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**Ideas of Reference**  
is the newsletter of the Minnesota Psychiatric Society, a District Branch of the American Psychiatric Association.



## MINNESOTA PSYCHIATRIC SOCIETY

Improving Minnesota's mental health care through education, advocacy and sound psychiatric practice and achieving health equity.

Our vision is physician leadership creating the nation's highest quality, most affordable, and accessible system of mental health care.

[www.mnpsychsoc.org](http://www.mnpsychsoc.org)

# MPS honors winners in-person and indoors!

Linda Vukelich

On July 17, the MPS Council hosted our first in-person indoor event in over a year at Falling Knife Brewing Company in Minneapolis. Around 40 participants enthusiastically reconnected with each other and guests and congratulated our 2021 award winners. We were delighted that members came from all over Minnesota. We were especially delighted to be able to honor our award winners in person. We captured the day with the member spotlight. Congratulations to all of our award winners!

## 2021 MPS Award Winners



Psychiatrist of the Year  
Ryan Coon, MD



Media Award Winner  
Andy Steiner



Presidential Service  
Sheila Specker, MD, DFAPA



APA Distinguished Fellow  
Sophia Vinogradov, MD, DFAPA



Gloria Segal Scholarship  
Jeremiah Atkinson, MD



Eric Brown Scholarship  
Brianna Engelson, MD



Bob Baumer Scholarship  
Manuel Gardea Resendez, MD



Advocacy Intern Extraordinaire  
Molly Wooten



Join us on October 16 at the Minnesota Humanities Center for the fall educational program, *Novel Approaches to Psychiatry*.

We will honor our 2021 Paul Wellstone Advocacy Award Winner, State Representative Kelly Morrison, MD, at that event.

Contact Linda Vukelich for more information or go to the MPS website home page, [www.MnPsychSoc.org](http://www.MnPsychSoc.org). ■



## 2 Ideas of Reference

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*Health Equity & Racial Justice*  
Jim Curry, MD, MPH

## 988: Reimagining Crisis Response



Linda Vukelich  
MPS Executive Director

In 2020 the National Suicide Hotline Designation Act was passed. It started with the confusing name, but every discussion about it that I have had has shown me there are more questions than certainty about what's next. I'm keenly interested in 988 and honestly hope FastTrackerMN.org can help.

I'm grateful to the informed MPS members who have let me pick their brains and connected me with more resources. I'm also glad that national NAMI's website features a page of information, and I'm feeling even more assured by the work SAMHSA and NASMHPD have been doing on state crisis response systems which can inform the nation going forward.

National NAMI's 988 webpage (<https://nami.org/Advocacy/Crisis-Intervention/988-Reimagining-Crisis-Response>) considers what the crisis standard of care should look like, and suggests that it includes:

- 24/7 Crisis Call Centers, "Someone to talk to"
- Mobile Crisis Teams, "Someone to respond"
- Crisis Stabilization Programs, "Somewhere to go"

Nationally, the legislation creates a monthly fee on all phone lines to support routing 988 calls to centers with trained counselors and to deploy mobile crisis teams as needed and according to the intent of federal law. The 988 fee revenue will be deposited in a 988 fund that can only be used in support of the 988 crisis response system. It does not cover states' expenses, but it does offer state lawmakers a model to consider for state funding.

Learn more about model state legislation to implement 988 and crisis services. (<https://nami.org/NAMI/media/Advocacy/988-MH-Crisis-Response.pdf>)

What's Minnesota's role? Minnesota got a 988 planning grant and is working on that through the Minnesota Department of Health. The timeline for that is through September but could be extended.

The MPS Legislative Committee is reviewing the situation and considering responses. Some states have already brought implementation, infrastructure, and sustainability concerns to their legislatures. Some states plan to charge communications fees and consider other coordinated funding and strategic solutions.

Are you involved in 988 planning through your employer or another organization? We'd like to hear from you. Let's connect! ■

**Did you know?**

There is a monthly credit card payment option for APA/MPS dues payments. Call 1-800-35PSYCH or go to [www.psych.org](http://www.psych.org).

## It is time to stop treating ECT as a treatment of last resort in Minnesota



Chinmoy Gulrajani MD, DFAPA  
MPS President

In 1976, in their landmark opinion *Price v. Sheppard*<sup>i</sup>, the Minnesota Supreme Court noted ECT to be an intrusive treatment and deemed that any physician who wishes to prescribe ECT to their non-consenting incapacitated patient must first prove to the commitment court that the treatment is both “necessary and reasonable.” In recognizing an individual’s right to privacy, the Court noted that it was reluctant to leave the imposition of the more intrusive forms of treatment solely within the discretion of medical personnel in situations where the patient or guardian refuse their consent. Twelve years later, in their 1988 opinion in *Jarvis v Levine*<sup>ii</sup> the Court also placed neuroleptic medications in the basket of intrusive treatments along with ECT and required that the same legal procedures it laid out in *Price* be followed for involuntary administration of neuroleptic medications to incapacitated patients.

In trying to prove to Judges that ECT is “necessary”, physicians, in a majority of cases, now have to evince that they have tried, other, less-intrusive treatments, and that ECT is perhaps the only alternative left unexplored. The notable exceptions to these are conditions where ECT is first line treatment and can be life saving (for example catatonia and severe depression with high suicidal intent). Nevertheless, in a majority of cases, physicians will first have to demonstrate failed trials of various classes of medications, before the threshold for “necessity” of ECT is crossed. By virtue of their comparability to other medications, neuroleptic medications assumed the role of the lesser evil of the two intrusive treatments. Persistent misinformation and stigma associated with ECT ensured

that it was pushed to the back burner, and used only in the most treatment resistant ones.

But four decades have passed since the Court’s opinion in *Price*. We now have a collective experience with billions of applications of ECT and know that it is a relatively safe and effective procedure. Advances in medical technology now allow us to administer pulsatile ECT with reduced cognitive sequelae. A recent study<sup>iii</sup> (amongst others) demonstrated ECT to have no evidence for a clinically significant increased risk for serious medical events with exposure to electroconvulsive therapy in over 10,000 patients, and a significant reduction in risk of suicide. Also, since the *Price* opinion, we now know that even the newer neuroleptic medications, initially touted as safer, can have lasting and irreversible metabolic complications. In light of this, does it still make sense to continue to consider ECT as the last line of treatment for our patients? Today, I appeal to our members to reach out to their legislators and policy administrators to educate them about the safety and efficacy of this vastly under utilized treatment, and advocate for a change in the existing legal framework so that we can do what is best for our patients. ■

i Price v Sheppard 239 N.W.2d 905 (1976)

ii Jarvis v Levine 418 N.W.2d 139 (1988)

iii Kaster TS et al. Risk of serious medical events in patients with depression treated with electroconvulsive therapy: a propensity score-matched, retrospective cohort study. *The Lancet Psychiatry*.2021; 8 (8), P686-695

## APA Advocacy Day Yields Results

Linda Vukelich

On June 10, I had the pleasure of joining MPS members Tom Wingarden, MD, DFAPA, and Dionne Hart, MD, DFAPA, to represent MPS and Minnesota psychiatry as the APA’s Federal Advocacy Conference attendees. It was an inspiring event and gave me the opportunity to see the impact your advocacy as professionals and the connections your personal stories make on lawmakers. I was truly honored to share a screen with these knowledgeable and passionate individuals. Please ask them about their experiences and thank them for adeptly advocating for psychiatry and for patients.

Recently, APA organizers updated participants on successes since APA’s Federal Advocacy Conference and encouraged all to keep the momentum going by continuing to meet with lawmakers. Since APA’s Federal Advocacy Conference:

- Senators William Cassidy (R-LA), Tina Smith (D-MN), Ben Cardin (D-MD) and John Thune (R-SD) as well as Representatives Doris Matsui (D-CA) and Bill Johnson (R-OH) introduced the Telemental Health Care Access Act (HR 4058/S

*Continued on page 5*



**Minnesota Psychiatric Society 2021 Fall Program**  
**Saturday, October 16, 2021**

# NOVEL APPROACHES TO PSYCHIATRY



**Minnesota  
Psychiatric  
Society**

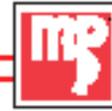
**Minnesota Humanities Center**  
987 Ivy Ave E, St Paul, MN

**REGISTER EARLY!**  
Space is limited for safety!

[www.MnPsychSoc.org](http://www.MnPsychSoc.org)

## **Emerging Innovations**

- Pharmacological Interventions / Psychedelics
- Neuromodulation
- Behavioral Interventions & Digital Therapeutics - Cognitive Training
- Groundbreaking Delivery Models



## Congratulations 2021 Gloria Segal Medical Student Scholarship Winners

MPS gives the Gloria Segal Medical Student Award to fourth year medical students who demonstrate excellence in the care of psychiatric patients, show outstanding performance during pre-clinical and clinical rotations in psychiatry, and exhibit enthusiasm for the psychiatric profession. Award winners demonstrate excellence in scholarly and/or research activities and community involvement on behalf of those with mental illness. Congratulations to our winners!



### Jeremiah Atkinson, MD

Jeremiah Atkinson, MD, is our 2021 University of Minnesota Medical School Gloria Segal Medical Student Scholarship recipient. We were glad to recognize him in person in July, and even more pleased that he is has begun his psychiatry residency training here at the University of

Minnesota. We hope he stays and practices here too!

He is an experienced researcher and communicator and those interests overlap in his focus on quality improvement. His CV paints a picture of a someone who focuses on pursuits that positively impact medical education and patient experience potentially improving outcomes in both areas.

His publications list is growing and he already has a lengthy bibliography of abstract oral presentations and poster presentations on a wide range of topics.

He is no stranger to being an award winner. He has acquired awards, received scholarships, and been honored in many areas from Eagle Scout in 2012 to Graduate Medical Education Team Member of the Month in June 2020.

He has held and grown into larger leadership roles and continues in that practice currently serving as the co-chair of Mental Health Committee with the Gold Humanism Honor Society. He is a committed volunteer whose activities serve the community, including volunteering at a food shelf, as a homework helper, interpreter, tutor, medical clinician and research volunteer. ■



### Deena Farrell, MD

Deenah Farrell's journey to psychiatry took many turns over many years, and every step has broadened her perspective. Her undergrad interests focused on acting; she earned her BFA from Rutgers, including a Conservatory at Shakespeare's Globe in London through

the London Academy of Theatre. From there she began her global journey including stints as an English instructor in China and Mexico, as a wellness program designer developing wellness programs for individuals facing addiction and terminal illness and as a Peace Corps volunteer in the Philippines. Her journey brought her to Nicaragua where she served as a migrant farmworker outreach worker and breast health coordinator. Back in the US, she got her MD here in Minnesota through the Mayo Graduate School of Medicine.

She is an accomplished researcher and presenter with diverse interests and innate curiosity that led her to study nontraditional approaches as well as traditional ones with a focus on quality improvement and engagement. She stands out as a leader and volunteer, and has served in an array of capacities all over the world with the common thread of meeting basic human needs for health, connection and meaning, especially in underserved, marginalized, and diverse communities. She is already on the next leg of her journey as a psychiatric residency intern at Western Psychiatric Institute in Pittsburgh and we wish her well. ■

## APA Advocacy Day Yields Results! *Continued from page 3*

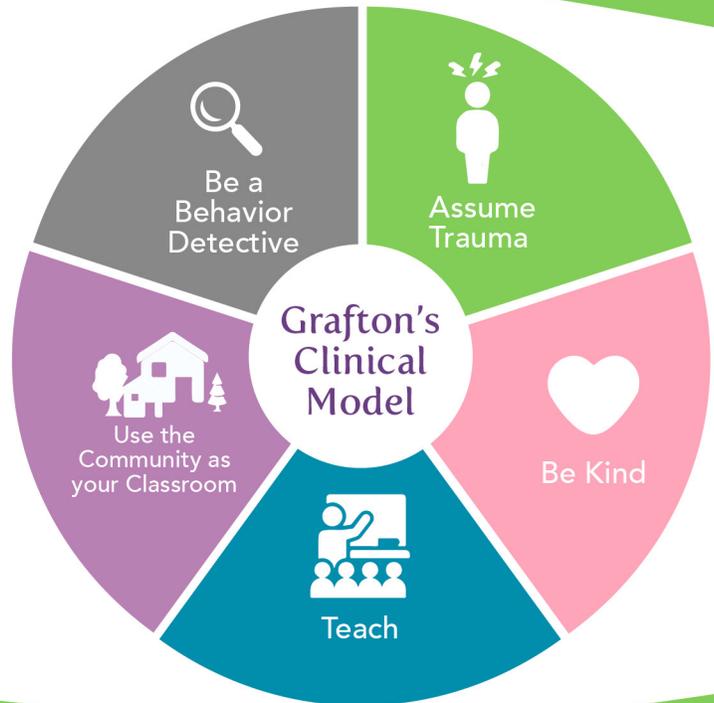
2061). This legislation would remove the unnecessary requirement that patients seeking mental health services via telehealth be seen every in-person every six months.

- Two thirds of the legislations' co-sponsors were reached through your advocacy efforts during the Federal Advocacy Conference!
- 30 of the lawmakers that members met with during APA's Federal Advocacy Conference have since signed on to one of the bills we promoted!
  - 5 members of Congress signed on to APA's Mental Health Parity bill in the House,
  - 3 Senators and 1 Representative signed on to our telehealth legislation, and
  - 21 Senators and Representatives have signed onto legislation that would expand Graduate Medical Education slots!
- APA also applauded the House's passage of significant funding increases for key mental health and substance use disorder programs for fiscal year 2022.

Advocacy efforts on June 10th paved the way forward. Now it's time to build on these successes! ■



*Bringing 60+ years of person-centered, trauma-informed & data-driven clinical experience to Minnesota*



Providing residential treatment services to youth with behavioral health challenges complicated by intellectual disability, intellectual delay, and/or autism.

If you want to join us in providing a critical need within Minnesota's system of care, join us!

*Learn more at [www.Grafton.org](http://www.Grafton.org)*

*We are currently seeking a Board Certified Child and Adolescent Psychiatrist for a new sub-specialized Psychiatric Residential Treatment Center in Cold Spring. Contact [communications@grifton.org](mailto:communications@grifton.org) for more information on this opportunity.*



# 2021 HHS Omnibus Budget Bill Summary

MPS Lobbyist William J. Amberg, MA, JD

Below is a brief summary of some the key sections of the 2021 Minnesota Health and Human Services omnibus budget bill (HF33) [https://www.revisor.mn.gov/bills/text.php?number=HF33&type=bill&version=2&session=ls92&session\\_year=2021&session\\_number=1](https://www.revisor.mn.gov/bills/text.php?number=HF33&type=bill&version=2&session=ls92&session_year=2021&session_number=1).

## Telehealth

- Medical Assistance—telehealth services are covered “in the same manner” as in person services. Services are paid at their full allowable rate.
  - Telehealth is covered for FQHCs, Rural Health Clinics, Indian Health Services, and CCBHCs and meet the face to face requirement.
  - Treatment plans can be signed through verbal approval or electronic means.
  - Coverage for telehealth is expanded to include the services of peer and family specialists, mental health rehabilitation workers, behavioral health aides, treatment coordinators, alcohol and drug counselors, and recovery peer specialists
  - Mental health case management is covered for interactive video services. Targeted case management services can also be provided by interactive video, if it is in the best interest of the client.
  - Telehealth for video school linked mental health services and intermediate school districts is continued until 2023.
  - A study of impact of telehealth services is required including an assessment of payment parity and the impact of audio-only services.
  - “Audio only” services are covered for Medical Assistance until July 1, 2023.
  - Originating site is defined as “a site at which a patient is located at the time health care services are provided to the patient by means of telehealth.”
  - Distant site is defined as “a site at which a health care provider is located while providing health care services or consultations by means of telehealth.”
- Minnesota based health plans (does not include self-insured or ERISA plans which follow federal regulation)
  - A health plan sold, issued or renewed by a health carrier (insurer) in Minnesota must cover services in the same manner as in person services.
  - Coverage cannot be limited based on geography

- Coverage must be based on the same provider network as for in person services
- Carriers may not deny coverage for services on the basis of their provision through telehealth
- A carrier must reimburse for telehealth at the same rate as in person services
- Audio only services, when appropriate, must be covered at the same rate as in person services. Audio services must be based on a scheduled appointment, except for substance use disorder services which may be provided without an appointment in emergency situations. This coverage of audio-only services expires July 1, 2023.

## Community based behavioral health centers

The omnibus bill included the language agreed upon between MPS in their negotiations with DHS and the community based behavioral health centers.

## Loan forgiveness

Loan forgiveness is expanded to include LADCs and mental health professionals providing 25% of their services to Minnesota public program enrollees or professionals providing a sliding fee schedule that meets guidelines. It includes an additional increase of \$3 million for 2022 and 2023 each, through 2025.

## Workforce, other

- The following are added to the definition of mental health practitioner: individuals in the process of completing a practicum or internship as part of a formal undergraduate or graduate training program in social work, psychology, or counseling
- Grants can be made to pay for supervision of clinical trainees who are Black, indigenous, or people of color.
- Grants for school linked behavioral health services can include substance use disorder services and can be provided by mental health professionals in private practice. ■



# First Do No Harm

Mary Beth Lardizabal, DO, DFAPA  
MPS Ethics Committee Chair

This has been a long hot summer with frequent average temperatures 10 degrees above our “normal” temperatures. So many wildfires out west, north of us in Canada, just last month one way too close to Ely, Minnesota where my wife and I have our cabin. It feels like the world is on fire. Reflecting on this, as I try to escape the heat in the air-conditioned comfort of our home or in the refreshing lake up at the cabin, I wonder is this the “new normal”? Am I willing to accept that? Recalling an article in the JAACAP orange journal from last year, the authors Pinsky et al., wrote about how, as Child and Adolescent psychiatrists, we would be seeing the increased traumatic effect of climate change in our patients lives, the victims of increasing disasters such as drought, heat waves, storms, hurricanes, power outages, forced migration, driven in no small part by climate change. There are obvious economic impacts as for our patients and their families as well.

One of the first tenets of being a physician is first do no harm. In my professional life, my priority is to care for my patients, taking great care that my professional actions will not cause harm but bring about healing.

What about my personal life? Are my current actions (or inactions) causing harm to my patients, my neighbors and countless faceless others I do not know half a world away? As I live in a country with great wealth and abundance, I know little of what it is like to live in a world of lack with poor housing, no air conditioning, or food and water shortages. I complain about the heat

with ignorance of others’ experience. So much of my experience is limited to my perspective. Too often our culture is about the “I”.

What am I as a physician willing to do (or not do) for the sake of others? I love to travel and have been looking forward to resuming my travel across the globe. But at what cost? You may have seen the photos of the Kathmandu Valley in Nepal at the beginning of the pandemic when traffic literally stopped, one could, for the first time in years, actually see the Himalayans. I have spent time in Kathmandu and experienced the pollution and smog. To see those photos was shocking. And beautiful. And full of optimism. But then our daily lives and the traffic resumed. Can we continue to deny and ignore the causes and impact of climate change? Our individual actions have impact. I could drive less and walk more. I could eat less meat and support local farming. I could actively engage in the work toward sustainable energy. Our health care systems have an even greater impact. As physicians we have privilege and power to lead

change. Are we willing to make sacrifices for the sake of others, for our patients and the next generation? How can we not?

Here are some resources of physician organizations that are working to combat climate change.

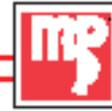
- Climate Psychiatry Alliance — [www.climatepsychiatry.org](http://www.climatepsychiatry.org)
- Healthcare without Harm — <https://noharm.org>
- Medical Society Consortium on Climate and Health — <https://medsocietiesforclimatehealth.org>
- My Green Doctor — [www.mygreendoctor.com](http://www.mygreendoctor.com) ■



A crew works on the southwest side of the Greenwood Fire in northern Minnesota. Aug. 26, 2021. U.S. Forest Service-Superior National Forest



Source: Abbu Pandit/Twitter



# MPS Fall Program Focuses on Novel Approaches

Linda Vukelich

October 16, 2021 is a big day in many ways; it marks a return to in-person programs focused on a brighter future with possibilities and growth. Psychiatry is constantly seeking answers and exploring new approaches to be able to offer patients as many tools as needed. This conference will focus on novel approaches to psychiatry, from pharmacological interventions and psychedelics to innovations in neuromodulation, behavioral interventions and digital therapeutics including cognitive learning, and novel care delivery models. Participants will engage in inter-disciplinary learning, exchange ideas and consider expanded pathways to implement in practice.

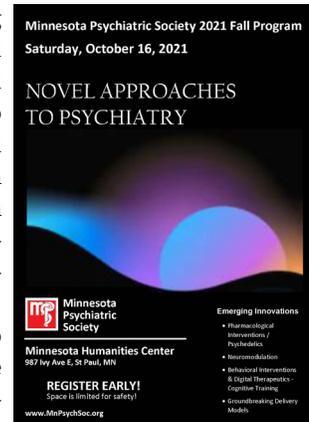
Join us in person at the MN Humanities Center in St Paul for a day of consideration and discovery, research and practice, and long-awaited connection. Our stellar faculty taps into Minnesota researchers and leaders as well as national experts.

We will start with a deep dive into psychedelics and new pharmacologic advances, including a new format for learning delivered by our training programs. The program continues with a focus on neuromodulation advances and applications for addiction and adolescents and reviews current and growing neuromodulation tools.

Our cognitive retraining talk will open up the world of digital applications and our program covers how to review apps for quality and clinical application. Learn about psychiatry's role in new delivery models. Detailed information is available at [www.MnPsychSoc.org](http://www.MnPsychSoc.org).

We are also excited to include the 2021 Wellstone Advocacy Award presentation, and welcome Minnesota State Representative Kelly Morrison, MD, for the honor.

The future is bright, and it's a great time to look forward to psychiatry in 2021 and beyond. Thanks to the Program Committee for all its hard work, and to you, MPS members, for joining us again! ■



## New APA Membership Categories Explained

APA Membership Team

**Ed note:** If you are a life member, you might want to consider paying reduced dues for 10 years in order to become exempt from paying dues at that point. You are welcome to contact our APA Membership Coordinator, Angelic Proctor, to review your membership situation and options.

Beginning in 2022, APA will offer two new membership categories, "semi-retired" and "retired". Members who qualify for one of these new categories could opt-in online through July 31, 2021 at [my.psychiatry.org](http://my.psychiatry.org) and select the "Retired Opt-in" tab for the 2022 membership renewal year. You may not have met the criteria for by 2022, but we wanted to ensure you were aware of the new categories when you need them.

### How is Retired/Semi-retired defined?

- A semi-retired member is someone near retirement age who works less than 15 hours a week in any administrative or clinical role or roles across any setting. APA, District Branch, and State Association (if applicable) dues will be set at no more than one half of the General member dues rate. You will remain in this category until you let APA know when your work status changes.
- A retired member is defined as a someone who has reached retirement age and is fully retired from all administrative or clinical roles across any setting. APA, District Branch, and State Association (if applicable) dues for this category will be set at no more than one third of the General member dues rate. You will remain in this category unless your work situation changes.

### Both Retired/Semi-Retired member categories:

- Are opt-in with attestation
- Are eligible to vote and/or hold office
- A life status honor will be earned after 30 years of membership (not associated with dues, but if you are Fellow or Distinguished Fellow, you will elevate to Life Fellow or Distinguished Life Fellow)

These new membership categories will replace the Rule of 95 starting with the 2022 renewal year. If you are a life member as of 2021, you can remain in this status, or you can move into one of the new categories. However, life members moving into either of these categories will not be able to move back into life status.

The retired and semi-retired membership categories were approved by the Board of Trustees and Assembly to simplify the membership structure and provide flexibility for a more diverse and changing workforce. For more information on retired and semi-retired membership categories or to view frequently asked questions, please visit [psychiatry.org/retired](http://psychiatry.org/retired) today. ■



## Minnesota Psychiatric Society

# MEMBER SHOWCASE

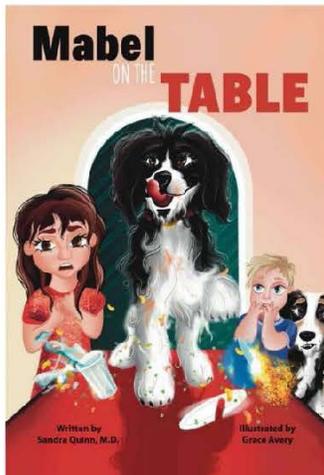
MPS members contribute in so many ways.

The MPS SHOWCASE honors members for contributions in science, medicine, community service, awards and recognitions, and more. MPS recognizes the following member:

## Sandra Quinn, MD

*Thank you, Dr. Quinn, for sharing your wisdom and encouragement through your new children's book and for bringing these positive messages to children – especially during these very unusual and stressful times.*

*Mabel on the Table* is a story about a sneaky and silly dog named Mabel. Mabel likes to jump on the table and eat food when no one is looking, but then she learns some important lessons. *Mabel on the Table* encourages children to identify and communicate the emotions they are feeling, and that all emotions are valid. The story demonstrates that it is okay to make mistakes and to learn from them. It also encourages forgiveness and highlights the bonds of friendship.



*Mabel on the Table* is Dr. Quinn's debut children's book, which has become an Amazon bestseller and a #1 new release on Amazon. Dr. Quinn is a practicing psychiatrist in Minnesota. She is married and has two children and dogs.

***Congratulations and thank you for so positively representing psychiatry, Dr. Quinn!***

MPS members, please submit achievements to be recognized here to [L.Vukelich@comcast.net](mailto:L.Vukelich@comcast.net).



## CALENDAR

**Saturday, September 11, 2021, 9-11am**

**MPS Member Forum and Council Meeting**

Email [L.Vukelich@comcast.net](mailto:L.Vukelich@comcast.net) for links to virtually participate.

Open to all MPS members. Join to connect and participate!

**Saturday, Sept 18, 2021, 9:30-12pm**

**MPS Women Psychiatrists Brunch - Join us via zoom!**

Hosted via zoom by Kristen Case, MD. Join this informal group of MPS women psychiatrists to connect.

**Saturday, October 16, 2021**

**MPS Fall Program - Novel Approaches to Psychiatry**

Minnesota Humanities Center, St Paul, MN

• Pharmacological Interventions & Psychedelics • Neuromodulation • Behavioral Interventions & Digital Therapeutics • Cognitive Training • Groundbreaking Delivery Models

*Psychiatry is constantly seeking answers and exploring new approaches to be able to offer patients as many tools as needed.*

*This conference will focus on novel approaches to psychiatry, from pharmacological interventions and psychedelics to innovations in neuromodulation, digital interventions, cognitive training, and novel care delivery models. Participants will engage in inter-disciplinary learning, exchange ideas and consider expanded pathways to implement in practice.*

Learn more at [www.MnPsychSoc.org](http://www.MnPsychSoc.org) or contact Linda Vukelich at 651-278-4241 or [L.Vukelich@comcast.net](mailto:L.Vukelich@comcast.net).

*For more calendar updates, go to [mnpysoc.org](http://mnpysoc.org)*



**Come Visit us at these family-friendly in-person events!**

**Saturday, September 18, starts at 9am**

**Thumbs Up 5&10K Run/Walk/Bike/Blade**, Elk River, MN

**Saturday, September 18, starts at 10am**

**Walk for Recovery**, MN State Capitol Grounds, St Paul, MN

**Saturday, September 25, starts at 11am**

**NAMI Walks**, Minnehaha Pk, Minneapolis, MN - Rochester, MN

Find detailed event information at [FastTrackerMN.org](http://FastTrackerMN.org).

# Mindfulness-Based Cognitive Therapy

Choices Psychotherapy partners with other professionals & groups in the Minneapolis community in treating mental health disorders.

*Our research-based program includes individual therapy and skills group specifically designed to help people with depression & anxiety. The program can help your clients learn mindfulness and cognitive strategies to find a more effective way of relating to stressors and difficult emotions and reduce the frequency and intensity of mental health symptoms.*

The program is open to adults who have experienced one or more episodes of depression, anxiety, panic disorder, Bipolar Disorders, co-occurring substance use disorders and co-occurring problems with a medical condition or pain.



**Choices**  
Psychotherapy

☎ 952.544.6806

🏠 [choicespsychotherapy.net](http://choicespsychotherapy.net)

📍 Offices: Minnetonka, Chanhassen & Bloomington