is leading with an open, inclusive style which emphasizes active communication and collaboration and which seems highly effective. For example, I spent three hours as a BOT member meeting with my old component, the Council on Psychiatry and Law, on which I served for ten years.

There is already progress on two issues I emphasized during my campaign: the need to maintain and restore the reduced components—with some restoration already accomplished; and the need for a creative relationship with Pharma. On the latter issue, my view is that we are searching for the right formula which will maintain dynamic, mutually beneficial relations with industry while eliminating well-known abuses.



## Washington Psychiatric Society

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## BOOKNOTES

### Evaluating Mental Health Disability in the Workplace - Model, Process, and Analysis

By Liza H. Gold, MD and Daniel W. Shuman, JD

As many as one in four adults in the workforce will suffer from psychiatric illness in a given year. Such illness can have serious consequences -- job loss, lawsuits, workplace violence—yet the effects of mental health issues on job functioning are rarely covered in clinical training. In addition, clinicians are often asked to provide opinions on an employee's fitness for work or an evaluation for disability benefits, only to find themselves embroiled in complex legal and administrative conflicts.

A unique collaboration between a Georgetown University Professor of Clinical Psychiatry and a renowned legal expert, **Evaluating Mental Health Disability in the Workplace** approaches the topic from two distinct areas: the legal context and issues relevant to disability and disability-related evaluations, and the interplay of factors in the relationship between work and psychiatric illness. From this dual perspective, the authors advocate for higher professional standards ensuring that

employers, workers being evaluated, and third parties are provided with the most reliable information.

#### Key features of the book:

- A robust assessment model of psychological disability in the workplace.
- Practice guidelines for conducting workplace mental health disability evaluations.
- Legal and ethical aspects of employment evaluations, especially as they differ from clinical procedure.
- Examination of the process of psychiatric disability development.
- Issues specific to evaluations for Social Security, Workers' Compensation, and other disability benefit programs.
- Issues specific to evaluations for the Americans with Disabilities Act and Fitness-For-Duty evaluations.
- Review of relevant administrative and case law.

As an introduction to these complex issues or for the further improvement of evaluation skills, **Evaluating Mental Health Disability in the Workplace** is a timely reference for psychiatrists, psychologists, forensic mental health specialists, and attorneys in this field.

The publisher is Springer, NY, 2009, ISBN: 9781441901514. This book is a finalist for the 2011 Guttmacher Award, which is jointly given by the American Psychiatric Association and the American Academy of Psychiatry and the Law for an outstanding contribution to the literature of forensic psychiatry.

