

Ideas

o f r e f e r e n c e



Crow new MPS president-elect



Scott Crow, MD

MPS psychiatrists have elected Scott Crow, MD to serve as MPS president-elect for the year 2000-2001. Forty-five percent of the MPS membership voted in the election, somewhat higher than in recent years and substantially higher than the 34% turnout in the APA's 2000 election.

Dr. Crow, who has been active in MPS

committee work since his residency at the University of Minnesota, will take office on May 15, 2000, when Elizabeth Reeve, MD assumes the MPS presidency.

Dr. Crow is an associate professor of psychiatry at the University of Minnesota Medical School, where he

is also the medical director of the Outpatient Psychiatry Clinic. In addition to teaching, he has done considerable research in eating disorders. Dr. Crow lives in Vadnais Heights with his wife, Jean and their two daughters, who keep him very busy. He also enjoys golf and coaching soccer in his spare time.

Also elected were Karen Bruggemeyer, MD and Eric Dieperink, MD as members of Council. They will be replacing Carrie Borchardt, MD and M. Kevin O'Connor, MD, who complete their terms on May 15, 2000. Also on May 15, MPS President Galen Stahle will become past-president as Dr. Ron Groat completes his term as past-president.

The MPS leadership now includes a good mixture of the "old guard" and younger members; the assumption of leadership by early and mid-career psychiatrists bodes well for the future of MPS.

On behalf of the MPS membership, the editorial staff of *Ideas of Reference* thanks Dr. Borchardt, Dr. Groat and Dr. O'Connor for their service to MPS.

MPS Public Affairs program honored at APA Joint Institute

by Deane Manolis, MD

The MPS Public Affairs program was honored at the APA's 2000 State Legislative and Public Affairs Joint Institute, held in Miami Beach, FL February 24-27, 2000. MPS Public Affairs Committee chair and past-president Judy Kashtan was given the Public Affairs Network Award for mid-size district branches in the competition sponsored by the APA's Joint Commission on Public Affairs (JCPA).

APA recognized MPS for its overall public affairs program over the past two years. Under Dr. Kashtan's leadership, the MPS Public Affairs Committee has been active in coalition building and educational activities with multiple mental health advocacy groups (See page 13).

The APA Joint Institute, held every two years, is an interactive forum for Public Affairs and Legislative Representatives from all district branches to learn from each other and from highly qualified program

faculty. The Institute also honors state legislators for leadership in mental health legislation. Drs. Michael Koch and Deane Manolis, MPS legislative representative and newsletter editor respectively, attended the Institute as well.

Guest speakers at the Institute included Dr. David Satcher, U.S. Surgeon General and Assistant Secretary of the U.S. Department of Health and Human Services, and Dr. Donald Palmisano, a Trustee of the American Medical Association. Dr. Satcher reviewed the recent Surgeon General's report and plans for more focused mental health reports in the future. Dr. Palmisano spoke to the increasing ties between the APA and AMA along with AMA's strong support of APA initiatives. Educational activities included panels and workshops on interacting with the media, and newsletter workshops.

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Ideas of Reference

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Ideas of Reference

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APA Culpas by Lee Beecher, MD

Ed. note: Lee Beecher always has been a prolific writer, and he continues to write in his new role of president of the Minnesota Physician-Patient Alliance (MPPA). He wrote this as an e-mail posting several months ago on one the APA's listseros, when it caught my eye. I think it captures the essence of how psychiatry (and medicine) "got where we are."

I, for one, did not appreciate the force and power of the insurance marketplace to attack and marginalize private practice via managed care which began in the 1970's. Looking back, organized medicine has until recently complied and even supported this:

- We relied too much on hospital-based treatment, despite clear evidence that most psychiatric disorders require outpatient care as the primary venue. We affiliated with hospital systems to help them retain market share and court some favor with payers.
 - We accepted cost containment as a quality goal for psychiatric treatment with no evidence that psychiatric services in the outpatient setting were excessive or out of control. In fact, we knew that psychiatric services (MI/CD) were woefully inadequate in most cases. We have complied during the past decade as corporate America, via managed care, reduced outlays for mental and substance-related disorders by half in absolute dollars and by two-thirds compared to other medical expenses.
 - We sacrificed the bio-psycho-social conceptual framework for psychiatric treatment. This has been implemented in behavioral carveouts by the splitting of psychotherapy and medication management. Mental health has been separated from physical health in promoting "parity".
 - We allowed and encouraged payer definitions of medical necessity via managed care and insurance corporate policies. Using the credentials and license of medical directors as a shield, insurance and managed care companies have set the rules and boundaries for medical appropriateness, and, at least in terms of insurance payment for our services, determined what should be the scope of practice our profession.
 - We looked aside as mental illness care for disabled indigents has been further shifted from employer-owned or self-purchased coverage to government payers. Carveouts and insurance systems continue to discard mental patients into government tax-based funding systems.
 - We haven't petitioned the legislatures and courts to redress one-sided contracts forced on us by insurance/managed care/employers.
 - Our academic teaching centers have been especially hard hit.
- Our very professional soul has been held as ransom

The state of the state society



by Galen Stahle, MD
MPS President

It seems like only yesterday I began talking about efforts to improve the lot of psychiatric patients and Minnesota psychiatrists. The psychiatric climate is changing in Minnesota and I would like to outline some of those

changes in this, my last letter as President.

There does seem to be a real change at the level of the APA regarding its relationship with the local District Branches. I believe there is a genuine desire on the part of the APA to be responsive to us and helpful in any way they can. The passage of the initiative to change the legal form of the APA will allow them to share revenue with us and therefore allow greater local control over what happens with the dollars we pay in annual dues. We should be experiencing that monetary change in a palpable way in about a year.

The number of members who are becoming active in MPS activities has been gratifying. This has been notable in several areas but probably none is more evident than the revitalization of the Private Practice Committee under the extremely capable direction of Floyd Anderson. This committee has proved to be particularly busy in the area of legislation and political activity.

Somewhat related to this is the continued effort of Judy Kashtan and the Public Affairs Committee to improve relations of the MPS with other mental health advocacy groups and to improve the image of psychiatrists in general. She has arranged what is, by now, a traditional fall meeting with advocacy groups. One of her most recent activities has us involved in joint sponsorship of public affairs radio announcements about suicide prevention. She continues to do a wonderful job of this but could use some help with it. Anyone interested in helping Judy on this interesting and highly successful committee should contact me, Elizabeth Reeve or Judy herself about serving.

One measure of the greater interest in MPS affairs,

to the money changers. In academia as elsewhere, we must insist that psychiatrists and psychiatric patients work for each other, not the employer, clinic organization, insurance company, HMO, hospital system and not the government.

Lee Beecher, MD, President Minnesota Physician-Patient Alliance (MPPA) <www.mnppa.org>

in general, is the fact that 45% of the membership voted in our most recent elections rather than the 35% that had been the norm in the past. This may not sound like a great response but it looks good when compared with the fact that the national APA elections (and the special ballot measures) were hard-pressed to get a 33% response rate. This was true even after an extended informational / publicity campaign, an effort to call individuals asking them to vote, and then another plea to send in ballots (when it looked as though we might not achieve the required 33% required to pass an initiative). We should be able to do even better when we finish our directory (see *Yet To Be Done*) and have correct addresses and phone numbers for our members.

We have seen over the past year or so an improvement in our relationship with and our image in the media. This is partly due to a couple of Star Tribune reporters who have taken a special interest in the fair and accurate reporting of psychiatric affairs. It is also a part of what Judy Kashtan's efforts are about—helping our image and reducing stigma. We have a good start and need to continue to make ourselves available to the media for the purpose of giving them good, solid information and continue to chip away at the remaining stigmata of mental illness.

We have also found in the past year that we have a number of staunch allies in our continuing pursuit of fairness and equality in the treatment of patients with mental illness. MPPA (Minnesota Physician-Patient Alliance) and its president, Lee Beecher (fellow psychiatrist and past president of MPS) are very active in the pursuit of patient rights and have a degree of political savvy that many of us do not. (If you have some interest in supporting that organization, call Lee Beecher.) In addition, the MMA has begun to be more interested in working with specialty societies and has asked us to make our legislative priorities and other priorities known to them so they can act upon them in concert with us. This is helpful because MMA has far more resources than we do. NAMI-Minnesota has welcomed our initiatives and is ready to join with us

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Thank you!



Rep. Greiling pushes commitment reform

by State Representative Mindy Greiling
District 54B



Personal experience sometimes is the most powerful lobbyist when it comes to getting laws changed. It was my family's painful experience with our adult son's new mental illness and the ensuing commitment process experience that convinced me that Minnesota's involuntary commitment laws need to be changed.

After our son returned from college in a severely depressed state last year, he agreed to medication that at first improved his condition. A few months later, however, he was manic, heavily using marijuana and scary to be around. He refused to take further medication and the hospital recommended to proceed with involuntary commitment. Under Minnesota law, a judge must determine that a person is a danger to themselves or someone else or dysfunctional, before being committed. Meeting that standard made the process of getting involuntary treatment for our son even more difficult, and makes it impossible for many families.

It became clear to me as a result of that experience that Minnesota needs to change the legal standard for involuntary civil commitment from one based on a criminal model to one based on a medical one. It is hard enough to testify against a family member in court, but proving they are ill instead of dangerous would be far less stigmatizing and heart-breaking.

I'm not basing this on a one-time personal experience. I have received letters, e-mails and phone calls from hundreds of Minnesota families who are struggling with this same trauma.

I paired up with State Senator Don Betzold last fall and we systematically spent hours and hours meeting with every group we could that deals with people who have mental illness.

We found that many of our mental health policies with regard to involuntary commitment were developed in a different era of treatment, one in which lobotomies, bone-breaking electric shock treatments and medications with severe side effects were commonplace. Stricter safeguards were necessary to prevent abuses of involuntary commitment. Now, improved treatment techniques, new research and the development of medicines with less onerous side effects have lessened the possibility of such abuses.

I believe this is an urgent crisis because of the growing body of research showing the importance of early intervention in mental illness. We now know that with some mental illnesses, absent early intervention and treatment, permanent and irreversible brain tissue degeneration can take place, making full recovery impossible.

Sen. Betzold and I plan to work with the governor's office and stakeholders to incorporate this knowledge into a comprehensive overhaul of Minnesota's mental health system in the 2001 legislative session.

We need to lower the legal bar for involuntary commitment when necessary to allow for early intervention, to include short-term hospitalization of up to 30 days in order to encourage the use of newer medications that take longer to kick in, followed by community care. The biggest hurdles to overcome will be objections from civil libertarians who oppose removing any barriers to involuntary commitment, and finding the funding needed for expanding community care programs.

While the task may be formidable, I am convinced there is growing support for such changes in the system.

As more and more people and organized groups talk openly to their legislators about personal or professional experiences such as my own, we can help lawmakers realize that we must help victims of mental illness truly recover and lead normal lives without returning to the days of "One Flew Over the Cuckoo's Nest."

State Representative Mindy Greiling is a four-term legislator from Roseville, MN. Her legislative focus is in K-12 education, serving on the House Education and K-12 Education Finance committees. Rep. Greiling is a board member of NAMI-MN. She has been on the board of the Girl Scout Council of the St. Croix Valley since 1994, where she served as a Girl Scout Leader for nine years. Prior to her election to the House of Representatives in 1992, she served on and chaired the Roseville Area Schools School Board from 1987-92 and was Vice President and Legislative Chair of the League of Women Voters of Minnesota from 1985-86.

Take a light-hearted break with us!
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Miles candidate for US Senate

by Suzanne Albrecht, MD

Steven Miles, MD, is running for election this year for the US Senate seat currently held by Rod Grams.

We have a rare opportunity to elect a Minnesota physician to the Senate who understands issues relevant to not only physicians, but to psychiatrists. Dr. Miles is an extraordinarily accomplished and dedicated physician. You may remember him as the physician with Bipolar Affective Disorder who refused the Medical Board's request for his full psychiatric records, rather than a statement from his treating psychiatrist affirming his BPAD was in full remission. He won the right to privacy in this area for all physicians.

On mental health, Dr. Miles states, "Mental health is a very high priority to me ... mental health and substance abuse services are beneficial and essential and must be a part of every health insurance program." Dr. Miles has thoughtfully reviewed the issues involved in psychologists prescribing and has concluded, "I do not favor granting psychologists prescribing privileges."

Dr. Miles is an internist by training, and is a professor of internal medicine and geriatric medicine at the University of Minnesota and Regions Hospital. He has served as a medical director of Cambodian refugee camps. He is on the faculty for the Center of Bioethics at the U, is past president of the American

George Dawson is e-candidate

by George Dawson, MD

Ed. note: Minnesota has another physician running for the US Senate this fall. In addition to Steve Miles vying for the Democratic nomination, psychiatrist George Dawson has been quietly running via the Internet. Here is his statement.

I have been campaigning for the U.S. Senate for the past year--since February 1999 to be exact. I am the candidate you have probably not heard a lot about.

If you are looking for me you can find me on the Internet, but even there my exposure is limited to two search engines--and my website if you happen to know the address. The biggest immediate advantage is the potential to reach a lot of voters at low cost. The obvious disadvantages are making the site known, reaching people without Internet access, and reduced exposure by the lack of coverage in the standard media. People who have looked at my website, especially the earlier editions, have asked me if I was serious. Comparisons are made to Pat Paulsen, the comedian turned presidential candidate. I won't try to

Association of Bioethics and has been

associate director of the Chicago Center for Clinical Medical Ethics. He is well published in medical ethics, healthcare reform, nursing home care, and end of life care. He has been active in health care reform in Minnesota and nationally with government and consumer groups.

Personally, he and his wife Joline have chosen to be foster parents and adoptive parents in addition to having their own family. Dr. Miles also is a self-described avid gardener.

I would ask your serious consideration to support a fellow physician with a special appreciation of psychiatric issues. It is rare to have a colleague run for Senate, let alone be positioned to win. Good political candidates require grassroots financial support. I personally donated one quarter's payment of MinnesotaCare taxes to Steve's campaign, and encourage you to match my support.

See <www.milesforsenate.org> for position papers and an overall interesting website describing his platform of "stronger families...safer communities...a fair society...a better world."

analyze why society depends on comedians and psychiatrists for comic relief. I am serious.

I consider myself a messenger for internet politics. I have never considered myself a Democrat or a Republican and as a result I run as a candidate with "no party affiliation". That means "no party affiliation" and not the Independent Party. Like most Americans, I don't believe in spending tax dollars on politics and I don't like the idea of special interests and PAC money affecting the fairness and cost of public service. I don't accept campaign contributions of any kind.

Finally, as a physician and a scientist, I think that public policy at the national level lags far behind science. The politics of gun control is just one issue and the one with the most obvious omission. The debate in Congress and in the media is focused primarily on the issue of preventing violent deaths by homicide, especially incidents involving multiple shootings. None of the debate is focused on the most



Steven Miles, MD





Patient protection “lite”

By Dominic Sposeto, MPS lobbyist

Attorney General Mike Hatch has really captured the attention of the capitol media with his “Health Plan Accountability Act”. This bill would allow policy-holders to sue health plans for damages if they believe a health plan decision adversely affected their health care treatment. Three states have now passed health plan liability statutes and Attorney General Hatch would like Minnesota to join the list. The Hatch bill has passed the state senate, but it is unlikely the House will take up the bill this year.

Meanwhile quietly in the background another “patient protection” proposal is moving through the state legislature. This proposal (House File 3610/ Senate File 3156), sponsored by Representative Kevin Goodno of Moorhead and Senator Linda Berglin of Minneapolis, is supported by a broad group of patient advocacy groups, seniors and labor unions. The bill contains several provisions supported by the Minnesota Psychiatric Society. It has passed the state senate, and as this article was drafted is awaiting action on the House floor.

While the bill doesn’t hold a health plan liable for its patient care decisions, it would allow patients to receive some compensation if a plan is violating state law. If the Commissioner of Commerce imposes a civil penalty against a health plan for a violation of state law, the Commissioner would be required to divide one-half of the penalties among plan enrollees affected by the violation.

The bill would alter how health plans report their cost containment data to the Department of Health as required under current law. The bill would stipulate that payments made for prospective and concurrent utilization review must be considered as administrative expense and not patient care expense. Other administrative expenses would include marketing, claims processing, provider contracting and credentialing, and also expenses incurred by the plan to acquire a hospital or clinic.

The bill attempts to assure at least some continuity of care when a plan changes or terminates health plan providers. The health plan company would be required to provide coverage for services rendered by a terminated physician for up to 120 days after the termination. This continuity of care coverage would apply to an acute condition, or life-threatening mental or physical illness for which the enrollee was receiving treatment prior to the provider termination. In order to receive reimbursements for these services, the terminated physician must accept the health plan company’s payment rate as payment in full, adhere to prior authorization requirements and provide the health plan company with necessary medical information. The provision would also be available to health plan enrollees who lose access to their physician because their employer has changed health plans.

Perhaps the most controversial feature of the bill

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From Psychoanalytic Coalition of MN

Deborah Pollak Boughton, M.D.

The Psychoanalytic Coalition of Minnesota is reaching out to Minnesota therapists and students who want to better understand how the client’s inner life affects his or her behavior. Our six member organizations offer programs ranging from small introductory seminars to intensive multi-year training. If you would like to learn more about how early childhood bonds, dreams and transference can facilitate client change, and how the therapy relationship itself can be a curative force, let us know how to find you! We will let you know more about our programs and invite you to our events.

If you are interested in being on our mailing list, please send us your name, address, and if you wish, your phone number by fax (612) 920-2035, e-mail <PCM@psychoanalysisMN.org>, or voice mail (612) 926-1649, option 2, or regular mail- PCM, 2916 Salem Avenue South, Mpls., MN 55416. If you would like further information right away, please call us directly at (651) 774-3464 or check out our web site at <www.psychoanalysisMN.org>

Our member organizations are:

- Committee on Psychoanalysis of Minnesota Society for Clinical Social Work
- Minnesota Institute for Contemporary Psychoanalytic Studies
- Minnesota Psychoanalytic Society and Institute
- Psychoanalytic Foundation of Minnesota
- Minnesota Seminar, Inter-Regional Society of Jungian Analysts
- Division 39, the Minnesota Chapter: Society for Psychoanalytic Studies

We hope to hear from you!

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New APA Fellows

The APA has awarded Fellowship to two Minnesota psychiatrists—Drs. Daniel Hanson and Elizabeth Reeve.

APA Fellowship is a significant honor, awarded only to those psychiatrists who display excellence in a broad spectrum of professional activity. Candidates for fellowship are nominated by an APA district branch, recommended by three current APA Fellows and then approved for fellowship after careful review by the APA Membership Committee.

In addition to the new fellows, one MPS member has achieved “life” status; Deane Manolis, MD was honored with Life Fellowship. APA members receive Life Membership or Life Fellowship when the total of years membership plus their age equals 95.

Daniel R. Hanson, MD



Dr. Hanson’s road to a profession in psychiatry started with graduate studies in psychology and genetics at the University of Minnesota plus post graduate research in human genetics and neurochemistry at the Universities of Minnesota and Washington. Following a few years of teaching and research as an assistant

professor of Psychology at McMaster University in Canada, he returned to the United States and eventually entered medical school and residency training at the University of Minnesota. Research interests have focused on the genetics and biology of schizophrenia. He is a Fellow of the American Psychopathological Association and the American Psychological Society.

Currently, Dr. Hanson is the Associate medical Director for mental health at HealthPartners and Regions Hospital, where he leads the administration of a mental health care delivery system of 30 psychiatrists and 110 therapists and counselors. In addition to administrative duties, Dr. Hanson runs an inpatient unit and remains active in research. He helped establish the Hennepin-Regions Psychiatry Residency Program and remains active in teaching.

Outside of work, Dr. Hanson flies his airplane, sails his boat and digs around in his garden.

Elizabeth Reeve, MD



Dr. Reeve did her undergraduate training at the University of Notre Dame and the University of Minnesota. She went on to graduate from the University of Minnesota Medical School and completed both her general and child/adolescent training at the University of Minnesota. During

training she received the Robinson Cunningham Award from the national Society of Child and Adolescent Psychiatry for publication of an outstanding manuscript by a child fellow. Since completing her training she has worked as a staff psychiatrist at Regions Hospital. She has maintained an active involvement in the psychiatric community, is past president of the state Child and Adolescent Psychiatric Society and is the incoming president of the Minnesota Psychiatric Society. She has continued to publish in the areas of anxiety disorders in children, particularly OCD. Dr. Reeve is currently the program director for the Hennepin-Regions Psychiatry Residency Program and maintains a clinical and research practice at Regions Hospital.

Psychopharmacology
Update **2000**

Save the date!
Friday, July 28, 2000

8:00 am - 5:00 pm ~ Program

5:30 pm ~ Reception and Dinner Meeting



MPS news



Gloria Segal Award Recipients Named

The 1999 Gloria Segal Award recipients will receive their awards at the MPS Recognition Dinner on June 10. MPS can be proud of this award and the ideals it extols. This year's recipients meet the challenge and offer great hope for the future of psychiatry. They were chosen based on the following selection criteria:

- Demonstrated excellence in the care of psychiatric patients.
- Outstanding performance during pre-clinical and clinical rotations in psychiatry.
- Demonstrated excellence in scholarly and /or research activities.
- High enthusiasm for the profession of psychiatry.
- Community involvement on behalf of the mentally ill.

Carol Pearson



Carol Pearson will be completing medical school at Mayo this spring. Her academic and professional journeys since receiving her BA at Harvard in 1978 provide a tapestry of this Gloria Segal Award recipient's unique qualifications. Starting as a psychiatric technician and moving into journalism and customer service, Ms.

Pearson has spent years communicating with people. She continued her academic growth with advanced coursework in three universities before beginning medical school in 1996.

Another thread running through her story is Ms. Pearson's volunteerism. She has volunteered in many different settings, offering hands-on assistance in every case. Whether you note her work as a hospital volunteer, a volunteer in the schools or a tutor for world relief, she offers herself directly to those she serves. Her extracurricular activities lean toward volunteerism too, whether providing smoking cessation support through the Salvation Army or homework assistance through the public library. MPS is proud to recognize Carol Pearson's unique gifts and contributions with this award.

Susan Elizabeth Swigart



Susan Swigart earned a BS in psychology and another in biology from the University of Wisconsin-Madison on a full athletic scholarship. A national gymnastics competitor for ten years, Ms. Swigart knows how to apply herself and push herself to achieve her goals. After graduating from U of W - Madison (a highest honors graduate),

Ms. Swigart went on to win two more scholarships, the Dyar Scholarship and the Schiele Scholarship. She has managed to pack a lot of extracurricular activities into the limited free time she has as a medical student at the University of Minnesota. Besides running the Twin Cities Marathon, she has volunteered as a Healthcare for the Homeless volunteer, a public speaker for Doctors Ought to Care, and a volunteer in the Minneapolis elementary schools.

An experienced researcher, she has also worked at the Andrew Residence (MI group home) and the Minnesota Mental Health Association, gaining valuable experience in each arena. Ms. Swigart looks forward to getting her medical degree in May. We all look forward to seeing her career take off from there.

Membership Directory

by Maurice Dysken, MD

After years of trying to publish an updated directory and several mailings with low response rates, the Council has asked me to head up the campaign to publish a 2000 directory for members. We will start with a mailing to all members requesting information from you to include in the directory. It is up to you to review the information we have on file and update it if necessary. If we do

not hear from you within three weeks of the mailing, we will assume you have no changes to report and we will publish the information available to us. This is an important member benefit, so please do your part to help us publish a complete, accurate directory—your colleagues are counting on you!

MPS welcomes APA President

by Linda Vukelich



Daniel B. Borenstein, MD

On Thursday, June 8, MPS will host its third annual Recognition Dinner at the Minneapolis DoubleTree Hotel at the Mall of America. APA President Daniel B. Borenstein, MD will present the keynote address, "APA Initiatives."

As everyone knows, this is a time of great change for the APA. In January, APA members

voted to change the national organization's IRS status to 501 (c) 6 in order to support its advocacy goals. With this change comes great challenges and opportunities. We look forward to hearing more about how this restructuring will provide more opportunities to partner—for both the national office and the district branches. Dr. Borenstein will bring us all up to date. Come to the event ready to hear some exciting news and be prepared to share your perspective with him too. MPS is glad to arrange this opportunity for you to meet with and talk to Dr. Borenstein.

We will also be celebrating the accomplishments of our colleagues with an awards ceremony. Once again, we will commend a friend in the media who has worked vigorously to report on mental health issues with knowledge and fairness. Star Tribune reporter Josephine Marcotty is an exemplary recipient, having produced a long list of articles about mental health issues. Her articles provide information that goes a long way toward reducing stigma and encouraging treatment.

David Bunde, JD, is a knowledgeable attorney with the firm of Frederickson and Byron in Minneapolis. Mr. Bunde will receive an award for his perennial support of the MPS Ethics Committee. Mr. Bunde has been providing in-kind legal services to the MPS Ethics Committee for several years. He is quick to respond with key legal and technical information, legal resources—even conference rooms, transcription services and catered dinners when needed.

The Community Service award is being presented to Pete Feigal. Mr. Feigal has mounted a one-man campaign to reduce stigma. He speaks as a consumer well over 100 times each year—a pace that would beat many of us—despite having multiple sclerosis. We honor Pete Feigal for his commitment, creativity and vision.

This was the first year that MPS officially took part in the APA's "When to Tell a Secret" high school essay contest. The MN essay winner and his teacher will be honored as well.

The Gloria Segal winners will accept their awards too. (See page 8.)

It is a time to welcome the new president and to acknowledge the great contributions of time, energy, vision and leadership our past-president has provided. Ronald Groat, MD will receive his Presidential Service award and Elizabeth Reeve, MD will introduce her plans for her term.

We are extremely proud to present Judith Kashtan, MD with the Distinguished Service award for her years of leadership. Dr. Kashtan's accomplishments on behalf of MPS are too numerous to mention in this article, but we will have plenty of time to reveal them at the dinner.

And finally, we will present the Private Practitioner of the Year award to the MPS member yet to be named, whose outstanding contributions merit this special recognition by his or her peers.

MPS newsletter again wins "Continuing Excellence"

For the third consecutive year, the APA has recognized the MPS newsletter, *Ideas of Reference*, with a "Continuing Excellence" award in the annual Newsletter of the Year competition. The award is equivalent to "Newsletter of the Year," which can be given only once in five years, and which was awarded to MPS four years ago.

Ideas of Reference competed in the mid-size district branch division, where the Kentucky Psychiatric Association won Newsletter of the Year. The West Hudson Psychiatric Society and the California Psychiatric Association were awarded Newsletter of the Year in small DB and large DB competitions respectively.

The "Best Editorial" in the competition went to Gary Martin of the Colorado Psychiatric Society for his thoughtful essay written in response to the Columbine High School shootings. (See page 10.)

Representatives of all the newsletter winners will be recognized at the APA Assembly meeting in May.



The In-Betweeners

Gary C. Martin, MD

Ed. Note: This article appeared in the Colorado Psychiatric Society newsletter shortly after the Columbine High School shootings in 1999. Later, it was chosen Best Editorial in the APA's Newsletter of the Year competition. Dr. Martin is a member of the CPS Council and has a private practice in Denver.

If you feel as I do, you are probably reluctant, but compelled to read yet another article about the shootings at Columbine High School. Newspaper columns entitled "How can this happen?" and "What Can We Do To Stop School Violence?" have been full of ideas, accusations, and confessions. Is it this, or is it that? Should we do this, or should we do that? Letters to the editor run the gamut from tighter gun control laws to more religion in the schools. Meanwhile, the bouquets pile up in the snow, donations flow into memorial funds, and therapists of all types volunteer their services for debriefing and grief counseling. It is tremendously heart-warming to see how thoughtful, generous, and helpful people are in times of such an awful crisis. Each tragic story brings me to tears, and every story of heroism or compassion brings more tears.

I hope that somehow out of his tragedy, we will develop attitudes and programs in which that thoughtfulness, generosity, and helpfulness can be tapped and utilized *before* a problem becomes a crisis. In order to constructively address this problem, the time, money, and commitment must come not only *reactively* out of grief, but also *proactively* out of goodwill. This will be a critical issue for us to address in the coming months.

Of the many things that raced through my mind when I first heard of this tragedy, I thought of a patient I treated some years ago. I have changed identifying phrases and data to preserve confidentiality, because I think his story bears telling at a time such as this. Hopefully it will underscore my point about being proactive.

By the time I saw I first saw the patient -- let's call him Jack -- he had become severely marginalized. He was not intellectually, athletically, artistically, or socially gifted. He had no particular source of self-esteem and no group with which to identify. His parents were not psychologically minded; and they lived from one paycheck to the next. They knew their son had "problems," but they had no idea what those problems were, much less what do about them. Fortunately, because of his distracted and lackluster classroom performance, a teacher suggested evaluation for Attention Deficit Disorder. As you might imagine, the insurance company sent him to me with

an authorization for one evaluation and three follow-up visits!

Jack was in his last year of middle school, getting by with Cs and Ds. He had trouble paying attention, but that was because he was depressed. What no one knew was how preoccupied he was with angry, destructive thoughts, and fantasies -- about kids who teased him, about his siblings with whom he fought constantly, and about his parents who either yelled at

***They knew their son had "problems,"
but they had no idea what those problems
were, much less what to do about them.***

him or ignored him because of his "weird behavior." Jack knew his behavior was weird; he even called himself "the black sheep of the family."

I could not imagine what medication alone might help Jack, especially without any ongoing therapy. I told his parents that Jack needed intensive, long-term treatment to get him "out of his shell." I offered to see Jack in four-times-a-week analysis, knowing the small amount his parents could afford to pay would not even cover the cost of my weekly supervision on his case.

It was many months before Jack ventured to trust me. He gradually began to talk about how lonely he was. He had a firm conviction he was weird, but the experience of having someone to talk to, someone who asked about his homework and his grades, someone who wondered about his reactions to puberty, etc., helped him to feel much less lonely and depressed.

Only very slowly did Jack reveal a deeper side to his identity. Jack said he was, "A wolf in black sheep's clothing." However, he was reluctant to tell me about this side of himself. I said that what he told me was confidential as long as he could assure me of his safety and the safety of others. I also told him I would be meeting with his parents from time to time to hear from them how he was doing at home and at school. Although I did not reveal the extent of my concern over Jack with his parents, I did ask them to report to me any of his activities which were of concern to them. Interestingly, the parents began to ask me how to handle various things that came up in their dealings with Jack. I was stunned to find out how naive they were in matters of child rearing. I also noted how relieved they were to have someone



with whom to share their questions and concerns about parenting.

I slowly learned that the “wolf” represented Jack’s angry and destructive impulses and fantasies. Jack, of course, felt these were quite justified on the basis of how he had been treated at home, but particularly at school. Initially, he denied any jealousy of the “popular kids.” I said that, although he might not want to be like them, he still might want to have some of the power and esteem they seemed to possess. He eagerly agreed and added that the only way he could imagine having that power was through angry, destructive actions. At first, his fantasies disturbed me, until I realized that the more he talked about them, the less virulent they sounded. Talking had gradually become an alternative to action.

Jack began to take pleasure in coming to treatment. Talking about his problems and about the ways he imagined handling them became the highlight of his day. I told him he might have more control over the events that upset him than he realized. This made him resentful. He preferred to see himself as the hapless victim. In spite of his avowed pleasure in coming to treatment, his manner of relating to me became annoying and provocative. So, I got him to wondering what it would be like for a teacher or student to be in such an interaction with him. He could see how he was “irritating.” He took secret pleasure in being “irritating and obnoxious.”

Although he was initially embarrassed to have his behavior “discovered,” it was empowering to him to begin to see that his attitude and behavior often have something to do with the teasing he experienced. I said to him that everyone needed to have some kind of power, if nothing else, the power to annoy and provoke others. He agreed. He did not like getting pushed around, but at least he had the satisfaction of knowing that he could provoke these “popular” kids. Ultimately, this traced as far back as he could remember. He had learned that he could express his anger and resentment by behaving in ways that provoked his parents into punitive outbursts. The pain he experienced was a small price to pay for the sense of power he felt he gained.

With this insight and beginning self-control, Jack began to feel dissatisfied with his role as a loner at school. He wanted to have some friends to “hang with.” During the first couple of years of high school, he made friends with a few kids, but he noted their

inability to “stick together.” “We don’t have anything going for us,” he lamented. “The only thing we have in common that none of us belongs to an ‘in’ group.” I said, “It’s as if you don’t have an identity.” “Yeah,” he replied. “We’re just in-betweeners.” Then he laughed. He kept repeating the phrase and laughing. “And the problem with being an ‘in-betweener,’” he said, “is we don’t want to follow the norms but we don’t know how to be leaders.” I said, “You sound like you know something about being an ‘in-betweener’ that the other in-betweeners may not know.” He nodded slowly and thoughtfully and said, “I guess that makes me the leader of the ‘in-betweeners.’” He laughed again, but this laugh had a certain soberness to it.

Well, with Jack’s leadership, the “In-Betweeners” became a group. They tried forming a rock band. They worked on each others’ cars. They drove around town listening to music. Occasionally, one would unsuccessfully ask a girl for date. But, primarily, with Jack’s help, they avoided confrontations with the verbally abusive and physically intimidating groups

in school. The In-Betweeners graduated, having never attended a football game or a prom. One joined the army. One did end up in a rock band. Another drives a delivery truck. Another lives at home and is

studying electronics at a technical college. Jack eventually moved to California. He writes or calls me about twice a year for a “tune-up.” He has his own car detailing business. He still hopes to meet a nice girl and get married. I doubt there will ever be a reunion of the In-Betweeners.

When I thought of Jack, I asked myself the question, “Would Jack have become dangerously violent without treatment? Might he have gotten taken in by another, more aggressive kid?” I’ll never know for sure. But I thought of him. I thought a lot about the feelings and fantasies he expressed and mastered during his treatment.

At the time I was seeing Jack, I was fulfilling certain training requirements. So, I cannot say I *proactively* donated 800 hours of my time to his treatment. But, on April 20th, 1999, I vowed to myself I will -- the next time an intuitive teachers sends me another Jack.

Talking had gradually become an alternative to action.



From MPS Neighborhoods

From Fairview-University Medical Center

Dr. Bill Davis reports becoming a “semi-empty nester” this year. Travels have taken him to Bangkok, Thailand, and Hong Kong where he and his wife, Meredith, were college students “way back”. Dr. Davis still enjoys skiing and his cabin; watches his young adult children move into new lives, careers and activities.

Dr. John Simon remains very active clinically; consulting to a mental health center for the chronically mentally ill, practicing inpatient psychiatry at FUMC, outpatient in his office, as well as consulting to nursing homes. He is also associate Medical Director for Psychiatry and Chemical Dependency at PreferredOne. Dr. Simon has added qualifications in the last few years in geriatrics, addictions, and psychopharmacology. In a sure sign of things to come, he now has a website <www.superiorpsychopharm.com>. He and his wife of twenty years, Penny, own land on a cliff top overlooking a forest on the North Shore; they hope to build there this summer.

Dr. Tony Callahan looks forward to the day his daughter may make an impact on healthcare economics. She has recently chosen to attend Columbia University School of Public Health and he is very proud of her accomplishments. As always, he (like many of the rest of us) look forward to golfing this summer.

Dr. Tom Winegarden remains busy in his outpatient practice in Edina, and inpatient practice at FUMC. He is also a consultant at Hazelden. He recently returned from a vacation in the Caribbean and is busy coaching both of his daughters’ soccer teams. He hopes to be able to spend some time at his cabin this summer as well.

Fred Ferron, MD

From the Mayo Clinic

The Department of Psychiatry and Psychology at Mayo has undergone considerable growth and change in the last year and a half. We are mid-way through the search process for a new chair, who for the first time since the department was founded shortly after World War II will be someone from outside the institution.

In addition a number of new colleagues have joined us and have dramatically expanded the department’s capabilities:

- Michael Bostwick, MD who graduated from Brown University Medical School and did his residency at the Cambridge Hospital in Boston and a fellowship in C/L psychiatry at Brigham and

Women’s Hospital. He was chairman of the department of psychiatry at Wilford Hall Air Force Hospital before coming to Mayo. He is interested in many things including the epidemiology of suicide.

- David Boyd, MD who worked for many years in Boulder, CO and then at UBH in Minneapolis, has joined the department. In addition to his clinical responsibilities in the Community Psychiatry Section, he is Associate Medical Director of Mayo Medical Services Inc.

- Daniel A. Drubach, MD is dual board-certified in neurology and psychiatry and comes to us from the University of Maryland where he held the rank of associate professor and was the director of the Closed Head Injury Program. He has a sustained interest in the neuropsychiatric aspects of closed head injury.

- Drs. Virginia Hofmann and Terry D. Schneekloth have joined the section of addictive disorders. Terry completed his residency and an addictions fellowship at Mayo and worked with Drs. Joseph Westermeyer and Mark Willenbring at the Minneapolis V.A. for four years before rejoining us. Virginia is a graduate of Texas Tech University School of Medicine and also completed her residency and an addictions fellowship at Mayo.

- Drs. Brett A. Koplun and Mark W. Olsen have joined the Child Psychiatry Division. Brett completed his residency in Adult Psychiatry and fellowship in child psychiatry at Mayo, and prior to returning to Rochester he was Director of Regional Mental Health for the Indian Health Service in Rapid City, SD. He has a research interest in stress and cardiovascular disease in Native American populations. Mark trained at Mayo in both adult and child psychiatry and was a staff physician at the University of Missouri before returning to Rochester. He recently became the Child and Adolescent Training Director and is interested in psychiatric education and a broad range of C/A disorders

- Shirlene M. Sampson, MD is a graduate of McGill University Medical School and completed her residency in psychiatry at The Harvard Longwood Program. She completed a C/L fellowship and a neuropsychiatry fellowship at Harvard. She is trained in the use of transcranial magnetic stimulation and is now establishing a TMS laboratory in the department. She is also an Associate Director of the Neuropsychiatric Therapeutic Procedures Center.

M. Kevin O’Connor, MD

Ed. Note: Due to space limitations, we will conclude the review of Mayo staff in the next issue of Ideas of Reference.

Public Affairs update--Things you can do

by Judith Kashtan, MD

Many MPS members have an interest in becoming more involved in this organization but have little time to spend researching the opportunities. Here are three suggestions for **time-limited** contributions you can make to the MPS Public Affairs agenda:

- 1) **Attend the NARSAD Walk** MPS is a sponsor this year, but we need MPS members to participate too. Join us at the Walk on Saturday, May 13 at Lake Harriet--and bring your MPS hat! If you don't already have one, we will have some available on the day of the walk. Look for more detailed information in the mail.
- 2) **Attend our October meeting on confidentiality.** The most frequent concern of family members of patients with persistent & severe mental illnesses is the lack of communication between them and their relative's psychiatrist. We will have a large group panel followed by small group discussions airing the competing needs that cause conflicts in this area. Parents, psychiatrists and hospital risk management staff will share the problems they experience. The more psychiatrists that attend this

meeting the more goodwill we generate in the community.

- 3) **Spend an hour accompanying an advocacy group member to a speaking engagement.** Many community groups such as the Mental Health Association, SA/VE, Faithways, and others provide speakers on mental illness to community groups such as schools, clergy, etc. They frequently would like a psychiatrist to accompany them. You would be there to answer questions at a lay person's level and clear up common confusion, such as about the difference between a psychologist and a psychiatrist. If there are particular days that you would tend to be free please let us know.

We are always looking for more psychiatrists to attend monthly meetings of the Educational Network for Mental Illness, which meets on the 2nd Friday of each month from 10-12 in the Mental Health Association conference room. If you have interest in that or any other of our ongoing projects please contact Judy Kashtan at (612) 339-8419 or Linda Vukelich at (651) 407-1873.

The state of the state

Continued from page 3

in supporting various legislative initiatives. Judy Kashtan has been involved with them for a number of years and Floyd Anderson is now ready to lead them into legislative battle on behalf of better patient care.

Yet To Be Done

It is my hope that in the next year (with the legislature slated for a full session) we can build on the alliances already formed and reach out to other organizations that have goals and interests similar to ours and with which we can find common ground. I would also like us to organize and coordinate ourselves and our allies so that we can be more effective in the next legislative session. Toward this end there are two major items we need to accomplish. One is to

get as complete and accurate a listing of MPS members as we can. This will allow us to contact MPS member on issues of importance to MPS. The second is that we identify MPS members throughout the State who are willing and able to take a bit of time through the year to be politically active. This is particularly a need in rural areas where your State Representative or State Senator may have very little input from psychiatrists. Your efforts to educate legislators in these cases may be quite valuable to the legislator as well as to MPS and your patients. Receiving a single contact from a constituent is much more meaningful to a legislator than twenty calls from the State Psychiatric Society. That is why we need to make every effort we can to pair up each and every legislator with an MPS psychiatrist. This is a very important way in which we can have an influence on the changes that are taking place in medicine and psychiatry and a voice in what health care will look like in the future. Any and all members who are willing to help in this effort please step forward!! You may contact Mike Koch, Floyd Anderson or myself about your interest. Things are changing and we can make a difference!!

Thank you all for making this an exciting year and a special, "Thank you", to Floyd Anderson and Lee Beecher for generating so much enthusiasm about our effort.

From BCBS of MN

Psychiatrists are invited to make recommendation for changes/additions of psychotropic drugs to the BCBSM formulary. Send suggestions with a brief rationale to <John_Scanlan@bluecrossmn.com>, fax (651) 662-0850 or phone (651) 662-0808.

Also, the Blue Cross Foundation recently awarded a major grant to the Center for Victims of Torture. Psychiatrist James Jaranson, MD accepted the presentation.





MPS Council Meeting Highlights

Highlights and action items from January and March 2000 Council meetings include the following:

January 22, 2000

The Council met at Fairview University Medical Center, East Building, Minneapolis on Saturday, January 22, 2000.

Treasurers report—Dr. Anderson reported that the 1999 budget balanced with a slight increase of income over expense, due to 2000 dues income credited in December 1999. Dr. Anderson presented a proposed budget for 2000, based on the final data for 1999.

Action: The Council approved the 1999 financial report and budget for 2000.

Presidents report—Dr. Stahle reviewed a number of items: He presented the final version of the memorandum of understanding between the Minnesota Nurses Association and the Minnesota Psychiatric Society regarding the format for prescribing agreements between physicians and advanced practice psychiatric nurses. **Action:** After considerable discussion, the Council approved the memorandum of understanding with several minor word changes. Dr. Stahle noted that the MPS directory data is still incomplete due to members' unwillingness to provide information for the data base; Dr. Dysken volunteered to work with Linda Vukelich on this project. The Council also reviewed a bill expanding commitment criteria introduced by Rep. Mindy Greiling. It was apparent the bill would not pass this year due to the short session. **Action:** The Council approved support of this bill as a beginning process to carry into the 2001 legislative session.

Ethics committee—Dr. O'Connor presented the committee report in executive session; **Action:** The Council approved the Ethics Committee report. Dr. O'Connor also reported on the Ethics Committee progress in producing a white paper defining utilization review as the practice of medicine. The MN Board of Medical Practice has sponsored a bill in the legislature calling for Minnesota licensure of any physician doing utilization review for Minnesota patients.

Membership report—**Action:** The Council approved two new members in training, three upgrades to general membership, two reinstatements, two transfers in and one transfer out of Minnesota, one request for permanent inactive status, and one request for resignation.

Public Affairs Committee—Dr. Kashtan reported that the Public Affairs Committee had won the APA's Public Affairs Network award for its overall program over the past two years. Dr. Kashtan is to receive the award at the APA Joint Institute meeting in February. She also noted that the SA\VE organization asked MPS to join a public information campaign on suicide awareness on WCCO-TV for three months.

Old business—Linda Vukelich updated the Council on the Hennepin County court study in which Dr. Willenbring has been consulting to Judge Kevin Burke's court. MPS will be applying for a grant from the APA Foundation to fund a followup of mentally ill individuals entering the court system.

March 18, 2000

The Council met at Fairview University Medical Center, East Building, Minneapolis on Saturday, March 18, 2000. Guests attending included Paul Sanders, MD, CEO of the Minnesota Medical Association, and Charles Schulz, MD, chair of psychiatry at the University of Minnesota.

Presidents report—Dr. Stahle reviewed a number of issues as follows:

Dr. Paul Sanders, executive of the MMA, addressed the Council, focusing on the interaction of MMA and MPS. The Council expressed concern about decreasing funding for medical education and the shortage of psychiatrists in Minnesota.

In a related topic, Dr. Stahle noted the need for

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Minnesota Psychiatric Society

RECOGNITION DINNER

Thursday, June 8, 2000

Reception at 5:30 pm

Dinner & Program at 6:30 pm

Keynote Address

APA President Daniel B. Borenstein, MD

Doubletree Hotel Minneapolis

Airport at the Mall

Bloomington, Minnesota

APA Area IV Council report

by Deane Manolis, MD, APA Assembly Representative

APA Assembly representatives Michael Koch and Deane Manolis attended the Area IV Council meeting in Chicago on March 4-5, 2000. The meeting was marked by an extensive review of recommended budget cuts for the APA Assembly.

The main items of business included the budget proposals and elections. By way of review, the APA Board of Trustees in 1999 decided to reallocate approximately \$1,000,000 of the budget toward activities advocating for patients and for the profession. To do this, budget cuts in various other activities are necessary. It was noted that the APA's governance budget was seven to nine percent of the total operating budget; an outside consultant noted that other organizations comparable to the APA allocated only three to four percent of their budget to governance. The Board of Trustees cut its own budget by approximately 25%, and asked the Assembly to do likewise.

The Assembly Executive Committee and Committee on Planning in late January, 2000 developed a proposal to reduce the budget by 26%. This plan was reviewed in detail at the Council meeting, and the Council agreed to it with some relatively minor recommendations. There was considerable reduction in budget allocation for Area Councils, to be replaced by a "block grant" for each Area to use as it saw fit. Under the plan, APA will no longer fund new Assembly representatives and district branch president-elects for orientation at the November Assembly meetings.

The Council decided not to have a late summer meeting this year, but instead to attend the November

Assembly meeting one day early for an Area Council meeting. This will save a considerable amount of money. The Council also felt that it is very important to continue to have district branch MIT representatives attend meetings, and for this year increased the funding allocation from \$300 to \$400 maximum due to the increased cost for attending a meeting in Washington, rather than in the Area IV region. The Council asks the district branches to also increase their contribution from \$300 to \$400, so that a total of \$800 would be available to send an MIT to the Council meeting in Washington.

In the elections for Area IV leadership, Judy Kashtan was elected Deputy Public Affairs representative to the Joint Commission on Public Affairs, representing Area IV. Other Area IV leadership will continue, including Prakash Desai of Illinois as Area IV representative, and Ron Burd of North Dakota as Area IV Dep Representative to the Assembly Executive Committee.

In district branch reports, a number of states reported that Charter Hospitals were closing precipitously, causing many problems with inpatient treatment resources. Several states also reported formation of Political Action Committees; this was the subject of a presentation at the Public Affairs Joint Institute as well.

Iowa—The legislature continues to focus on handling sexually violent predators and "dangerously violent persons". A corrections program set up to "treat" sexual predators is gradually increasing

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Family reunion



MPS Public Affairs Committee chair, Judith Kashtan, MD, joins her father, Lionel Finkelstein, MD at the Joint Institute meeting in February, where she received the APA Public Affairs Network award. Dr. Finkelstein is a psychiatrist who practices in Michigan.

Father and daughter are both past-presidents of their respective district branches.

Medicare Issues?

The APA has activated its national Medicare Advisory Committee in response to wide variation in interpretation of Medicare policies among carriers across the country. The committee will meet at the APA meeting in May, and Deane Manolis, MN Carrier Advisory Committee psychiatric representative, will attend. MPS members with problems/issues re: Medicare rules should contact Dr. Manolis via email <DManolis@aol.com> or through Linda Vukelich—(651)407-1873.



Surgeon General's report available on the web

The release of Surgeon General David Satcher's report on mental health in December 1999 has created a stir among advocacy groups, professionals and politicians. APA President Allan Tasman, MD said the report "can do for mental illness what the 1964 Surgeon General's report did for smoking and health. The APA believes it will bring about a sea change in public attitudes and understanding of mental illness...it sets the stage for a major assault on the myths and stigma that continue to block access to care for millions".

The massive *Mental Health: A Report of the Surgeon General* promises to be of immense use to APA's efforts to end discrimination against mental illness treatment

at all governmental levels, fight stigma, support research, and protect patient confidentiality. The report includes chapters on children, adults, older adults, financing, and privacy, as well as wealth of data.

The report is available at the Surgeon General's website <www.surgeongeneral.gov> The report may be downloaded in its entirety or an executive summary is also available. Also at the website is *A Call to Action to Prevent Suicide*, another initiative by the Surgeon General.

A hard copy of the executive summary of the Surgeon General's report on mental health also can be obtained toll free by calling (877) 964-3258.

Risk management tip sheets available

The APA-sponsored Professional Liability Insurance Program's Risk Management Department has written tips and articles designed specifically for psychiatrists.

To request copies of these materials, call (800) 245-3333, ext. 347.

Risk Management Tip Sheets

- √ Tips of the Trade: Risk Management Tips for the Practice of Psychiatry
- √ Reducing Malpractice Risk When You Travel
- √ Risk Management Issues Created by the Use of Electronics
- √ Are you Crossing Therapeutic Boundaries? 12 Danger Signs
- √ Closing a Private Practice
- √ Office Staff, Risk Management and You
- √ Practical Pointers for Terminating the Psychiatrist-Patient Relationship
- √ Practical Pointers for Psychiatric Records
- √ Contents of a Psychiatric Record
- √ Retaining Psychiatric Records
- √ Discarding and Destroying Psychiatric Records
- √ Practical Pointers for Releasing Psychiatric Records/Information
- √ The Elements of a Release of Records/Information Authorization
- √ Risk Management Tips for Psychiatric Forensic Practice
- √ Restraint, Seclusion and Risk
- √ Major Components of a Psychiatric Malpractice Trial and Related Risk Management Tips
- √ Risk Management Issues in the Psychiatric Treatment of Children and Adolescents
- √ Liability for Patient Suicide



Psychiatrist Members

as of
April 15, 2000:

18

NAMI-MN
970 Raymond Avenue
Suite 105
St. Paul, MN 55114



Members on the go! Twin City teaching opportunities abound

New Members In Training:

Yelena Garbouzova, MD
Residency—Hennepin-Regions
Ashwin Gowda MD
Residency—Mayo Graduate School of Medicine
Lalit Gupta MD
Residency—Mayo Graduate School of Medicine

Upgrade to General Member:

Frances Go, MD
Residency—University of Pittsburgh
Practicing—Allina Behavioral Health

Reinstate:

Dallas Erdmann, MD
Practicing—Hennepin County Medical Center
Margaret Mackenzie, MD
Practicing—Ridgeview Behavioral Services
Massoud Stephane, MD
Practicing—VAMC

With two residency programs in the community there is an evergrowing opportunity for community psychiatrists to participate in resident teaching. Residents at both the University of Minnesota and Hennepin-Regions are in need of weekly supervisors. Staff is needed to teach individual lectures, act as course directors, mentor residents, and provide clinical community rotations. If any of these teaching opportunities interest you please contact Elizabeth Reeve, MD (Hennepin-Regions: (651) 221-3103) or Bill Clapp, MD (University of Minnesota: (612) 273-9822). This is an excellent chance to mentor and guide residents while providing a much needed service!

Walter Kaye, MD visiting professor

Eating disorders researcher Walter Kaye, MD will be at the University of Minnesota June 7-9 as a Pfizer visiting professor. Dr. Kaye heads the Center for Overcoming Problems with Eating at Western Psychiatric Institute and Clinic in Pittsburgh.

Events include Grand Rounds at the University on June 7 and an evening reception for the community on June 7 and a lecture on June 8. More information to follow.

George Dawson, MD

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common cause of death by firearms--suicide. The lack of science and medicine in shaping public opinion and policy needs to be remedied. We can no longer afford to make important policies based on conjecture and unscientific debate. I would like to apply scientific thinking to public policy and in areas of uncertainty, an empirical approach to law making.

How am I doing so far? Take a look at my site and judge for yourself at <www.dawsonforsenate.com>. I have received several e-mails congratulating me on the concept and hoping that more people join in a more active political process on the Internet. I think my positions merit serious consideration. I think the use of the Internet to extend free speech in new directions merits serious consideration. I hope you will use my site and the links as a foray into e-democracy.

George Dawson, MD
<dawso007@ieee.org>

African American depression video

"Guide to a Healthy Mind for African Americans: A Circle of Hope," a free video on depression featuring Drs. Alvin Poussaint and Shirley Marks is now available from the National Medical Association (NMA).

The video is sponsored by the Magic Johnson Foundation, National Medical Association, and Pfizer. Contact Tomeka Rawlins—NMA; <Tomeka@NMAnet.org>, or (202) 347-1895.

Patient Protection "lite"

Continued from page 6

would require health plans to cover patient expenses incurred in a clinical trial for a life threatening condition, or prevention, early detection and treatment of cancer. Clinical trials would have to meet certain conditions and have been reviewed and approved by a qualified institutional review board. Plans would be allowed to require that qualified individuals participate in the trials through a participating physician and to apply cost-sharing requirements.

Health plan liability has a lot of media appeal and has received more attention at the capitol than this patient protection legislation. Both are strongly opposed by the health insurance industry. However, this patient protection bill has been gathering support and will likely beat the liability bill to the governor's desk.



MPS Public Affairs program honored

Continued from page 1

The Institute faculty focused on APA's priorities of advocating for our patients and the profession:

- State legislators from California, Ohio, and Oklahoma presented their experience and strategies in successful parity legislation.
- Legislative lobbyists from Georgia, Louisiana, and Tennessee reviewed their strategies to defeat psychologist prescribing legislation in their respective states. APA funding grants were used effectively in these efforts, but new bills are expected yearly in these and an increasing number of other state legislatures.
- The topic of confidentiality drew a great deal of interest as well. The Department of Health and Human Services received over 40,000 comments to the proposed rule on confidentiality. Because of this, the final rule will be delayed until these comments are reviewed. When the public becomes aware of the full extent of the potential breaches of privacy, the Congress will likely enact limiting legislation, according to Jan Lori Goldman, director of a Georgetown University "think tank" on health care policy.
- The Institute attendees also heard considerable information about HCFA's policy on seclusion and restraint, which will be implemented over a two year period. This rule will cause many problems for hospitals and residential treatment facilities, especially child and adolescent programs. A modification of the rule is unlikely until adverse consequences occur.

In the highlight of the meeting, California Assembly Representative Helen Thompson, psychiatric nurse and wife of psychiatrist Captane Thompson, received the Jacob Javits Award for her three year effort in achieving parity legislation in California. The Javits Award is APA's highest honor for legislators, and Minnesota recipients have included U.S. Senator Paul Wellstone, and the late Minnesota representative Gloria Segal.

Area IV Report

Continued from page 15

beyond capacity as predicted, because there is no provision for different levels of care. The legislature is currently looking at a "terrible bill", according to the Iowa representative, for the dangerously violent person which is poorly and broadly defined, and includes an "individual suffering from a mental abnormality", which likewise is poorly defined. The new deputy representative from Iowa, Gerard Clancy, is on the faculty of the University of Iowa, Department of Psychiatry. In this position he is developing a

partnership with Blue Cross/ Blue Shield of Iowa Behavioral Health Services so that University of Iowa faculty will serve as the medical directors for Blue Cross/ Blue Shield.

Kansas—reports a decrease in private practice psychiatrists due to decreased third party payor funding, as well as a decreased private inpatient treatment capacity.

Western Missouri (Kansas City area)—also reports a decreased number of inpatient psychiatrists. Their group is attempting to develop an information exchange to educate psychiatrists on dealing with denial of care and slow payment from third party payers. It was noted that the Texas Society of Psychiatric Physicians already has a great deal of information on these issues for their membership.

Ohio—reports on a legislative bill to divert non-violent mentally ill petty offenders into treatment programs rather than jails. There also is a bill before the Ohio legislature to place physician profiling on the Internet.

South Dakota—has good news and bad news. The legislature passed a bill to revise and expand commitment criteria to include past history of rapid decompensation in addition to danger to self or others. Unfortunately, laws were passed to permit chiropractors to do athletic physicals for public schools and also permitting optometrists to prescribe eye medications.

Michael Koch and I will continue our efforts to keep the MPS Council and membership apprised of the activities of the the APA Assembly and the APA at large. As before, if any MPS member has any questions or concerns about the Assembly function, please inform or question us at any time. We will be attending the APA Assembly meeting in Chicago in mid-May, just before the APA Annual meeting.

Correctional Medical Services

Join a team of dedicated professionals and practice your specialty in a challenging and rewarding environment. Correctional Medical Services, the nation's leader in providing medical care to correctional facilities, needs Board Eligible and Board Certified psychiatrists for several sites in the State of Minnesota.

We offer competitive fees, malpractice insurance option, and independent contractor status.

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Council highlights

Continued from page 14

MPS to be represented at the MMA annual meeting in Duluth. It has been difficult to find psychiatrists to go to Duluth, and Dr. Stahle will ask Duluth psychiatrists to attend representing MPS.

Dr. Stahle introduced a draft letter to BCBSM on behalf of a MPS member regarding the process of reviewing cases for medical necessity and requiring outpatient medical records. **Action:** The Council made recommendations for changes to the letter and authorized Dr. Stahle to send the letter to BCBSM.

Dr. Stahle recommended Maureen Hackett, MD for a vacant position on the Ethics Committee based on her interest, knowledge, and experience. **Action:** The Council approved the appointment of Dr. Hackett to the Ethics Committee.

Linda Vukelich reported on her efforts to produce the MPS directory and asked for Council approval to purchase the Board of Medical Practice list in order to provide accurate professional addresses for MPS members.

Public Affairs committee—Dr. Kashtan reported that the Fall collaborative meeting with advocacy groups would focus on confidentiality issues. She also discussed a project for psychiatrist and “consumers” to work as a team for speaking engagements. Several Council members will write a grant request for Eli

Lilly to support this project.

Dr. Schultz addressed the Council and noted his plans for the Department of Psychiatry at the U of M. He noted the need for active clinical faculty in the teaching program.

Program Committee—Dr. Smick reported in Dr. Tomac’s absence. The annual Recognition Dinner was scheduled for June 8, and APA President, Dan Borenstein will be our guest. A summer scientific program—Psychopharmacology Update—was scheduled for July 28 with Minnesota psychiatrists as speakers.

Legislative committee—Dr. Koch reported that the utilization review bill sponsored by MPPA did not pass out of a committee, but that the Hatch Patient Protection proposal was still alive in the Senate.

Private practice committee—Dr. Anderson reviewed ten “action points” promulgated by the committee. He also noted the committee is still working on a single preauthorization form for Minnesota insurance plans.

Membership report—**Action:** The Council approved two new members in training, one upgrade to general member, two reinstatements, and one resignation.

ATYPICAL DEPOT RESEARCH STUDY

The Department of Behavioral Health at Regions Hospital is currently conducting a medication research study involving a depot atypical antipsychotic medication.

Eligible candidates must be at least 18 years old, have stable medical health and a diagnosis of Schizophrenia.

ALL study medication, testing and evaluations are available at no cost to participants for up to one year.

For more information or to schedule an evaluation please call:

(651) 221-3087

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Calendar

- May 13** Mental Health Walk for Research to benefit NARSAD, Lake Nokomis Community Center. For more information, call NAMI-MN at (651) 645-2948 or the Mental Health Association at (612) 331-6840 or Linda Vukelich at (651) 407-1873.
- May 14-19** Annual Meeting, American Psychiatric Association, Chicago, IL. For more information, call 1 (888) 35-PSYCH.
- May 16** Minnesota Reception, Luau Room at Trader Vic's Restaurant in the Palmer House Hilton Hotel, Chicago, IL. For more information call (651) 407-1873.
- June 7** University of Minnesota Reception for Walter Kaye, MD, Minneapolis, MN. For more information, call Scott Crow, MD (612) 273-9807.
- June 8** MPS Recognition Dinner, DoubleTree Grand Minneapolis Airport at the Mall, Bloomington, MN For more information, call (651) 407-1873.
- July 28** Psychopharmacology Update 2000, Minneapolis, MN. For more information, call (651) 407-1873.

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