

MINNESOTA PSYCHIATRIC SOCIETY

Working on behalf of psychiatric physicians and their patients

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Ideas of Reference

is the newsletter of the Minnesota Psychiatric Society, a district branch of the American Psychiatric Association

"...CLASSIC CATATONIA..."

MPS member Lawrence Peterson, MD

MINNESOTA PSYCHIATRIC SOCIETY

Working on behalf of psychiatric physicians and their patients

Our vision is accessible, quality mental health care for the patients that we physician psychiatrists serve.

www.mnpsychsoc.org

MPS, the New York Times, and the Pharmaceutical Industry

The New York Times has published two articles focused on psychiatry and pharmaceutical consulting. Minnesota is the only state with a robust law on disclosing pharmaceutical companies' payments to physicians, and therefore is center stage. After considerable research, advice and debate, MPS President Jeff Hardwig submitted a letter to the editor to the New York Times and it was printed. His letter noted that the articles raised important issues. He also explained that psychiatrists go into this field to help people; they support full disclosure and are focused on their patients' wellbeing. Dr. Hardwig captured Minnesota psychiatrists saying, "The people I know are genuinely caring, hardworking doctors who chose to go into psychiatry to help people." He invited feedback from MPS members on this issue and plans to continue advocating for the profession as a means to improve workforce satisfaction, system success and ultimately patient care.

In 2004, MPS reviewed this issue and published an article about the pharmaceutical industry and residency training programs. Then co-editor Benita Dieperink, MD interviewed residency training directors and compiled their responses. She also published the American Medical Association (AMA), American Academy of Directors of Psychiatry Residency Training (AADPRT), Accreditation Council of

Graduate Medical Education (ACGME) guidelines and the PhRMA code. The full article is available on the MPS website at www.mnpsychsoc.org/OR/IOR404.pdf.

These articles have stimulated conversation and thoughtful self-inspection. Those are positive outcomes. Unfortunately, there have been some who have taken advantage of this information to misrepresent psychiatry. Several state legislators noted that Scientologists distributed the articles or pulled information out of context to attempt to support their position against psychiatry. The MPS Public Affairs Committee is charged with providing accurate information about psychiatry to the public. If you are interested in contributing in this area, please contact the MPS office. ■

Medicare Discrimination to End?

The American Psychiatric Association hailed passage of legislation that, among other provisions, includes language to end Medicare's 40 years of discrimination against patients requiring outpatient psychiatric services. The historic action came as the House passed the Children's Health and Medicare Protection (CHAMP) Act of 2007, H.R. 3162, a sweeping healthcare bill aimed at expanding the federal State Children's Health Insurance Program (SCHIP) and making numerous changes in the Medicare program.

Since the Medicare program was established some 40 years ago, enrollees using outpatient psychiatric services have by law had to pay an effective coinsurance of 50 percent – two and a half times the customary 20 percent coinsurance paid for other Medicare Part B services.

The APA commends the House – and particularly the House Health Subcommittee Chairman Pete Stark and Representative Tim Murphy, who led the effort – for taking this significant, pro-patient action. Murphy (R-Pa.) is the author of APA-backed legislation to phase out the 50 percent coinsurance would drop to 20 percent effective in 2008.

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Ideas of Reference

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Ideas of Reference

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From the Editor

As you will see in this month's *Ideas of Reference*, health care controversy is not on summer holiday. Our fine reveries have been recently perturbed by a series of newspaper articles on the supposedly illicit relationship of drug companies, doctors, and money. Front page articles have alleged undue influence, hinting at kickbacks and bribery. Doctors were corralled together and named, whether they accepted hundreds of thousands of dollars for research or signed the attendance roster at a drug company lunch. What has happened here? This edition of *Ideas of Reference* reviews these events and the MPS response, led by President Jeff Hardwig with his letter in the New York Times.

We Americans love our business success stories until the heroes become too wealthy. Microsoft was the enemy until Bill and Melinda began the biggest philanthropic organization in history. Wal-Mart is under fire, but was certainly an admired company some years ago. People are searching for solutions, and villains, in the quagmire of rising health costs and the uninsured. MPS is joining the larger medical community in clarifying what kind of relationships we should have with drug companies. Complete transparency about drug company-sponsored education, and a cautious humility in interpreting drug studies, would go a long way in resolving these concerns.

Look inside as well for an update on the effects of the FDA black box warning about antidepressants. The Centers for Disease Control reported this spring that teen suicides had increased in the year after the warning was published. This corresponded to a decrease in antidepressant prescriptions that year. It is good news the FDA has now suggested placing statements about both risks and benefits of antidepressants within the black box label.

MPS bids a fond farewell to Ann Felde as she resigns her MPS Council position and moves back to Germany. Thanks also to Co-Editor Eric Brown, who has agreed to serve the rest of her term. Please read his introductory comments within these pages.

It's a pleasure to write my first column as Co-Editor of *Ideas of Reference*. Please feel free to contact us with your comments, questions, complaints, and kudos. ■

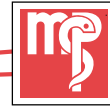
Eric Larson, MD

Assisting Families

by NAMI-MN Executive Director Sue Abderholden

With the focus of our mental health system being to treat and support people in the community it is more important than ever to strengthen the informal supports of an adult or child with a mental illness, namely their families. Families often need information about the nature of mental illness, how to support their family member, how to deal with practical issues. They also need peer support. Psychiatrists often have limited time to address the needs of family members. This is where NAMI Minnesota can help. NAMI Minnesota offers free family education classes, support groups, materials and more. There is even a special program for children who have a parent or sibling with a mental illness. A free video is available for any psychiatrist who wishes to have it in his or her office to share with families. You are encouraged to refer families to NAMI so that they can obtain the information and support they need to in turn assist their family member in his or her recovery. Additionally, NAMI advocates at the legislature for an improved mental health system. Using individuals with mental illness and their families to lobby and testify is a key strategy that has been very successful. Referring people to NAMI can help grow the movement and create change.

For more information call 651-645-2948 or go to www.namimn.org. ■



What is a Psychiatrist?

by Jeff Hardwig, MD
MPS President

What is a psychiatrist? This is the question we as a society will answer for ourselves this year in an initiative entitled, "Take Back the Profession." At the 2007 MPS

Recognition Dinner, APA President Pedro Ruiz, MD not only supported this initiative but challenged us to define what a psychiatrist is when he said, "Psychiatry needs to define psychiatry." This is a grassroots project and we will not presume to tell you what a psychiatrist is. Instead, we will collectively answer the question.

You were recently asked about your own professional identity. There are many ways for psychiatrists to defend themselves and serve their patients' needs, and my story is just one view point.

In retrospect, my childhood experiences and personality led me into psychiatry. My mother stressed academic achievement and my father, who worked hard to earn a living as a bricklayer in the frozen north, deferred to her regarding childrearing issues. My father's only personal indulgence on me was in his interest in nature. He was happiest doing something in the woods and my fondest memories are of spending time with him in the outdoors. He had a considerable understanding of his natural surroundings.

Both parents then influenced my decision to major in biology and an interest in animal behavior translated easily into an interest in human behavior. Some courses were work but biology and psychiatry were just interesting and fun.

I was well treated by my psychiatry mentors in medical school and their understanding of people inspired admiration and provided a model for professional aspirations.

I tend to believe that no specialty is better suited to that trait than psychiatry. To be able to see what is right about a person even as they present to you with their problem has been helpful over the years.

Curiosity about what makes people tick was a consistent theme in residency and my senior presentation. It was a broad topic but the interest is absolutely at the core of my profes-

sional identity. The psychiatrists I chose as mentors were the ones who could talk to a patient and really understand them. That understanding seemed to have a healing effect in itself.

I very much value the biopsychosocial orientation of our training which separates us from those with a more narrow prospective. The breadth and depth of our training allows us to consider factors which influence motivation and behavior all the way from the molecular level. The capacity to help patients through an understanding of biopsychosocial factors provides a level of professional satisfaction that goes well beyond the paycheck.

I would fight to defend this aspect of my work and will teach these principles to any student interested.

Please take the time to share at least one thing that you value most about your identity as a psychiatrist. ■

Council Changes

by Eric Brown, MD

As many of you know, Anne Felde is leaving us to take on an exciting and challenging opportunity practicing for the Army in Germany. As someone who works with her at the VA, I will feel her loss in many ways. She's been an especially skilled and productive person in many spheres, and filling her shoes will not be easy. I have agreed to try to fill her spot as MPS Councilor.

I am a native Minnesotan, and despite some intentions when I was younger, I never ended up leaving the state, spending my college years at Macalester, and medical school and residency at the University of Minnesota. I am quite glad I stayed now. Since 2004 I have been on staff at the VA Medical Center in Minneapolis, spending most of my time within the Post-Traumatic Stress Recovery clinic. I enjoy teaching, and am currently director of the medical student rotation at the VA, and give a few lectures to the first year residents at the University each year. At home, I am a husband and a father to two daughters, and enjoy reading about non-psychiatric topics, singing, and playing guitar.

I have been involved in MPS since I served as member-in-training trustee in 2002-03. I have had the privilege of co-editing Ideas of Reference since 2004, and have enjoyed expanding my awareness of the many facets of the practice of psychiatry in Minnesota as time, and my learning curve, has progressed. Taking on the role of councilor should prove to steepen the learning curve a bit more, but in a good way, I think. I hope to serve you well. Feel free to contact me any time at brown134@umn.edu. ■

August 22 Interactive-TV Town Hall Meeting

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Mankato Reopens Mental Health Unit

Four months after closing its inpatient behavioral health unit, Immanuel St. Joseph's Hospital re-opened with six beds. The unit closed in February when the Mankato Clinic no longer had enough psychiatrists to staff it. The unit reopened in June using a model that relies on community psychiatrists, psychologists, social workers, behavioral health nurses and primary-care providers. Three psychiatrists will come from the Mankato Clinic with six more from the community. The new model delegates more responsibility to nurse practitioners, psychologists and others.

The shortage of hospital beds for psychiatric patients is a growing problem. Only one-quarter of the state's 136 hospitals

provide inpatient psychiatric care. Inadequate financial reimbursement by insurance companies makes inpatient psychiatric care financially challenging. Financial sustainability is compromised by poor reimbursement and has been named as a core reason for the shortage.

The use of supervisory agreements in general seems to be growing as a way to offer services at reduced expense. MPS encourages members to carefully review supervisory contracts as their use grows under these models of care delivery.

An MPS resolution supporting quality care is slated for discussion and consideration at the MMA Annual Meeting in Mankato this September. ■

Letter to the Editor

The "Scientific Smorgasbord" feature in the May-June 2007 Ideas of Reference, a summary of a recent article on the treatment of borderline personality disorder, was one of the most helpful and clinically relevant articles I have ever read in our newsletter. It was very relevant to my own practice and I plan to share it with a patient tomorrow.

I hope you will continue this feature and many thanks to Dr. Brown for such a helpful and well-written summary of cutting-edge thinking on psychotherapy.

Judith Kashtan, MD, Private Practice, Minneapolis

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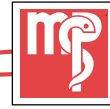
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NAMI Recognizes Dr. Ivan Sletten

The National Alliance on Mental Illness recently selected MPS member Ivan Sletten, MD as one of just 18 Exemplary Psychiatrists across the country. Dr. Sletten was nominated by the NAMI-Minnesota Forensic Network for his substantial contributions to NAMI state and local activities, demonstrating exemplary

commitment and expertise. NAMI Forensic Network/MN founders Joe & JoAnn Zwack offered their congratulations to Dr. Sletten noting, "Your help with patients with mental illness and your generosity to NAMI in support of its programs are indeed worthy of our deepest appreciation. Thank you for your

commitment, your efforts, and your sincere concern for those with mental illness."

Dr. Sletten practices in Stillwater. MPS offers thanks and congratulations to Dr. Sletten for his work on behalf of patients! ■

MPS Teams on Crisis Intervention Trainings

During May and June, MPS teamed with the Barbara Schneider Foundation and the Metro 911 Board to provide mental health crisis intervention training for EMTs, public safety and emergency personnel in five Twin Cities locations. MPS is grateful

to Eric Larson, MD for developing the presentation and to Drs. Larson, Julie Petersen and Julia Bell for presenting at the trainings. Advocates for public safety personnel and representatives from the Barbara Schneider Foundation, a non-

profit organization that educates the public and first responders about mental health crises, were very pleased with the partnership. ■

Blue
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ad

Medicare Discrimination, Continued from page 1

"There is no justification for making seniors and disabled Medicare enrollees pay so much more for mental health care, and yet sometimes it felt as if we were trying to move a mountain," said Dr. Robinowitz. "There will be tough negotiations with the Senate about the whole package, and the APA will fight to make a 20 percent coinsurance for Medicare mental health services the law of the land. Today's patient-focused action is encouraging and we hope to move forward in this positive direction."

The legislation also includes language to:

- Provide for Medicare Part D coverage of benzodiazepines, which are generic drugs used to treat anxiety and other psychiatric illnesses;
- Codify the "All or Substantially All" policy (currently a regulatory guideline to ensure that Part D drug plans cover all or substantially all of the medications within certain classes: antipsychotics, antidepressants, anticonvulsants and antivirals, for example);
- Prevent cuts to physician fees under Medicare for the next two years;
- Raise the tobacco tax; and
- Reduce excess payments to insurance companies. ■



Federal Parity Advances

In a major first step toward passing parity legislation in the House, the House Education and Labor Committee approved the Paul Wellstone Mental Health and Addiction Equity Act (HR 1424), by a vote of 33-9. Representatives Jim Ramstad and Patrick Kennedy (D-RI) sponsored the legislation. The bill will now be taken up by the House Energy and Commerce Committee, which is expected to act on the legislation in September.

The action by the Education and Labor Committee is a clear demonstration of the political consensus that has developed among Democrats, Republicans and the Bush Administration that Congress needs to act to require that mental illness be covered in group health plans on the same terms and conditions as all other medical conditions.

During deliberations on HR 1424, the Committee rejected an amendment offered by Representative John Kline to substitute the Senate bill (S 558) by a vote of 16-27. Notably, during debate

on HR 1424, not one member of the Committee objected to the legislation's requirement for mental illness to be equitably covered under group health plans. Instead, members debated the narrow differences between the House and Senate bills. It's important to note that Congressman Kline did vote against the bill since his amendment did not pass.

For more information on HR 1424 and S 558, go to www.nami.org/Template.cfm?Section=July7&Template=/ContentManagement/HTMLDisplay.cfm&ContentID=48381.

To read the text of the legislation approved by the Education and Labor Committee, go to <http://edlabor.house.gov/markups/pdfs/HR1424/HR1424substitute.pdf>.

Minnesota's Parity Law exempts self-insured plans and that number now covers over half of all Minnesotans. The proposed Federal law would cover those plans too. ■

Antidepressant Label Changes Lauded

In May, the APA commended labeling changes made by the Food and Drug Administration (FDA), which apply to antidepressant use in adults. The FDA's new labeling acknowledged, for the first time, that untreated depression puts people at risk for suicide.

APA President Carolyn Robinowitz, MD, issued the following statement:

"We welcome today's announcement from the FDA as a major step in the right direction. Specifically, we are pleased that the agency is changing the label on antidepressants to acknowledge, for the first time, that it is untreated depression

that puts people at the greatest risk for suicide. This change in labeling is supported by the science. The agency clearly heard its own advisors – the Psychopharmacologic Drugs Advisory Committee – and physicians and patients, all of whom came together at a hearing last Dec. 13 to tell the agency what labeling would best meet patients' needs. While some participants at that hearing called for drastic labeling changes that would have further restricted access to these lifesaving medications, the FDA wisely acted in patients' best interests.

Studies have shown that the old

labeling – a black box warning label that the agency had issued in 2004 – was associated with a steep decline in treatment rates. Worse, the 2004 labeling change was followed by an increase in the suicide rate, reversing a decade-long decline in suicide deaths in the United States."

The APA commended the new label, which still contains important warning information, reminds physicians and patients that antidepressants save lives.

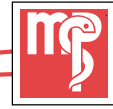
Finally, the APA encouraged the FDA to formally monitor the effects of its labeling changes. ■

CMS Policy on NPI Information

The APA Office on Regulatory Affairs sent comments concerning CMS' notice of its policy to make a wide array of providers' NPI application data publicly available online. Identity theft is a substantial concern, so the APA comments emphasized the need to preserve data privacy protections. APA recommended that CMS place the policy on hold and re-publish as a proposed, formal policy or regulation subject to a public comment period. More information is at www.cms.hhs.gov/NationalProvIdentStand/ or contact APA Deputy Director for Regulatory Affairs Angela Foehl, JD, MPH. ■

NAMI House Parties

NAMI Minnesota invites you to host or attend a "House Party," an informal event where legislators meet with constituents who are NAMI members. House Parties will be scheduled for this fall and early winter. If you would like more information, please call Ellie at 651-645-2948, extension 113. This is a great way to get involved and get to know your legislator!



Welcome New Residents!

Hennepin-Regions Psychiatry Residency Training Program

Muhammad Ali
Alex Anyake
Jane Dever
James Gekas
Monika Heller
Shama Saqi
Chhabilall Sharma

University of Minnesota Psychiatry Residency Training Program

Justin Graham, MD
Mustafa Kendi, MD
Adam Klapperich, DO
Isabella Michna, MD
Geoffroy Noonan, DO
Jacob Tjaden, DO
Jennifer Schumann, MD

Mayo Department of Psychiatry and Psychology Residents and Fellows

PGY-II

King, Reba Faye, MD
McGovern, Damian M., MD

PGY-I

Chopra, Amit, MBBS
Christensen, James A., MD
Das, Piyush, MBBS
Harmandayan, Maria, MD
Hussain, Filza, MBBS
Jean Noel, Fritz, MD
Kolla, Bhanuprakash, MBBS
Labrecque, Jennifer, MD
Pullen, Samuel J., DO

Geriatric Psychiatry

Shiroma, Paulo R., MD

In the next issue: Watch for Profiles of the MPS Council Member-In-Training Representatives!

NAMIWALK

NAMI Minnesota is holding its inaugural Minnesota NAMIWALKs for the Mind of America. The 5K Walk, to be held on Saturday, September 29 at Minnehaha Park, will benefit the National Alliance on Mental Illness of Minnesota (NAMI-MN). The goals of the WALK are to raise both money and awareness of the need for America and Minnesota to improve its mental health system. NAMI-MN will use proceeds from the WALK to:

- Provide support to Minnesotans with mental illness and their families
- Educate people with mental illness and their families with accurate information
- Advocate for nondiscriminatory, effective and equitable policies at federal, state, and local levels
- Champion improved opportunities for housing, rehabilitation and meaningful jobs—essentials for sustained recovery
- Support public education programs designed to help eliminate the pervasive stigma surrounding severe mental illness

If you are interested in supporting the WALK as a walker, donor or sponsor, please visit the NAMI Minnesota website at www.namimn.org and click on the NAMIWALKs logo. ■

Encourage your colleagues to join! Online Membership Applications

The APA Membership Department is pleased to announce that prospective members can now apply for membership online through the Join APA link on the APA website at www.psych.org. Applicants can view the brochures, print an application or submit one online.

Training and licensure information can also be attached in PDF or jpeg formats and submitted with the online application. For those without scanning capabilities, documentation should be faxed to the APA within 2 weeks from the date of application.

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651-407-1873

Sept. 15 Buprenorphine Training
Marriott City Center, Minneapolis,
www.mnpsychsoc.org 651-407-1873

Sept. 17-18 U of M: 8th Annual Psychiatry Review, Youth Mental Health, Radisson University Hotel, Minneapolis, www.cme.umn.edu
612-626-7600

Sept. 21 North Dakota Psychiatric Society Fall Educational Conference, Fargo, ND, staff@ndmed.com

Sept. 27-29 6th Annual Mid-West Pain Management Symposium Retreat, Aberdeen, SD
www.mwpmr.com

Sept. 29 NAMIWALK, Minnehaha Park, Minneapolis, 651-645-2948

Oct. 4 15th Annual Puzzle of Mental Illness, Guild of Catholic Women, O'Shaughnessy Auditorium, St. Paul, 651-450-2217

Oct. 6 MPS Fall Meetings
Minneapolis Marriott West, St. Louis Park, www.mnpsychsoc.org
651-407-1873

Oct. 11-14 59th Institute on Psychiatric Services American Psychiatric Association, New Orleans, LA 1-888-357-7924
www.psych.org/IPS2007

More resources at www.mnpsychsoc.org

MPS Identity Initiative MPS President Jeff Hardwig is looking for member input. Please email him at jhardwig@northwoods.net with your response to the question, *What is a Psychiatrist?* Responses will inform the MPS Take Back the Profession Initiative.

Workforce Survey

If you have not already returned your brief workforce survey (it was mailed from MPS or MMA), please go to the MPS website at www.mnpsychsoc.org and complete it online. It will only take a few minutes and your responses will inform our future.

Ideas of Reference favorites not included here, ie, *Council Highlights*, *Members-on-the-go!*, etc., are all now online for member viewing.

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