



o f r e f e r e n c e

Board of Trustees ... An Eye-Opener

by Galen Stahle, MD, MPS President-elect



Galen Stahle, MD

I had the pleasure of attending the recent APA Board of Trustees (BOT) meeting in Denver, Colorado, Dec. 11-12, 1998. There were four other District Branch (DB) presidents-elect invited to that meeting. The practice of asking several

presidents-elect to these meetings began two years ago as the APA began to take a greater interest in happenings on the local/state level. This increased interest was the result of complaints about a lack of connectedness between the DBs and the national APA. We were asked to bring to the meeting items of concern from each of our DBs. The DB presidents-elect met as a group with Dr. Borenstein (APA vice-president) on the

Thursday evening before the BOT meeting to talk about our concerns. We were then left to decide how to present our collective concerns to the BOT and we did present these concerns on that Saturday.

Attending the BOTs meeting was a real eye-opener for me and I have several observations I will share with you. The first is that the problems in DBs across the country are nearly universal. Everyone has concerns about managed care, parity of mental health benefits, maintaining membership, psychologists' prescribing, poor communication with the national organization, etc. This was also evident at the APA Assembly meeting I attended in November in Washington, DC.

The second is that the individual members of the BOT are extremely hard-working, dedicated, knowledgeable folks who are working very hard on a large number of current topics/issues/problems. The discussions were lively and well-informed.

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Winter 1999

Volume XXXIV

Ideas of Reference

is the newsletter of

the Minnesota

Psychiatric Society, a

district branch of the

American Psychiatric

Association.

Coming Together Around Mental Illness

An historic, collaborative meeting of psychiatrists, patients, family members, and advocates took place on November 16, 1998, at Mount Olivet Church in Minneapolis. The event was sponsored by MPS and relied heavily on volunteer assistance from the members of the Education Network of Minnesota for Mental Health and Mental Illness. Over 200 people participated. The evening meeting included a panel discussion of communications issues with a focus on targeting solutions. The Resource component featured Education Network representatives describing resources available through their organizations. The APA also participated by providing media training for the large group and individualized interview skills training for a smaller group during the afternoon.

The evening was successful in many ways, and demonstrated how important and beneficial collaborative events can be. Through an unrestricted grant

from SmithKline Beecham pharmaceuticals, MPS was able to provide box dinners to all attendees. The media training was provided without cost to MPS by the APA. The resource and communications panel participants were representatives from the Education Network member organizations. The overwhelming attendance and sustained interest underscore the need for continued collaboration.

MPS member attendance was remarkable. At one point, Judith Kashtan, MD, chair of the MPS Public Affairs Committee, and emcee for the evening asked the psychiatrists in the audience to stand. The remaining audience members were truly amazed to

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COMING TOGETHER



AROUND
MENTAL ILLNESS

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Ideas of Reference

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We're Gaining!...

As I write this on a cold mid-winter evening, things look bleak. But we're gaining—we're gaining daylight day by day, we're gaining enthusiasm as the Vikings arouse us with Super Bowl fever, and psychiatry is slowly gaining attention and credibility in the media and the medical community.

In the past, tragic deaths like those that occurred at the US Capitol last summer or in the New York City subway more recently would have resulted in public outcries to lock up the mentally ill. Instead, the editorial pages of the *New York Times* have drawn attention to the plight of the chronic mentally ill and the need for adequate funding and continuity of care. The APA honored a *New York Times* columnist, Frank Rich, for his superb editorial following the Capitol Hill shootings. The *Minneapolis Star Tribune* echoed the *New York Times*, calling for better funding for treatment of the mentally ill and more recently supporting parity legislation.

Our medical brethren are also joining in support for treating mental illness as any other medical condition. MPS brought a resolution to the MMA House of Delegates last fall calling for stronger support for parity in both the state and national arenas. Our Minnesota AMA delegation brought the resolution to the AMA House of Delegates in December, and the AMA endorsed parity for mental and S/A disorders, expanding the concept with AMA proposing to work along with APA to develop model state legislation.

In response to a recent *JAMA* article on maintenance therapy for recurrent major depression, Deputy Editor of *JAMA* Richard Glass, MD wrote a strong editorial "Treating Depression as a Recurrent or Chronic Disease," supporting recognition and treatment of depression as a public health issue of great significance compared to many other chronic medical conditions.

Unfortunately, many of our state and federal legislators still don't get the message. Minnesota is blessed with two exceptions in Congressman Jim Ramstad and Senator Paul Wellstone, but most legislators are oblivious to the need for insurance reform legislation. Federal legislative attempts in 1998 were an exercise in political expediency, and now in 1999 attention is diverted by an historical battle between the Congress and the Presidency.

Both MPS and APA have engaged in coalition-building with mental health advocacy organizations to generate continuous pressure for legislative reform for mental health parity and other patient protection measures. The MPS Legislative Committee and the Division of Governmental Relations at the APA level are proactive in these efforts.

We're gaining, but every psychiatrist still needs to be involved. Please write, call, fax, or e-mail your legislator whenever any pertinent issue is in the legislative arena.

DCM

Minnesota Means *Minnesota!*



By Ronald Groat, MD
MPS President

Over the last three months, I have had the opportunity to visit five hubs of psychiatric activity around the state, beyond the Twin Cities and Rochester. I will use this column to report on the experience and to draw some personal

conclusions from these discussions as your Society begins seriously addressing its strategic planning initiatives in 1999.

I was fortunate to have a traveling companion for all of the travels in Bill Clapp, MD (Director of the Residency program at the University of Minnesota, Department of Psychiatry and Chair of the Greater Minnesota Psychiatry Committee of MPS). Galen Stahle, MD, flew the two of us to our first stop in Fergus Falls where Bob Wasson, MD, organized our September 23 trip. We met with nine physicians from the area. We subsequently had meetings in Brainerd (assisted by Tom Wittkopp, MD), St. Cloud (assisted by Tim Rasmussen, MD), Duluth (assisted by Bob Nesheim, MD), and Mankato (assisted by Julie Gerndt, MD).

There were some clearly consistent themes. Psychiatrists outside of the Twin Cities and Rochester area are in short supply and demand for their services frequently leads to long waiting lists, long hours, excellent coordination with primary care, and a teamwork approach with other disciplines, particularly psychiatric nurses. Having any extra activities or responsibilities (MPS, legislative, CME, etc.) outside of the demands of their profession was extremely challenging.

There were also some clearly divergent issues with area-specific concerns. Fergus Falls, under the leadership of Bob Wasson, has orchestrated a very comfortable blending of private psychiatrists, consulting psychiatrists, and regional treatment center psychiatrists. They have been very active with their advocacy groups and in legislative initiatives.

Brainerd also had a blending of their local systems, but it was by virtue of the psychiatrists spending time in each of the different professional settings as consultants that brought continuity to the system. This area was having significant concerns with their major payer, and in fact, had initiated a lawsuit against the MN Department of Human Services for what they felt were poorly conceived denials for

authorization of care. The five counties surrounding Brainerd are a part of the large catchment area, and these counties are pursuing county-based purchasing initiatives. Dr. Wittkopp has taken a leadership role for planning for mental health and chemical dependency services.

Duluth had only one physician RSVP for our meeting, that being our colleague, Dr. Bob Nesheim. There were between ten and twelve psychiatrists at the Duluth Clinic several years ago. There currently are apparently only five doing the same amount of work, which underscores the overwhelming demands on psychiatrists in this area. The Duluth area and the adjacent Iron Range and Arrowhead areas are facing significant challenges with a shortage of psychiatric resources.

The St. Cloud area likewise has experienced a significant shortage of psychiatrists and recently had two psychiatrists leave the area. Although there is a Veteran's Hospital in St. Cloud proper, the doctors from the St. Cloud Hospital, the Veteran's Hospital and the Willmar Regional Treatment Center reportedly do not know each other very well. There was significant interest in MPS meetings that might bring some collegiality and networking to this area.

Mankato has a very active and responsible group of psychiatrists. Like St. Cloud, there is not a great deal of coordination of services with the Regional Treatment Center in St. Peter. The Mankato psychiatrists have considerable concerns regarding their limited leadership and involvement in planning in the Mayo-owned hospital in Mankato, in county-based initiatives and cooperatives in the area, in dealing with the principal insurer in the area, and in managing the emergencies for consulting psychiatrists who do not cover their own calls when they return to their homes.

In all areas, there is a great deal of support for mandated point of service options in healthcare contracts, cooperation with advocacy groups in legislative initiatives, and a desire to participate in Minnesota Psychiatric Society initiatives. The use of technology to assist in overcoming the barriers of distance and organizational/professional differences should assist in coordinating psychiatric resources throughout the state; successful outcomes in initiatives to enhance the quality of care delivered to persons with mental illness in Minnesota should follow.

The "Minnesota" Psychiatric Society will continue to develop initiatives to address the needs of all psychiatrists in the state; after all, Minnesota means *Minnesota!*



1999 MPS Election

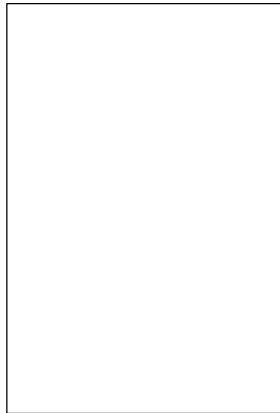
The MPS membership will choose a president-elect, secretary/treasurer, and two members of Council (councilors) in the 1999 MPS election. There are two candidates for each of these offices, and the two APA Assembly representatives from Minnesota are running unopposed. The change of leadership occurs in May 1999, when Ron Groat completes his term as president, succeeded by Galen Stahle. Elizabeth Reeve will complete her term as secretary/treasurer as will Karen Dickson and Sheila Specker complete their terms as councilors. Also on the ballot will be a bylaws

amendment which will allow for the third psychiatric training program in Minnesota to provide a member-in-training to MPS Council membership. MPS leadership encourages a vote in favor of this bylaws change.

Election ballots will be mailed by February 15, and must be returned by March 15. A sample ballot, including the wording of the bylaws change, follows the candidate biographies. MPS leadership encourages you to take this advantage to cast your ballot in choosing the leadership of our organization.

President-elect

Elizabeth Reeve, MD



I graduated from the University of Minnesota medical school and residency program. After completing my adult training I went on to complete my fellowship in child and adolescent psychiatry. Since graduation I have worked at Regions (was Ramsey) hospital.

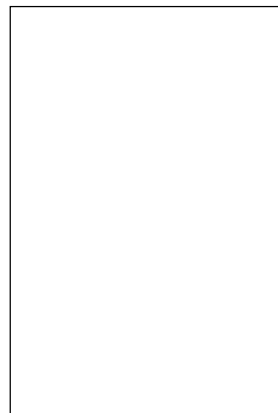
Clinically my practice has been entirely children

and adolescents with an emphasis on children with developmental disabilities. I have more recently focused on children with all types of repetitive behaviors, such as self-injurious behavior, perseverative behaviors, and obsessive compulsive behaviors. I have held a variety of administrative roles over the past few years, including that of outpatient medical director for our outpatient mental health clinics. I recently left that position and accepted the position as Residency Director for the Hennepin-Regions Psychiatry program.

In addition to clinical and administrative work I spend about a third of my time involved in research. I am currently involved with clinical pharmaceutical trials investigating the treatment of childhood OCD, depression and anxiety as well as a variety of adult disorders.

Throughout the past years I have been active with both the Minnesota Psychiatric Society and the Minnesota Society of Child and Adolescent Psychiatry. I have held positions as Council member and Secretary-treasurer with MPS and am currently President of

Joyce Tinsley, MD



I grew up in the rural Ozarks. The people of nearby Mountain Grove, Missouri and its surrounding communities had access to general medicine, but my neighbors knew very little about mental illness or what psychiatry had to offer. There was a definite need for quality psychiatric care. Mayo Clinic has been my home

away from home since 1981, when I began residency in Internal Medicine. My interest in psychiatry solidified as I was exposed to the high quality practice at Mayo. In 1982 I switched specialties. My background helped lay the foundation for several strong beliefs: 1) I believe that people should have access to psychiatric diagnosis and treatment. This includes a view that parity with other forms of medical care is essential. 2) I believe in educating the public about psychiatry. 3) I believe in the medical model, and that psychiatrists are physicians who should work closely with other physician organizations.

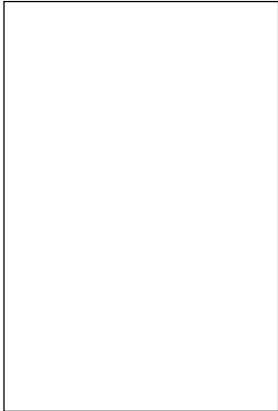
The most significant issue facing Minnesota psychiatry today is patient access to care. Suggested remedies? A several pronged approach is needed. This includes continued legislative activism, education of elected officials, support of patient advocacy groups in Minnesota, a stalwart defense of parity, and ongoing efforts within MMA.

My main areas of interest are clinical care and residency training. Most of my clinical duties are in addiction psychiatry; but I also practice general

Secretary-Treasurer



Floyd Anderson, MD

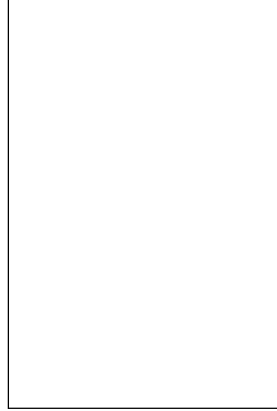


Born in Minneapolis, raised in Richfield, and trained at the University of Minnesota, I have had a private practice of general psychiatry and clinical psychopharmacology in this area for 24 years. My primary goal of working in a wide variety of settings has been reached, and because of this I have become aware of many

of the political, economic, and strategic influences that have produced despair for ourselves and our patients. Do you believe the Minnesota Patient-Physician Alliance when they say that 38% of the Metro Area health care dollars are spent for administrative costs and only 2.1% on mental health and chemical dependency combined? I am driven by this situation, and if elected my next goals will include working to

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H. Berit Midelfort, MD



Attended Meharry Medical College for two years and completed medical school at the Medical College of Wisconsin in Milwaukee, Wisconsin in May of 1979.

Completed general psychiatry residency and child in adolescent fellowship in 1984 at the University of Chicago Hospitals and Clinics.

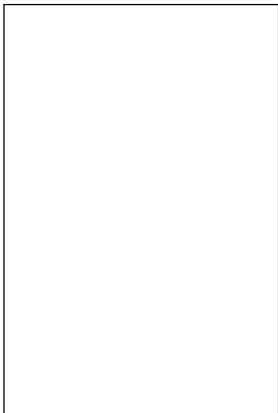
Private group practice at the Minneapolis Clinic of Psychiatry and Neurology and later at the Minneapolis Psychiatric Institute.

Solo practitioner since 1988, including provision of (1) inpatient in out-patient services for children, adolescents, adults and their families; (2) administrative services as medical director for the Children's Mental Health Unit at Fairview University Medical Center and for out-patient, open inpatient and

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Assembly Representative

Michael Koch, MD



Dr. Koch graduated from the University of Minnesota Medical School and psychiatric training at Mayo Graduate School of Medicine. Following child and adolescent psychiatry training at the University of Minnesota, he has practiced in the Twin Cities. He has been Director of Child and Adolescent Psychiatry at

Hennepin County Medical Center since 1986. Dr. Koch is a past-president of MPS and the Minnesota Child & Adolescent Psychiatric Society. He chairs the MPS Legislative Committee and is a member of the Minnesota Medical Association's Legislative Committee. Dr. Koch has been an MPS representative to the APA Assembly for the past five years.

Deane Manolis, MD



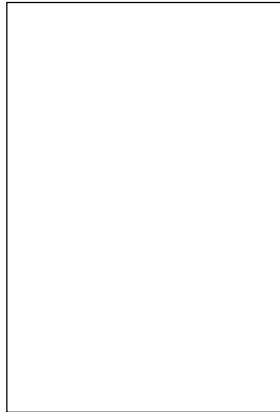
Dr. Manolis graduated from the University of Minnesota Medical School and psychiatric residency training also at the University of Minnesota. He has been in private practice in Minneapolis since 1968, with a considerable focus in hospital psychiatry until recently. Dr. Manolis is a past-president of MPS and has

had a number of committee roles, past and present, in Hennepin Medical Society, MMA, and MPS. He currently is editor of the MPS newsletter, and has been an MPS representative to the APA Assembly for the past two years.



Councilor

David Boyd, MD



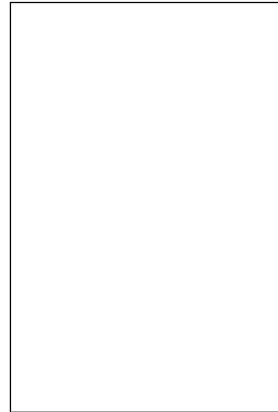
I have more than 25 years experience in private practice, clinical supervision, and teaching. In Colorado, where I lived from 1970-1992, I also held various elected positions in the Colorado District Branch of the APA.

I moved to Minnesota in 1992 to become medical director of United Behavioral

Systems (UBS)/Minnesota. I took this position believing that I could bring strong clinical and ethical leadership to a large managed mental healthcare system. I was reasonably successful in this pursuit but due to a number of changes that have taken place I decided to resign my position in November 1998. I have recently accepted a position within the Department of Behavioral Medicine of Community Memorial Hospital and at Parkview Behavioral Health Services, both in my birthplace of Winona, MN.

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Mark Willenbring, MD



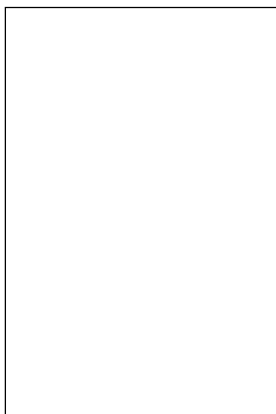
My credentials are as follows: University of Minnesota Medical School; rotating internship at Ramsey Hospital (now Regions); residency in General Psychiatry at the University of California, Davis; social science research fellowship at University of Wisconsin, Madison. I have added qualifications in Addiction and Forensic

Psychiatry. I have been a staff psychiatrist at the Minneapolis VA Medical Center since 1982, currently am Director of the Addictive Disorders Section, and am an Associate Professor of Psychiatry at the University of Minnesota. I have a small practice in Forensic Psychiatry. I serve on the MPS Ethics Committee.

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Annette Smick, MD

I am a Minnesota native, who attended the University of St. Thomas (in the second class of women, when it was just the College of St. Thomas), University of Minnesota Medical School, and Mayo Graduate School of Medicine for both an adult psychiatry residency and a child and adolescent fellowship.



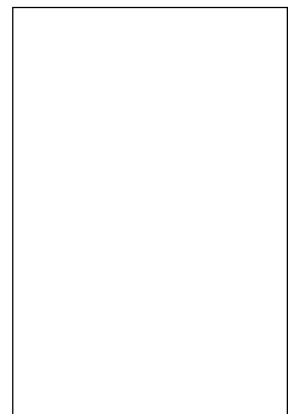
I provide a family practice approach to psychiatric services (seeing child, adolescent, adult, and geriatric patients) in my position as Medical Director of the Department of Behavioral Medicine of Community Memorial Hospital and at Parkview Behavioral Health Services, both in my birthplace of Winona, MN.

Winona has a history of unmet psychiatric needs and short-term psychiatrists (most staying no more than one year). The most frequent question asked by my patients during my first two years here was "How

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Michael Trangle, MD

I was born and raised in the Twin Cities and went to college out east, where I majored in philosophy as an undergraduate and have continued to have an abiding interest in ethics. My MD degree came from the University of Minnesota, Minneapolis, and then I went to the University of Wisconsin, Madison, for my residency. While there I got



very involved in family therapy which I still love doing.

My first ten years of practice were spent at Park Nicollet Medical Center where I performed inpatient and outpatient work with adults and adolescents. In addition to this, I was Medical Director of Family Consultation Centers (now renamed Fairview Counseling Centers) and Fairview Ridges Chemical Dependency Services.

Currently, I see outpatients at the Minneapolis Psychiatric Institute and perform administrative

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Minnesota Psychiatric Society 1999 Sample Ballot

President-Elect

Vote for one. (Term 2 years: One year as President-elect and one year as President)

- Elizabeth Reeve, MD
- Joyce Tinsley, MD

Secretary-Treasurer

Vote for one. (Term 2 years)

- Floyd Anderson, MD
- Berit Midelfort, MD

Proposed amendment to the bylaws

The following is to be added to the existing bylaws:

Chapter II - Election of Officers

Section 1, Subsection B.

If additional residency training programs are developed, then those programs will join the rotation by choosing one of their residents for a one-year term as Member-In-Training Representative Elect, followed by a consecutive one-year term as Member-In-Training Representative.

- Approve
- Do not approve

Councilors

Vote for two. (Term 2 years)

- David Boyd, MD
- Annette Smick, MD
- Michael Trangle, MD
- Mark Willenbring, MD

Assembly Representative

Vote for two. (Term 2 years)

- Michael Koch, MD
- Deane Manolis, MD

All ballots must be returned by March 15, 1999

MPS Action Paper Passes Assembly

A dues amnesty concept that originated in a Minnesota Psychiatric Society Council meeting early in 1998 was approved by the APA Assembly in November 1998. The APA Board of Trustees is expected to approve the amnesty in March 1999.

The MPS action paper asked that both the APA and district branches allow an amnesty for past dues payment for former APA members dropped because of non-payment of dues. Under previous APA policy, a former member would have to pay several years' dues in order to become an APA member again. APA attempted a dues amnesty in 1994, but it was poorly publicized and did not include amnesty of district branch dues. Under these circumstances, only a very few former members rejoined the APA.

With the current focus on membership recruitment and maintenance, the MPS Council recognized that a number of psychiatrists might wish to return to organized psychiatry but would be deterred because of the significant financial obligation. As it turned out, the APA Membership Committee also strongly supported a dues amnesty and encouraged MPS to propose an action paper.

The action paper engendered a great deal of discussion at the Assembly meeting, but a one-year, one-time amnesty was finally recommended for the calendar year 1999. The action paper also asked

Assembly representatives to bring back the message to district branches to ask amnesty for district branch dues as well, thus avoiding the problems with the 1994 amnesty. The MPS Council approved a Minnesota dues amnesty at its January meeting.

The dues amnesty is discussed in considerable detail in *Psychiatric News*, December 4, 1998. Under the amnesty, rejoining members will be required to pay for the current year (1999) up front.

1998 MMA Meeting Wrap-up

MPS members were active in the MMA House of Delegates meeting in October 1998.

Two MPS sponsored resolutions passed HOD deliberations to become MMA policy. The most significant resolution, to advocate insurance parity for mental and S/A disorders, was carried to the AMA HOD meeting in December. There it was expanded, asking AMA and APA to work to develop model state legislation for use across the country.

MPS Councilor Karen Dickson, MD was re-elected MMA West-Metro Trustee, ensuring psychiatry's voice in MMA leadership. Psychiatrists James Garvey and John Schumacher were honored as 50 year members of MMA.



From MPS Neighborhoods

From Minnesota Psychoanalytic Society and Institute

The Minnesota Psychoanalytic Society and Institute is in the process of finalizing the first year curriculum for candidates who will begin their formal psychoanalytic training in September. We are working it out in consultation with senior analysts from Boston, Detroit, Chicago and San Francisco.

Michael Moore, MD, chair of the Faculty Committee, announced that the first group of senior graduate analysts elected were (alphabetically) Willem Dieperink, Keith Horton, Nancy Kobrin, Mark Leffert, Michael Moore, and David Stagner. The first associate faculty named (members who have completed at least the basic curriculum at an A Psa A Institute) were Peter Grant, Joshua Lerner (a full member of the British and International Psychoanalytic Associations) and Tom Folsom. The first adjunct faculty named (individuals who have made distinguished contributions to psychiatry and psychoanalysis but have not completed psychoanalytic coursework) was Aviel Goodman.

Admissions Committee Chair David Stagner reports that nine candidates have been accepted so far and that he expects the committee will finish reviewing the several remaining applications by February 1999.

Curriculum Committee Chair Alan Serpos reports that plans for two winter-spring 1999 symposia are progressing. The basic themes will be Developmental Theory and Practice, and Models of the Mind. Marian Tolpin of Chicago will be here early in March to deliver a plenary address open to the mental health community as well as smaller meetings for new candidates and other MPSI members. Joshua Lerner reports that Angela Joyce from London will teach here in late May 1999.

Marian Tolpin is a distinguished senior clinician and theoretician who has taught and written extensively on development and self-psychology. Ms. Joyce directs the Masters Program in development at the Anna Freud Center in London and teaches the Psychic Development Courses at the British Psycho-Analytical Society.

Deborah Boughton was certified in psychoanalysis at the A Psa A 1998 winter meeting in New York City. She graduated from the Chicago Institute for Psychoanalysis in May 1998 with training in both child and adult psychoanalysis. She divides her practice time between the Rand Tower in Minneapolis and an office in New Brighton. Congratulations!

Keith Horton, MD

From Women Psychiatrists of Minnesota

The Women Psychiatrists were busy during the fall of 1998. A brunch meeting for networking hosted by Dr. Signe Dysken was well attended. It seemed as if every mom there had a daughter who was a toddler. It was great to see the new generation and think of their potential!

A dinner meeting in honor of Dr. Paula Clayton's "retirement" was held in October and also was well attended. Dr. Clayton spoke on women in leadership and gave an interesting perspective on factors in the development of her own and others' leadership capacities. Dr. Elizabeth Reeve of MPS, and Dr. Virginia Lupo, President-elect of Hennepin Medical Society, also spoke of their personal experiences and reflections on leadership development. Active discussion ensued as did personal reminiscences about Dr. Clayton. Fortunately, no final goodbyes until Dr. Clayton's Festschrift in April 1999.

The next brunch meeting will be in February 1999, notices to follow.

Karen Dickson, MD

Clayton Retires; Candidates Visit

Paula J. Clayton, MD, chair of psychiatry at the University of Minnesota School of Medicine since 1980 retired on December 31, 1998. Dr. Clayton will remain as interim until a new chair of psychiatry is appointed.

Alfred Michael, MD, dean of the School of Medicine, has asked members of the Minnesota Psychiatric Society to be involved in the selection of a new chair.

The three finalists for appointment as head of Psychiatry include: Alan Gelenberg, MD, chair of the Department of Psychiatry, University of Arizona; Tom MacKenzie, MD, professor of psychiatry, University of Minnesota; and Charles Schulz, MD, chair, Department of Psychiatry, Case-Western Reserve Medical School, Cleveland, Ohio.

The three candidates made individual visits to the Twin Cities during January 1999. During these visits, community psychiatrists had an opportunity to meet with the candidates at a series of receptions. Dean Michael also asked a core committee of non-university community psychiatrists to meet with each candidate to provide additional input to the medical school selection committee.

Dr. Clayton, who plans retirement in New Mexico, will be honored at a Festschrift on April 17, 1999.

Members on the Go!



Members on the go!

New Medical Student Members

Jay Kennedy
Patrick M. Rigely

New Members In Training

Julia Bell, MD
Residency—University of Minnesota

Transfers In

Maria Lapid, MD, from Tennessee
Residency—University of Minnesota
Avijit Mitra, MD, from New Jersey
Residency—Mayo Graduate School of Medicine
Michael Reese, MD, from Indiana
Practicing—Mayo Clinic
Lori Suvalsky, MD from Wisconsin
Practicing—Park Nicollet
Saulius Vydas, MD, from Pennsylvania
Practicing—Allina Behavioral Health Services
Lura M. Van Gerpen, MD, from Louisiana
Residency—Mayo Graduate School of Medicine
Heidi Wortel, MD, from Washington
Practicing—St. Peter Regional Treatment Center

Transfers Out

Reena Grewel, MD, to Illinois

Marilynn Hammond, MD, to Maine
William Hooten, MD, to Missouri
Darel J. Hulsing, MD, to Colorado
Robert D. Janke, MD, to Texas
Wayne L. Martinsen, MD, to North Dakota
Robert Rose, MD, to Illinois

Upgrade to General Member

Virginia E. Hofmann, MD
Residency—Mayo Graduate School of Medicine
Practicing—Mayo Clinic
Melissa A. Lee, MD
Residency—University of Minnesota
Practicing—University of Minnesota
Paul T. Richardson, MD
Residency—University of Minnesota
Practicing—Behavioral Health Care Providers

Permanent Inactive Status

Martin Orbuch, MD

Resigned

Marie Casey, MD
Sandra Eames, MD
Eugene Rondeau, MD

New Life Fellows, Life Members

The Minnesota Psychiatric Society has a large class of Life fellows/Life members for 1999. The "Life" designation is conferred on APA members whose years of membership and age total 95. Life fellows and Life members receive a reduction in APA dues.

New MPS Life Fellows include Drs. Paula Clayton, David Cline, Michael Koch, Charles McCafferty, Gordon Moore, Robert Morse, and James Swenson.

New Life Members include Drs. Richard Anderson, John Bohrod, Willem Dieperink, James Elliott, Joseph Gendron, Jerome Kroll, Paul Melichar and Robert Murtaugh.

MPS leadership congratulates this group for achieving "Lifer" status.

Correction

Elaine Barth, MD, and Lois Krahn, MD, both of Rochester, were named 'exemplary psychiatrists' by the National Alliance for the Mentally Ill (NAMI). Your editor apologizes for this omission in the last issue's announcement.

1998 Tax Information

Psychiatrists preparing their 1998 tax returns should remember that a substantial portion of their dues for APA and MPS membership is tax deductible.

APA dues of \$540 are deductible as follows: \$150 deductible as business expense and \$390 deductible as charitable contribution.

Minnesota Psychiatric Society dues of \$200 as follows: \$150 deductible as business expense and \$50 not deductible (legislative lobbying expense).

Questions about these numbers should be directed to Linda Vukelich, MPS executive director at 651-407-1873.

New MPS Fellows

Steven I. Altchuler, MD, PhD
William L. Clapp, MD
Karen K. Dickson, MD
Michael J. Feldman, MD
Richard E. Immler, MD
M. Kevin O'Connor, MD
Teresa A. Rummans, MD
Joyce A. Tinsley, MD

Look for more information in the next issue!



Pinel and the Psychiatric Revolution

by Syed Abdullah, MD

Used with permission. Dr. Abdullah is newsletter editor and Assembly representative of the West Hudson (NY) Psychiatric Society; also member of the Assembly History Committee. Dedicated to the memory of Dorothy Bernstein, MD.

As we approach the end of the 20th Century and take stock of the achievements of the past hundred years, we should not turn our backs to the antecedents of this century. It was primarily the latter part of the 18th and all of the 19th centuries that determined the shape of things to come in our times. It was in this period that the great pioneers laid a firm foundation of psychiatry as we know it today. Pinel was the most preeminent of these pioneers.

Towards the close of the 18th century a number of world events took place that determined the course of history for the next two centuries. In 1776 the American Revolution resulted in the birth of a new nation, a republic without any link to the monarchy. In France the rumblings of the French revolution had begun and the monarchy there was crumbling. In England the Industrial Revolution was gaining momentum causing far reaching political and socio-economic upheavals in Britain and the world at large. Demographic shifts to the industrial centers resulted in severe health problems. This was the backdrop of the birth of modern psychiatry.

In the year 1778 Philippe Pinel, a recent medical graduate from the University of Toulouse in South France, came to Paris for advanced training in medicine. He was a brilliant, hard working, and shy young man who was not sure whether he wanted to get into the practice of medicine or stay with his other passions: the pursuit of the Classics and Mathematics.

Paris was in the grip of a bloody revolt against the monarchy and the privileged aristocrats. Little did Pinel know that he was destined to bring about a revolution in the way the mentally ill were treated.

While in Paris, he witnessed Mesmer perform his dramatic feats by the use of seances and what he called "animal magnetism". Though Pinel was never sold on the theoretical constructs of Mesmer, he was impressed by the impact psychological techniques had on the mental state of people.

Around this time a friend of his died a violent death because of mental illness. This event helped Pinel make a career decision: he would devote his talents to the understanding and treatment of the

mentally ill. He joined the staff of the private psychiatric clinic La Maison de Sante, of Dr. Belhomme. Here, from 1783 to 1788, he observed and treated the mentally ill patients, experimenting with different treatment methods.

An important influence on Pinel at this time was a weekly gathering at the Salon of Madame Anne Helvetius, the widow of the philosopher Claude Adrien Helvetius. Here many distinguished philosophers, writers, social scientists, revolutionary thinkers, and physicians gathered every Tuesday to exchange ideas and intellectually enrich each other. Benjamin Franklin, who was in France to negotiate trade and

other treaties on behalf of the new American Republic, attended these gatherings occasionally. Franklin was so impressed by Pinel that he invited him to the United States, to pursue his ideas in an atmosphere free from the turmoil that was prevalent in Paris. Pinel declined, saying that he was needed more in

Paris than in America.

Benjamin Franklin talked about Pinel with Benjamin Rush, the father of American psychiatry, who was eager to know about the humane approaches in the treatment of the mentally ill. So, even though Pinel never came to America, his ideas reached here in time to have an early influence on American psychiatric thinking.

Pinel was witness to the beheading of Louis XVI on January 21, 1793. France became a Republic, headed by such radicals as Marat, Danton, and Robespierre. The Reign of Terror prevailed, and those with moderate views became suspect, and many were arrested and executed. These included some of the members of Madame Helvetius' Salon. Pinel himself, as we shall see, became a suspect. Despite this, he was appointed head of the Bicetre Hospital in 1793 to care for the male mental patients lodged there.

What Pinel saw in this "hospital" left him dumbfounded. He saw men, many of them naked, without the most basic human needs. There was no fresh air or sunlight in the cells. The beds were made of straw

*Benjamin Franklin
talked about Pinel
with
Benjamin Rush*

Continued on page 19

Dorothy Bernstein, MD

by David W. Cline, MD

Dorothy Bernstein, MD died November 10, 1998, at age 79, following a four-year battle with severe osteoporosis and multiple myeloma.

Dr. Bernstein was a stellar member of the medical community, contributing in diverse ways to the culture of society in Minnesota and the nation at large. Dr. Bernstein was a pioneering woman physician, psychiatrist, sculptor, academician, medical historian, author, and mother of four, including three distinguished physicians. One daughter died of cancer during childhood.

Originally from Denver, Dr. Bernstein earned a masters degree in bacteriology at Ohio State University. She then graduated from medical school at the University of Colorado. She married Irving Bernstein, MD, and the couple moved to Minneapolis after he completed his psychiatric training in Colorado.

After Dr. Bernstein began her family, she worked at the University Health Service. In the mid-1960s, she completed her residency training in adult psychiatry at the University of Minnesota, and continued on in child and adolescent psychiatry at the Wilder Clinic, where she trained under Hyman Lippman. She then practiced with Irving Bernstein in Minneapolis. She worked with John Najarian, MD at the University of Minnesota kidney transplant unit, and published papers on the emotional reaction of children to kidney transplantation.

As her children grew up, Dorothy Bernstein became a potter, sculptor, and photographer, and learned to work in metal as a welder. In her 60s she achieved a masters degree in the History of Medicine at the University of Minnesota. A product of her interest in the history of psychiatry was a book she wrote and edited—*Minnesota Psychiatry Evolves from the Past to the Present and Beyond*—published in 1989. This volume, which is catalogued in the Library of Congress, outlines the history of psychiatry in Minnesota, including poignant predictions for the future.

Dr. Bernstein served a four-year term on the Minnesota Board of Medical Examiners, including the presidency during 1980-81.

Her physician children include Gail Bernstein, MD, director of the Division of Child and Adolescent Psychiatry at the University of Minnesota; Mark Bernstein, MD a psychiatrist who is medical director of a large community mental health clinic in San Francisco; and Paul Bernstein, MD, PhD, a retinal ophthalmologist at the University of Utah.

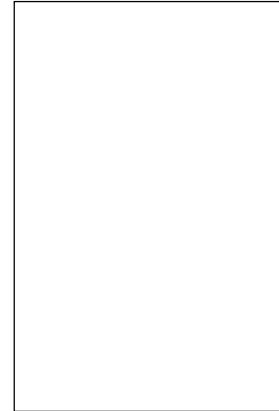
I remember really getting to know Dorothy and Irving Bernstein shortly after Wanda and I arrived in

Minnesota in 1968. They invited us to a holiday party in their home on West River Road in Minneapolis; the entertainment of Russian balalaika players is still memorable.

Through the years, Dorothy and I collaborated on a number of projects, including organizing the Minnesota Society for Adolescent Psychiatry in 1973 and hosting the American Society for Adolescent Psychiatry meeting in 1978. Dorothy also organized the first History of Child Psychiatry Committee of the American Academy of Child and Adolescent Psychiatry. We also collaborated on symposia directed toward survivors of the trauma of children hidden during the Holocaust, and opened dialogue between German-born children of that era, who also were traumatized from World War II.

Dorothy and Irving's downtown condominium was a treat to visit. Dorothy's own photography, collages, sculptures, as well as works of art she collected, made the residence a veritable gallery of contemporary art.

Dorothy never lost interest in the world around her and her continued love for learning, a point that I admired most about her, her husband, and her family. We will miss her leadership, keen insight, and zest for life.



Festschrift

Paula Clayton, MD

April 17, 1999

University Club Downtown
340 Cedar Street, St. Paul, Minnesota

2:00 p.m. — Presentation of Papers
5:30 p.m. — Reception
6:30 p.m. — Dinner



MPS Council Actions

Highlights and Action Items of the MPS Council Meetings of September 19, 1998 and November 21, 1998

Editor's Note—Two good news items from the January 16, 1999, MPS Council Meeting: MPS is solidly in the black for 1998, with a \$5,000 surplus over budget; the APA Membership Committee informed MPS that eight MPS members have achieved Fellow status.

September 19, 1998

In his **President's Report**, Dr. Groat informed the Council about a meeting between the Council Executive Committee and representatives of the state of Minnesota Department of Employee Relations. This organization was interested in developing a "carve out" for mental health services, and the Executive Committee provided extensive education concerning the nature of mental health services and carve outs in Minnesota. Dr. Groat additionally noted his plans for focus group meetings with psychiatrists around Greater Minnesota.

Financial Report—Dr. Reeve reviewed the July and August financial reports, in which income and expenses were basically in line with budget.

Legislative Report—Mr. Sposeto reviewed the MPS legislative survey results. Four priorities were identified, including supporting legislation for point-of-service option in managed care plans, legislation to make health plans liable for treatment decisions, repeal of the provider tax, and opposition to prescribing authority for nurses. Mr. Sposeto will continue to work with the MPS Legislative Committee in developing strategy for the 1999 legislative session.

BMP Task Force Report—Dr. Lentz reported on the negative vote in the Board of Medical Practice to a key provision of the Task Force Report (details in the Fall 1998 newsletter). **Action:** The Council approved the development of a Board of Medical Practice liaison committee.

Membership Report—Included four new medical student members, two new members in training, two transfers out of Minnesota, and three upgrades to general member.

Public Affairs—Dr. Dickson reviewed the activities of the psychiatry-clergy work group with a proposed budget. The group asked for support on expenses of a mailing to clergy in the metropolitan area. **Action:** The

Council approved an expenditure of up to \$1,600 for the Mental Illness Awareness Week mailing to clergy.

Program Committee—Dr. Dickson also reviewed activities of the Program Committee including a meeting with the Women Psychiatry Committee and MPS. **Action:** The Council agreed to support this meeting to cover expenses up to \$500.

By-Laws Revision—Because of a third residency training program in Minnesota, the by-laws need to be revised to allow a member-in-training from the new program to rotate with the other programs for membership on the MPS Council. **Action:** The Council approved a proposed amendment to the by-laws, which will be placed on the February 1999 ballot.

November 21, 1998

APA Assembly Meeting Report—Dr. Manolis reported extensively on the November APA Assembly Meeting, and the report will be summarized for the next newsletter. The Area 4 Council is asking the district branch executive staff to attend the Area 4 Council Meeting in Chicago in March 1999, expenses to be paid one-half by the Area Council and one-half by the district branch. **Action:** The Council approved a motion to provide financial support for Linda Vukelich to attend the Chicago meeting in March 1999.

MMA Legislative Committee—Dr. Manolis reported that Dr. Michael Koch will replace him on the MMA Legislative Committee, maintaining liaison between the MPS Legislative Committee and MMA Legislative Committee. Repeal of the provider tax is the main legislative goal for MMA for 1999; he encouraged MPS to join the MMA's Fair Funding Coalition.

Legislative Report—Dominic Sposeto reviewed the uncertainties in the 1999 legislature following Jesse Ventura's election as Governor. He again reviewed the four legislative priorities as a result of the MPS legislative survey. The MMA's Fair Funding Coalition was discussed again. **Action:** The Council approved joining the MMA's Fair Funding Coalition with an expenditure of \$500 for membership.

Membership Report—The Council approved membership transactions including two new medical student members, one new member in training, five transfers into Minnesota and five transfers out, and three upgrades to general member. The Council also discussed developing a more active membership committee; membership activities have been a purview of the secretary/treasurer in recent years.

Private Practice Available

Mature psychiatrist with mature practice planning to retire near end of 1999. Broad referral base, general adult out-patient practice, sharing space and expenses, small cross-coverage group. Suburban metro location.

Inquiries to Linda Vukelich, Minnesota Psychiatric Society, 651-407-1873.

1999 Session Convenes

Dominic Sposeto, MPS Lobbyist

The 1999 session of the Minnesota State Legislature convened last month. This is the first time that both houses of the legislature and the governor's office have been held by three different parties. The surprise election of Jesse Ventura as governor coupled with the Republican takeover of the state House of Representatives has created a tiered legislative process that is being compared to a three-legged stool. In order to become a law, a bill will have to clear the DFL Senate, the Republican House and be signed by our new Reform Party governor. This suggests that few bills will pass without the consensus of all parties, all three legs of the stool.

To date, the newly elected governor's main task has been to establish his executive branch. The governor appoints all the commissioners, assistant commissioners and deputy commissioners who run the state agencies including the Departments of Health and Human Services. As a Reform Party candidate, Ventura has few experienced party members to call on to serve in state government. He has chosen to select persons from both the DFL and Republican parties who are more independent and profess loyalty to Ventura.

The governor's next task will be to submit to the legislature a recommended state government budget for the next two years. He is expected to complete his budget early in February. Once the governor has submitted his recommendations on the state's finances, the action in the state legislature will begin hot and heavy.

It looks like it will be a very active legislative session for MPS. Last year, the MPS Legislative Committee developed a member questionnaire to gauge individual psychiatrist's attitudes on several possible legislative issues. The Society received a great response to the questionnaire. Based upon these responses the MPS Council was able to develop our priorities for the legislative session. The Society's top priorities for the 1999 legislative session are the following rank by their importance to the MPS membership.

1. Repeal the MinnesotaCare provider tax.
 2. Oppose efforts by advanced practiced nurses to obtain independent prescribing authority.
 3. Pass legislation to make health plans liable for decisions they make that adversely affect quality patient care.
 4. Seek passage of "point of service option" legislation which authorizes all health plan enrollees to obtain health care from physicians outside of designated health plan networks.
- MPS has already begun to address this aggressive

legislative agenda. The Society has joined a coalition of provider groups and clinics that are seeking repeal of the provider tax. The Coalition for Replacing the Provider Tax was created to coordinate lobbying efforts on the provider tax issue, both at the state capital and within legislative districts. The Coalition has already had several meetings in key legislators' districts and is receiving good support for our efforts.

MPS will be joining forces with the Minnesota Medical Association to oppose any expansion of prescribing authority by advanced practice nurses. There is also a proposal floating around to allow certain pharmacists to independently prescribe.

Again, MPS would be working with the MMA on the issue of health plan liability. Current internal discussions are centered on whether adding health plans to medical malpractice suits may actually increase both the numbers of lawsuits and physicians named in these suits. We are seeking advice from the state's largest malpractice insurers.

Finally, MPS has drafted a point of service option proposal that should be introduced shortly. Under the MPS proposal, patients would be allowed to obtain care from physicians outside plan networks but may be required to pay small additional co-payments or deductibles. These co-payments and deductibles may be actuarially sound and not designed to deter patients from seeking care outside of plan networks. Any additional co-payments and deductibles for mental health treatment must be the same as those assessed for any other medical treatment. We expect the state's largest health plans to oppose this proposal.

Member Expulsion

Diane Humenansky, MD of St. Paul, MN, was expelled from membership in the APA and the Minnesota Psychiatric Society for violations of the Association's code of ethics. The APA Board of Trustees, meeting on October 2, 1998, voted to expel her. Dr. Humenansky was found to have used unverified, poorly conceived, and ineffective psychotherapy techniques, resulting in harm to her patients, i.e., induced false memories of sexual abuse and substantial boundary violations (see Sections 1 and 5 of the "Principles of Medical Ethics With Annotations Especially Applicable to Psychiatry").





More from the Candidates

Elizabeth Reeve, MD

Continued from page 4

the MSCAP. I am eager to fulfill the role as President-elect for MPS as a means to continue my active involvement in the local psychiatric community.

I believe the most significant issue facing Minnesota psychiatry today is the need to continue to aggressively recruit and involve psychiatrists in an active and organized Minnesota Psychiatric Society. A strong and cohesive Society gives us the best tool to solve other pressing issues facing all psychiatrists across the country. With a strong Society we are better equipped to lobby in an integrated and unified fashion for governmental changes in areas such as restricted formularies or insurance reimbursement. A strong Society allows us to better share resources and knowledge while limiting the time any one individual may need to invest on a specific issue or concern. These benefits cannot happen unless there is continued involvement of old as well as new MPS members.

Recruitment is the key to providing our society with an ongoing infusion of energy, ideas, and issues. As part of my own effort to reach this goal I will be working hard in my new position as Residency Director to recruit, retain, and educate high quality residents. I look forward to expanding my current efforts by running for the position of President-elect for MPS.

Joyce Tinsley, MD

Continued from page 4

psychiatry. I have experience with adolescent substance abuse, and helped design the adolescent substance abuse treatment program for our department. The departmental leadership roles that best prepare me for MPS leadership are serving as a section head, and administering our residency program in which I have more than seven years experience. I serve on numerous other committees including our department's executive committee since 1992, and the institutional education committee that oversees all education activities for Mayo Clinic Rochester.

My activities in MPS include being elected to MPS Council, membership on the Program Committee, and helping to organize the Addiction Psychiatry Committee. I serve on the APA Committee for Graduate Education where I am liaison to the Managed Care Committee. I am on several committees of other national organizations: American Association of Directors of Psychiatric Residency Training, Association for Academic Psychiatry, and the American Academy of Addiction Psychiatry. Additionally, my board certification extends to added qualifications in

addiction psychiatry; I examine regularly for the American Board of Psychiatry and Neurology, and I have been a residency site visitor.

I enjoy writing medical and non-medical pieces. My husband is an endocrinologist, and we are the parents of two children, a second grader, Eliza, and a toddler, Luke. I like reading fiction, writing poetry, singing, and playing with my kids!

Floyd Anderson, MD

Continued from page 5

preserve the Minnesota Psychiatric Society and the availability of effective psychiatric treatment in Minnesota.

I promise to attend all meetings, take accurate minutes, and portray the Society's finances as they are. In addition, I will actively seek a consensus to action within our membership to address the reduction of health care monies for our core medical specialty. I think, as I did ten years ago, that we should start by publicly exposing, or threatening to, the unscientific manipulations of our state's third party payors. I believe that only we have the knowledge to do this, and that now may be the time that we can agree on a course of action that is more effective than our past efforts. I consider it neglect if we keep our stronger weapons holstered much longer.

My experiences leading to this position include fee-for-service, PHP, Anoka Metro RTC, St. Peter RTC, Clin. Assoc. Professor U of M, medical directorships in New Richmond and Menomonie WI, Tasks Unlimited, Portland Residence Mpls., teacher of the Dane County PACT program to residents, State Advisory Council on Mental Health, Jarvis Rule reform, BCBSM Physician Advisory Committee, psychiatric advisor to the Rule 75 (MR) Advisory Committee, Hennepin and Ramsey county probate court consultant and rural contracts. I have served on the Private Practice and Legislative Committees of the MPS, and am a Fellow of the APA.

I live with my bride Sue in Golden Valley, and have enjoyed for many years the domesticated stimulation of our three wonderful children.

Help Wanted!

Your editor still enjoys the challenge of putting together this newsletter with the able assistance of Linda Vukelich. But it does take time and effort which I would like to share with a co-editor.

Anyone who may be interested in working with me and Linda on *Ideas of Reference*, please contact either of us.



H. Berit Midelfort, MD

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extended care treatment services for substance abusing adolescents for Fairview Behavioral Services; (3) consultation and supervision of Judson Family Center.

Adjunct clinical faculty member and member of the Faculty Education Advisory Committee for the Child and Adolescent Psychiatry Division at the University of Minnesota's Department of Psychiatry.

Mother of four children, ages 10 to 17.

Board certified in general psychiatry in 1986 and child and adolescent psychiatry in 1987.

David Boyd, MD

Continued from page 6

ment of Psychiatry at Mayo Clinic where I will see patients, supervise residents and allied professionals, and provide other consultative services.

I believe that the variety of my experiences makes me highly qualified to represent Minnesota psychiatrists at the District Branch level. I want to contribute to the advancement of psychiatry in an increasingly complex and dynamic healthcare environment and feel that I will do this well if elected.

Annette Smick, MD

Continued from page 6

long will you stay? Now their most asked question (as I have now been here for six years) is "You were my doctor during my psychiatric hospitalization, why won't my insurance company allow you to provide my outpatient follow-up?"

As most local insurance companies designate our local mental health center as their psychiatric care provider, with only one psychiatrist, many patients are left obtaining mental health services from primary care physicians and ancillary supports.

My focus as MPS Councilor and as a southeastern Minnesota psychiatrist is to continue to provide quality psychiatric care to all patients in need, hopefully with increased insurance reimbursement support.

Mark Willenbring, MD

Continued from page 6

Psychiatry needs strength, dedication, and leadership to meet the serious challenges facing us. The most serious of these is managed care and the discriminatory reductions in coverage for the treatment of mental and addictive disorders. This focus

on cost reduction in treatment has resulted in decreased funding for training medical students and residents, and for research as well. Although we feel the pain and frustration of this, our patients feel it much more, and we must advocate first and foremost for them and their families. Finally we must be responsive to the needs of our members, and work to retain and increase our membership. As a Council member, I will do my best to be a forceful and effective advocate for psychiatry.

Michael Trangle, MD

Continued from page 6

duties for Behavioral Health Services of Allina Health System.

My thoughts and priorities for the Minnesota Psychiatric Society and its Councilors include:

1. The need to emphasize, promote and value *all* the skills and expertise which psychiatrists have (knowledge and experience in psychodynamics, diagnostic acumen, crisis management skills, supervisory skills, and chemical dependency expertise in addition to psychopharmacology knowledge.)
2. Highlight the importance of continuity of care in the doctor-patient relationship and how crucial it is to maintain the security, knowledge, and trust that comes from this.
3. Need to focus more on the plight of the chronic and persistent mentally ill who fall through the cracks way too often.

The Clinician

American Psychiatric Association
1999 Annual Meeting
Washington, DC • May 15-20, 1999



APA Assembly Report

November 6-8, 1998

MPS Assembly Representatives Michael Koch and Deane Manolis attended the Assembly meeting in Washington, D.C. Attending some of the Assembly sessions was Galen Stahle, MD, MPS President-elect, who also attended the President-elect Orientation on November 5, 1998.

As usual, the Assembly was extremely busy, with a large number of action papers reviewed and acted upon; this also was a significant meeting in that every one of the 75 district branches was represented, the first time in a number of years.

Prior to the official meeting, there was a two-hour discussion of the APA Strategic Plan, which included a number of recommendations for streamlining APA, saving costs, and focusing strategic goals and priorities. A number of ideas for reducing the size of the Assembly, of the Board of Trustees, and of the components were offered. The Strategic Planning Task Force was to complete its final report to the APA Board of Trustees in December 1998, and then go out of existence. The ideas generated will be acted upon by the Board of Trustees and Assembly over the next six to twelve months. Despite the generally favorable reception of the strategic planning report, there were a number of criticisms, the most significant of which was that there was no recommendation for fundamental structural change of APA.

Reports

The various officers gave their usual reports, and again the focus was on the importance of implementing the strategic plan recommendations, attracting and retaining members, and functioning within realistic financial limits. The Treasurer's report was most significant for its review of the sale of the APA's building in Washington. A partial interest in the building was purchased in the late 1970s, funded by a member special assessment, which was quite unpopular at the time. After careful financial review, investing the proceeds of a sale should be more advantageous than continuing ownership. The APA Board intends to carefully guard the proceeds of the sale, which will be handled as an endowment. It is expected that the proceeds will grow despite the nearly half-million dollar withdrawal each year for the APA budget, which equals the monies received under ownership. Beyond this, APA remains solidly in the black, with more than 70% of income provided by non-dues sources. The greatest income derives from the APA meetings, DSM-IV, and advertising in the various APA publications. A substantial proportion of income comes from pharmaceutical firms, and because of business cycles, this cannot continue indefinitely.

Dr. Jerry Weiner reported on the activities of APA's

AMA delegation at the June 1998 House of Delegates meeting. APA now has three delegates to AMA and is experiencing increased visibility at the AMA House of Delegates. Two APA members have been elected to important AMA council offices and a third member narrowly lost an election for another office.

Action Papers

Multiple action papers were reviewed at the Assembly, with a great deal of discussion in reference committees and on the floor of the Assembly. Action papers passed by the Assembly do not become policy of the APA, but must be acted upon by the Board of Trustees; thus most of the action papers are referred to the Board of Trustees. Notable action papers passed included the following:

- A recommendation for a "significant" dues reduction in the near future.
- A recommendation to allow monthly or quarterly payment of dues.
- A one-year amnesty for members dropped from APA membership for non-payment of dues (article elsewhere).
- A number of recommendations to achieve a stronger district branch/APA partnership, including APA helping district branches with administrative costs.
- Asking the APA to develop a position statement on discriminatory employer-sponsored disability insurance plans, which now include a two-year limit for psychiatric diagnoses and no limit for medical diagnoses.
- The Council on Economic Affairs produced a comprehensive report on pursuing the "medical savings account" concept. A part of this report included a standardized outpatient treatment report form for insurance plans which was strongly supported.
- A recommendation that APA work to eliminate the practice of direct marketing of prescription medication to the public by the pharmaceutical industry.
- The Assembly asked the Board to endorse the intent and policy objectives of the Massachusetts-based Ad Hoc Committee to Defend Health Care, which was elaborated in the "Call to Action" published in *JAMA* in December 1997.
- The Assembly approved an action paper respecting homosexual orientation, opposing so called "reparative therapy" for homosexuality.
- The Practice Guideline for Delirium was approved.

Significant action papers turned down by the Assembly included the following:

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Psychiatrist Honored For Work With Refugees

Ralph Froelich, MD a Madison, WI psychiatrist, was presented with the 1998 American Psychiatric Association Profile of Courage Award for his work with refugees along the Laotian-Cambodian border. He was given the award at the APA Assembly meeting in November 1998.

"In a time where the public sees heroes in athletes and public figures, Dr. Froelich is a hero in the truest sense of the word," said Donna Norris, MD, speaker of the APA Assembly. "Dr. Froelich took time away from his life and his practice to be a selfless and untiring supporter of the lost and the abandoned."

Dr. Froelich, sponsored by the American Refugee Committee, worked at a base camp in Thailand. The camp had approximately 25,000 refugees and asylum seekers from Laos, Cambodia, and Viet Nam. His "hospital" was a 20-bed, open bamboo structure filled with patients suffering from schizophrenia, post traumatic stress disorder, anxiety, and depressive disorders. The most dangerous part of his work was monthly visits to border camps along the Laotian and Cambodian border where he would function as a consultant psychiatrist and neurologist to the permanent medical and nursing staff.

In addressing the APA Assembly, Dr. Froelich noted that "Uniformly, people who work in refugee camps or similar unique situations return with the feeling that they have gained numerous rewards for the time spent and rarely think of it as a sacrifice—that is true for me as well."

Public Affairs Update: A New Member Service

APA On-Line News, a free weekly electronic news service bringing you brief reports of APA activities and other mental health developments relevant to your practice, is now available. Just 2-3 minutes a week keeps you up to date on Medicare/Medicaid changes, legislative issues, FDA developments, practice guidelines, research advances, economic and managed care news, Board of Trustees and Assembly actions, new APA products and services, and more.

The web address published in the December 18 issue of *Psychiatric News* was listed incorrectly. APA members interested in receiving APA On-Line News should go to <http://www.psych.org/apamember/onlinenews.html> and complete the electronic form.

Managed Care Proponents Spend \$60 Million

In an Associated Press release on November 30, 1998, it was reported that insurance companies and their allies spent an average of \$112,000 per lawmaker in the first half of 1998 to lobby Congress in the fight against new regulations for managed health care. The \$60 million lobbying outlay of the Health Benefits Coalition was four times the \$14 million-plus spent by medical organizations, trial lawyers, unions and consumer groups to press for passage of the so-called Patients Bill of Rights. These figures come from disclosure reports filed with the secretary of the U.S. Senate.

This figure does not include \$11 million spent on advertising against the managed care legislation, nor millions of dollars in campaign contributions that opponents of new insurance regulation made in the 1998 congressional campaigns.

The issues are not all black and white. A representative of the U.S. Chamber of Commerce noted that a top priority was to stop trial lawyers and their agenda of allowing patients of HMOs to sue the companies that provide them the health care. Included in the Health Benefits Coalition were the U.S. Chamber, the National Federation of Independent Business, the Blue Cross-Blue Shield Association, the Health Insurance Association of America and the HMO trade group, the American Association of Health Plans.

Only in Minnesota...

Ole, Lena, and Sven were lost in the woods in Northern Minnesota and were becoming desperate, having run out of food after several days. It was winter, the snow was deep, their situation was looking very bleak. When Ole dug down into the snow to look for nuts, he found an old lamp and upon rubbing it to get the snow off, a genie came out.

The genie says, "I am da great genie of Norderm Minnesoota and I can grant each of you vun vish."

Ole says, I vish I vas back on da farm."
Poof, Ole was gone.

Lena quickly says, "I vish I vas back on da farm wit Ole." Poof, Lena was gone.

Sven was sitting there looking sad and the genie finally says, "Sven, vat is your vish?"

Sven says, "Gee, I'm really lonely. I vish Ole and Lena were back here wit me."



Advocacy Group Collaboration

Tom Witheridge, executive director, Mental Health Association of Minnesota, and Pat Koppa, executive director, NAMI-MN, recently announced a joint venture to provide public education about mental illness and recovery throughout Minnesota.

The organizations worked together throughout 1998 to establish this joint venture, which will consolidate or coordinate educational efforts that are now operated separately. The result will be a single speakers bureau, coordination of existing information and referral systems and jointly designed educational programs for multiple audiences. Lynn Kramer was hired jointly by the two organizations, and began her duties in October 1998.

In additional collaboration efforts, the Mental Health Association is working with the Minnesota Depressive

and Manic Depressive Association (MDMDA) with joint planning expected to culminate in a formal merger sometime in

1999. The two organizations have a significant overlap of membership, have been operating closely together in the past, and a merger seems practical to both groups.

Tom Witheridge (left) and Pat Koppa (right) welcome Director of Education Lynn Kramer.



Credentialing Services for HMS, RMS Members

Hennepin and Ramsey Medical Societies have announced an improvement to their "central credentialing" services, which should help ease the onerous physician credentialing process required by multiple medical organizations.

Central credentialing has been provided by Hennepin and Ramsey Medical Societies for more than 22 years, but in recent years physicians have experienced increased demands for credentialing by organizations that do not accept the current process.

After review of a number of alternatives, leadership of the medical societies decided to ask Digital Medical Registrar, Inc. (DMR) to take over the credentialing program. This is an organization that operates in over 20 states, managing credentials for over 20,000 practitioners. DMR technology maintains physician credentials in a computerized database that allows for rapid response for requests for credentials when authorized by physicians. In this manner, a physician simply mails or faxes a health plan application to DMR which completes the form with credentials data and returns the form to the physician for signature and submission to the health care plan.

Current members of Hennepin Medical Society or Ramsey Medical Society will not be charged for this service which includes a set-up fee of \$99.00 and an annual fee of \$59.00.

As of this writing, HMS and RMS members were to receive additional information about the DMR credentialing process. The Minnesota Medical Association is considering extending a similar service to MMA members as well.

Coming Together

Continued from page 1

see so many MPS members making the time to attend. MPS participation in this collaborative event was really appreciated by the members of the Education Network and by the consumers and family members they represent. Thanks to all who participated!

The November meeting was so well received that the Education Network is already planning another meeting for this fall. The planning committee is calling the event, "Working Together around Mental Illness" and is planning a focus on workplace issues as it also plans to invite policy and decision-makers to participate. Our own Dr. Kashtan is the heart of this planning committee who encourages all interested members to get involved in the many activities of the Public Affairs Committee!

Assembly Report

continued from page 16

- An action paper to abolish capital punishment in the United States was discussed at length, but was voted down after being deemed a social issue.
- A position statement on the medical applications of marijuana was voted down, but a portion of the position statement was approved, allowing physicians to discuss this treatment approach with patients without fear of criminal or professional sanctions; this was approved primarily to support California psychiatrists.
- An action paper to have APA withdraw from membership of the Practicing Physicians Advisory Council of the NCQA was turned down.
- An action paper to limit the terms of Assembly representatives was defeated.

MPS members are encouraged to contact Assembly representatives Michael Koch and Deane Manolis with any questions or suggestions.

Pinel

Continued from Page 10

which was seldom changed. There was filth and unbearable stench pervading the atmosphere. There were little holes in the walls, through which meals were passed on to the inmates, and through which the physicians peeked at the patients, to make diagnosis and recommend treatment.

What appalled Pinel most was that many of the patients were chained, with chains attached to poles and ceilings. The screams of the patients were regarded as a measure of their dangerousness. There was a dire shortage of attendants, most of whom were untrained in anything but the use of force and punishment techniques. They were selected for their physical strength and terrifying appearance. Each of them was in charge of about fifty patients!

The treatments included: blood letting, purging, blistering and cold showers. Whips, manacles, and shackles were used to control those who were perceived to be defiant and difficult.

Pinel ordered drastic changes at once. He stopped blood letting, purging, blistering, and cold showers. He replaced the punitive showering with immersion in warm baths, which were soothing and calming, and much appreciated by the patients. Above all, he wanted to break the chains, but to do that he needed the permission of the Commune. The head of the Commune to whom Pinel was to present his petition, was a man named George Couthon. He was dreaded by everyone, for his fiery passion to eliminate those who dared to interfere with his way of doing things. Although Pinel was suspected as a liberal because of his association with the Salon, he decided to go personally to Couthon to plead his case. After all didn't the revolutionaries stand for liberty, equality and fraternity?

Couthon refused permission for unchaining until he personally inspected the hospital and its inmates. The next day Couthon, who was himself a cripple, was carried to Bicetre Hospital. There he interviewed some of the patients, who hurled obscenities at him. Infuriated, he turned to Pinel and said "You must be insane yourself to want to unchain these animals!" He was then carried back from the hospital to his office.

To be continued...

Board of Trustees

Continued from page 1

Thirdly, the BOT has as much trouble as anyone else in reorganizing itself. The Board had asked Dr. Jeremy Lazarus and his committee to recommend suggestions for making the Board of Trustees smaller and more efficient. After a long and boisterous discussion it was decided to reject almost all the suggestions made for downsizing the Board. The same had been true of the APA Assembly meeting in November. Various suggestions were made about making the Assembly more efficient by reducing the number of delegates and the number of meetings. Very few Assembly delegates, of course, thought things could be done better with fewer delegates and no-one seemed to be in favor of eliminating the Area Council meetings—in short, not in my back yard!!

The fourth observation is that there is a lot of work being done at the APA (national) level on most of the issues of concern to most DBs and the individual members of those DBs. Part of our job is to know what is going on and how to gain access to that fund of knowledge.

The DB presidents-elect developed a project at the Assembly meeting which we hope will be illustrative of how the national APA and DBs can work effectively together. Because the APA annual meeting is being held in Washington, DC, in May 1999 and Congress will be in session at that time, it was felt that a strong lobbying effort by APA members should be undertaken. The Division of Public Affairs will be publicizing the event, the Division of Governmental Relations will prepare talking points for individual members about pertinent issues and the Office of DB/State Association Relations will be in charge of coordinating the effort. Details are yet to be worked out, but MPS members attending the APA convention in Washington, DC, should plan to avail themselves of this opportunity and be prepared to spend some time talking to their congressional representatives. Meetings will be arranged for you. More information will be available in the next newsletter. Stay tuned for details!!!



Continued...

Psychiatrist

Community mental health center with reputation for quality, innovation seeks full time BC adult psychiatrist. Competitive salary and fringe benefits. The mental health center provides a comprehensive array of adult and child psychiatric and chemical dependency services within a highly integrated system of

care. Diverse outpatient caseload with strong ancillary supports. On call shared with 3 other staff psychiatrists. The agency serves Washington County and the eastern metro area of St. Paul. Send vitae to Barb Kulesa, Human Services, 7066 Stillwater Boulevard North, Oakdale, MN 55128.



Calendar

- February 25** Minnesota Society for Psychoanalytic Studies Firesides, Panel Discussion: "Self-disclosure in psychoanalysis," St. Paul, MN. For more information contact Thrace Soryn, (651) 374-2194.
- March 14-17** American Association for Geriatric Psychiatry Annual Meeting, New Orleans. Call (301) 654-7850 for more information.
- March 25-28** American Society for Adolescent Psychiatry Annual Meeting, Chicago. Call Frances Roton at (972) 686-6166 for more information.
- March 25** Minnesota Society for Psychoanalytic Studies Firesides, "Science, art and psychoanalysis; parallel paths," St. Paul, MN. For more information contact Thrace Soryn, (651) 374-2194.
- April 9-11** American Orthopsychiatric Association Annual Meeting, Crystal City, VA. Call (212) 564-5930 for more information.
- April 17** MPS/University of Minnesota/Veterans Administration Medical Center, Festschrift for Paula Clayton, MD. University Club Downtown, St. Paul, MN. Contact Linda Vukelich (651) 407-1873 for more information.
- May 15-20** American Psychiatric Association Annual Meeting, Washington, DC. For more information, please call 1-202-682-6000.

MINNESOTA PSYCHIATRIC SOCIETY

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