

DR. McDONALD ELECTED DISTINGUISHED FELLOW

LPMA would like to congratulate Catherine McDonald, M.D. who was elected to the status of Distinguished Fellow of the American Psychiatric Association. This election reflects recognition by her peers of her outstanding abilities, talents and contributions. Dr. McDonald will receive a special medallion at the Convocation of Fellows at the APA Annual Meeting in New York City in May 2004.

Dr. McDonald has served as president of LPMA and of the Acadiana Psychiatric Association. She has also served in the Louisiana State Medical Society House of Delegates. She is a member of the Medicaid Pharmacy and Therapeutics Committee of Louisiana.

Dr. McDonald is in private practice at the Neu-

ropsychiatric Clinic in Lafayette. She is Medical Director of the Options Management Partial Program at Vermilion Hospital and Co-Director of the Lafayette General Medical Center Mental Health Unit. She was Medical Director of Vermilion Hospital and of Cypress Hospital. She chairs the Performance Improvement Committee and the P&T Committee at Vermilion Hospital.

Dr. McDonald graduated from the LSU School of Medicine and completed a psychiatry residency at Ochsner Medical Foundation. She is a Diplomate of the American Board of Psychiatry and Neurology. She teaches and supervises family practice residents in psychiatry through the LSU Medical Center Family Practice Residency Program in Lafayette. □ □



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SAVE THESE DATES!

LPMA FALL MEETING

September 17-18, 2004
 Sandestin Hilton Hotel in Destin, Florida

Program Topic: is "Creativity and Madness."

Paul Rodenhauer and Jose Artecona will present on Walter Anderson.



LPMA OFFICERS ELECTED TO SERVE 2004-05

The ballots are in and Dr. David Post has been elected President. He will assume office at the end of the APA meeting on May 7, 2004. Serving with him will be Dr. Paul Pelts, President Elect; Dr. Jodie Holloway, Secretary; and Dr. Patricia Touns, Treasurer.

Dr. Post has been President of the Baton Rouge Psychiatric Society and Secretary and Treasurer of LPMA. In addition he was President of the East Baton Rouge Parish Medical Society. Currently he is Medical Director of the Capital Area Human Service District for Baton Rouge and the surrounding seven parishes.

Drs. Aretta Rathmell and Dudley Stewart will continue in their posts as LPMA's Representative and Deputy Representative to APA. □

(Top to bottom)
 Dr. Post, President;
 Dr. Holloway, Secretary;
 Dr. Touns, Treasurer

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AN INTERVIEW WITH FRANCES NIXON HAGAMAN

JULIANA FORT, M.D., EDITOR

I interviewed Frances Nixon Hagaman about her personal experience with becoming a writer of a recent mystery novel, "Rub-a-Dub-Dub-Death in a Tub," and here are her comments.

"In 1995 Mary Jo Fitz-Gerald and I attended a writing seminar at LSU-S to help with writer's block. It was a workshop by Tom Bird, author of "Right from God." ISBN#0-9707258-5X, available at www.ambassu.com. Needless to say, it was November 2002 before I decided to write a book. I found my best time to write was from about 3:30-5:30 in the morning.

"For me writing is a matter of releasing a story rather than creating one. It took forty days to write the hand-written manuscript. As I wrote I had no

idea what the story was about and who or why the victim was killed. About day thirty-seven I thought, how long is this going on? I have written almost a hundred thousand words and still do not know what happened. My mentor advised me to keep writing.

"Three days later in one two hour period it all came out. I did not want to write a mystery. However, when I put myself in a semi-trance state that was what came out of my right brain.

"I had thirteen hits from agents on my query letter but none offered to take me on, so I formed my own publishing corporation. In case any of you want to publish, I am set up to do it or I can tell you what I did. If you have any questions, give me a call at 318-636-7382." □

CONTRIBUTIONS WELCOME

Contributions to the LPMA Newsletter are welcome. Both personal and professional items of interest in written or photograph form are sought. Every effort will be made to preserve the spirit and intent of the author when it is necessary to shorten or edit an article. Author's opinions do not necessarily reflect the official opinion of the Louisiana Psychiatric Medical Association. Letters to the editor and responses to those letters are also welcome.

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Letters to the Editor

NOAH Sets the Record Straight

I wanted to call to your attention that there were several inaccurate statements in the Child and Adolescent Committee Column of the LPMA Fall 2003 Newsletter. I will address just those concerning New Orleans Adolescent Hospital (NOAH).

NOAH's length of stay is considerably longer than 48 hours. It would be a very, very rare incident (usually an AMA discharge) in which anyone, regardless of diagnosis, leaves the hospital within 48 hours. There are no discharges of hospitalized patients in the middle of the night and discharges are not done by the "night call" people or "trainees."

The article appears to mix up the issue of discharge of a hospitalized patient from the release of clients sent to our Crisis Intervention Services (CIS) for assessment. The latter does include physicians in training although they are hired and function while on duty as "general physicians" and not trainees. In addition, there are always other social workers and nursing staff (not trainees) in the CIS and Child and Adolescent Psychiatry staff backups should there be questions.

There are occasions in which professionals referring to NOAH differ with the CIS staff as to whether someone needs to be hospitalized. Many have not seemed to adjust to changes in the mental

health system and prevailing philosophies that now strive to find alternatives to hospitalization (which is now perceived as not always in the best interests of the child). In almost all cases, there is clinical follow-up or alternative placement in our crisis respite apartment on campus. All cases are staffed after the fact by other physicians in charge of CIS. I would urge those concerned to call me. I can be reached at 504-897-4652.

Martin J. Drell, M.D., Clinical Director
NOAH and Community System of Care

Properly Worded Apology is Appropriate

Thank you for sending the article on "Apology in a Litigious Society." I understand the apprehension physicians have to give an apology in today's legal climate when it appears that trial lawyers are constantly looking for ways to get the upper hand in any suit. OHIC strongly believes, however, that a properly worded apology is an appropriate response when there is a different outcome than anticipated. Saying "sorry" for an outcome does not imply liability when worded correctly. To say, as in the article that he was sorry and that he should've put a patient in the hospital sooner or say he should've done other tests is different than saying sorry that this happened to this patient. I believe the article

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A GRATEFUL LEARNING EXPERIENCE

PATRICK T. O'NEILL, M.D., LPMA PRESIDENT

My presidential year is coming to an end and David Post will be assuming the position of LPMA President in May after the APA annual meeting. I have come to realize that it takes about nine months to get the hang of being the president of an organization like the LPMA. Because of this, the Executive Committee of the organization is very important and I would like to thank them for their work over the last year. The membership as a whole probably doesn't know of the hours of work that members like Dudley Stewart and Aretta Rathmell give of themselves for the LPMA. I do not know where we would be without them.

I would also like to take this opportunity to thank Charlene Smith for her work during this past year. Without Charlene, the President's job would be much more difficult. She has a calming presence and has an understanding of the history of the LPMA that is invaluable. I would ask the whole membership to join me in expressing our sorrow for Charlene's recent loss of her husband, Prim. Prim was a Gentleman in the truest meaning of the word and we will miss him.

The LPMA Spring meeting in Baton Rouge was well attended despite dense fog on the roads. The prospect of a new legislative session starting that will challenge the LPMA's membership to take an active role in the education of many newly elected members of government was the main topic of discussion at both the business meeting on Friday and the forum the next day. Cheryl Wills' talk on Com-

munity Psychiatry's role in preventing violence in schools was followed by a legislative workshop put on by Paula Johnson of the APA and LPMA's lobbyist Vera Olds. The focus was on Grassroots political activity. We were reminded once again that all politics are local and that relationships with individual elected officials are extremely important.

The Psychologist prescribing bill is expected to be filed in the House and Senate and we can again expect a difficult fight. We need to enlist our patients and their families in this debate that is about quality care for the people of Louisiana and nothing else. We have heard that the lack of available psychiatrists in rural parishes will be used in the debate as it was in New Mexico. We need to point out that many of us live in the cities but work in very rural clinical settings. We also need to let it be known that the psychologists are also concentrated in the cities and are not in the rural parishes just waiting to help this underserved population. We will need to educate ourselves, our communities and elected officials on these issues. We will never give up on this issue as well as the issue of the need for the state to insure nondiscriminatory treatment for addictive disorders and mental disorders for all the people of Louisiana.

I would also like to take this opportunity to thank each of you for allowing me to serve the LPMA. It has been a learning experience for which I will always be grateful. □

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LETTERS TO THE EDITOR

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when it said that patients sue when they are angry. They become angry when they are kept in the dark or getting a perceived runaround when an upfront response would help defuse that situation. It lets them deal with their emotions without finding it necessary to sue the physician to get information.

The fact that you read this article and were kind enough to send it to us indicates your interest in risk management and in this concept. As you know from your attendance at our October 2003 risk management seminar, apology is one of the topics presented. We stressed that there are ways to communicate

empathy and apologize without implicating yourself with a negligent type comment. Should someone ultimately have a different outcome than anticipated in your patient population, your acknowledgment, with empathy, of their feelings could prevent a malpractice suit.

This letter from Paul Nagle, Director of Physician Risk Management, Ohio Insurance Company (OHIC) was forwarded to LPMA by Dr. John L. Kuehn, a former LPMA member who received this response to an article in our last Newsletter by Dr. Ralph Slovenko. □

Efforts are targeted to coordinate all of the states' scope of practice issues, organizational membership and governmental affairs.



FROM THE ASSEMBLY

JODIE S. HOLLOWAY, M.D., GUEST TO THE ASSEMBLY

I had the privilege to attend the 59th meeting of the Assembly of the APA Nov. 13-16, 2003 in Washington, D.C. with Dr. Aretta Rathmell. I expressed to Dr. Rathmell that I wanted exposure to the workings of the House of Legislation for the APA, and she arranged for my attendance at every meeting beginning daily around 7:30 AM and ending early evening. My first comment is "Be Careful What You Ask For!" I definitely now have an understanding of the devotion and contribution of our Louisiana Representative, Dr. Rathmell and Deputy Representative, Dr. Dudley Stewart. As noted by Dr. Rathmell in the fall LPMA Newsletter, efforts are targeted to coordinate all of the states' scope of practice issues, organizational membership and governmental affairs.

Highlights of the meeting included:

- Area V Council presented Individual State Reports by their Representative and/or Deputy Representative (Louisiana, Mississippi, Kentucky, Virginia, West Virginia, Oklahoma, Alabama, Arkansas, Florida, Georgia, Puerto Rico, North Carolina, South Carolina, Tennessee and Texas);

- Numerous action papers were drafted and presented to the Assembly concerning access to mental health services, recruitment and retention of local and national organizational members, pilot project proposals to strengthen organized psychiatry and Medicare expansion;
- Presentation by Dr. Gavin Andrews on "Best Buys in Mental Health," outlined the medical system of care in Australia; and
- APA Political Action Committee provided a reception with attendance by U.S. Senator Akaka of Hawaii. This gathering allowed time for conversation with the APA President Marcia Goin. Medical Director James Scully, Jr., APA candidates for president-elect, Steven Sharfstein and Jagannathan Srinivasaraghaven and many others.

I encourage LPMA members to attend the APA Assembly to witness the impressive collaboration and intensity of work that our Area V Representatives devote in order for our careers to be cohesive and productive with the ultimate goal of providing quality care. I look forward to attending future assembly meetings as a nonvoting member with our Louisiana representatives. □

LPMA WINS TWO 2004 NEWSLETTER AWARDS

The LPMA Newsletter and an article by Chester Scrignar, M.D. received Honorable Mention awards in the APA 2003 Newsletter of the Year contest. Details regarding this contest follow.

The Newsletter of the Year Award recognizes publications and their editors for communicating effectively with members and external audiences on matters of importance to psychiatry and the District Branch (DB). Judging criteria include how the entry addresses the publication's editorial goals, quality of writing and headlines, readability, originality, general layout and design and overall impression.

A newsletter may win the award in successive years. The winners receive a plaque. The newsletters are judged by the Newsletter of the Year Corresponding Committee. The awards are presented at the Spring Assembly Meeting in New York.

Entries are judged in three categories:

- (1) Publications with less than 12 pages,
- (2) 12-16 pages, and
- (3) Over 16 pages.

Awards

Continuing Excellence - The subcommittee may recommend this award in the three categories for a publication that has consistently excelled year after year, or that has made special journalistic contributions to its District Branch though it may not have met all criteria for Newsletter of the Year Award. Winners receive a plaque.

Honorable Mention — The subcommittee may recommend this award in the three categories for a newsletter that is of high quality but which does not score enough points to win Newsletter of the Year Award. Winners receive a framed certificate.

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ON HOMOSEXUALITY ... A SCIENTIFIC POINT OF VIEW

CHRISTOPHER D. MEYERS, M.D.

I'm going to talk about some aspects of homosexuality from the scientific point of view, and that's going to include some historical perspective and some psychiatric ideas. The psychiatric ideas will include psychoanalytic theory, and these days psychoanalytic theory has become increasingly complex. It has begun to draw on genetic (or inheritance) studies, on endocrine studies, and on developmental studies.

Issues about homosexuality are, as we know, complicated and controversial, and a lot of what I have to say about the psychiatric and psychoanalytic aspects is just now in the process of being understood, so some of this is speculative and will no doubt be revised as investigations into the mental and biological aspects of sexuality continue.

When I began training, there was a diagnostic manual for psychiatry. This was called DSM-II, short for Diagnostic and Statistical Manual of Mental Disorders, second edition. It was published in 1968 by the American Psychiatric Association. At that time, homosexuality was listed as a mental disorder, as a sexual perversion. This was certainly an improvement on DSM-I, published in 1952, which listed homosexuality as a variety of sociopathic personality. The manual was hardly more than a pamphlet. The disorders listed in it are described very briefly, but they all have a code number next to them. The purpose of DSM-II was to bring psychiatric diagnoses into line with the International Classification of Diseases, and the emphasis here is on statistics and classification, and very much less on describing disorders or giving any precise way of making a diagnosis at all.

If homosexuality was listed as a mental disorder, why so? The term itself, like heterosexuality, is of late 19th-century origin, and is an odd combination of Greek and Latin roots. Homo and hetero are Greek for like and unlike, and of course everybody knows that sex is Latin for, well, sex. It's now considered bad form medically to apply diagnostic terms as though they were nouns referring to people. We can say a person has tuberculosis, but we don't refer to "a tubercular" any more, in the same way that we might say that a person has leprosy or Hansen's disease, but we don't, in medical contexts, refer any longer to lepers. In the same way, we usually don't speak of "a homosexual" now, but rather a person who is homosexual. To return to the question, why was homosexuality listed as a mental disorder in the

first place. The answer to that has to do with cultural expectations of how people ought to behave, and I'm going to leave it at that, because we could spend all our time this morning, if I had the knowledge, looking at changing attitudes over the centuries. But it's interesting that it never was common to refer to a person as "a heterosexual" to begin with, and I think that's because heterosexuality has been regarded as the norm, as normal, not only statistically, but also from the point of view of what's right and good.

In 1973 a kind of revolution occurred. The Board of Trustees of the American Psychiatric Association took homosexuality out of the diagnostic manual. Actually they left in something called "sexual orientation disturbance," but homosexuality was out. Although activism by gay psychiatrists played a role, the plain fact was that homosexual orientation per se was not found to meet criteria for a mental disorder. Studies showed that populations of people could not be distinguished as to psychological health wellness or illness on the basis of their sexual orientation. Many homosexual people pronounced themselves satisfied with their sexual orientation, and when judged by ordinary criteria were found to be mentally healthy, and to be living capable and productive lives. Incidentally, I'm not using the term sexual preference instead of sexual orientation, because, as I'll try to explain later, preference, in the sense that the word implies some sort of choice, has nothing to do with the sexual interests of the vast majority of people, both homosexual and heterosexual.

When the little pamphlet that I showed you was replaced in 1980 by an entirely new edition of the DSM, DSM-III of course, "sexual orientation disturbance" was replaced by something called "ego-dystonic homosexuality." This referred to a situation in which a person had persistent negative feelings about his or her sexual orientation and sought help from professionals to try to change this orientation. Even this had overtones of pathologizing homosexuality itself, and when DSM-IV was published in 1994, "ego-dystonic homosexuality" had disappeared.

If all this strikes some of you as a kind of diagnostic legerdemain, I'd point to several considerations which have become clearer as these issues



Dr. Meyers gave this presentation at Christ Church Episcopal Cathedral on March 7, 2004.

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APA PRESIDENT REACTS TO FDA'S "PUBLIC HEALTH ADVISORY ON CAUTIONS FOR USE OF ANTIDEPRESSANTS IN ADULTS AND CHILDREN"

APA Officers Elected for 2004-05

- President Elect –
Dr. Steven S. Sharfstein
- Treasurer –
Dr. Carolyn B. Robinowitz
- Trustee-at-Large –
Dr. Renee L. Binder
- MIT Trustee-Elect –
Dr. Daniel T. Mamah
- Area 3 Trustee –
Dr. Roger Peele
- Area 6 Trustee –
Dr. Thomas K. Ciesla

In response to Monday's Food and Drug Administration public health advisory on a class of antidepressants known as selective serotonin reuptake inhibitors, or SSRIs, the American Psychiatric Association released the following statement from its president, Marcia K. Goin, M.D., Ph.D.:

The American Psychiatric Association is dedicated to the care and effective treatment of patients with mental illnesses. In particular, we care deeply about children struggling with depressive disorders, who have been the focus of an FDA hearing on SSRI antidepressants, as well as many news accounts.

We are hopeful that Monday's FDA public health advisory will serve these patients by adding to the dialogue between physicians, patients and families.

At the same time, we are concerned that publicity around the advisory may cause some successfully treated patients to stop taking antidepressants. An abrupt withdrawal could compound the problem by producing serious side effects. Physicians must understand their patients' concerns and work with them to determine the best course of treatment. Patients who choose to end medication should talk to their physician first.

Similarly we believe it would be tragic if pub-

licity around the FDA advisory kept people with depression from getting the help they deserve or caused parents to hesitate in seeking needed help for their children. Suicidal thoughts and behaviors are all-too-common symptoms of depression. The biggest threat to a depressed person's well-being is to receive no care at all.

In developing a comprehensive treatment plan, physicians and patients must work together to weigh the risks and benefits of any course of treatment. Physicians can and do help their patients, and treatment can be enormously beneficial and even life-saving. We encourage patients to ask lots of questions about any proposed course of treatment.

What's needed is more good science. We reiterate our call on the FDA to develop mechanisms to enhance access to data from clinical trials on SSRI antidepressants, including negative trials, as well as unpublished research. We believe that such access would facilitate scientific discussion and dialogue and help physicians and patients make fully informed decisions about treatment options.

To see the FDA advisory, visit:
<http://www.fda.gov/bbs/topics/ANSWERS/2004/ANS01283.html>. □

AREA V LEADERSHIP TRAINING HELD

Area V Leadership Training was held March 6-7, 2004 at the Renaissance Concourse Hotel in Atlanta, GA. APA staff from the Division of Government Relations and Area V members coordinated this State Legislative and Media Training. Tony Shivers, APA State Legislative Field Representative, and Jason Young, APA Communications Manager, provided information regarding Psychologists' Prescribing Authority 2003-2004 State Legislative Matrix, Grassroots Pocket Guide, examples of legislative letters and lecture material regarding amplifying your voice in the media. Dudley M. Stewart, Jr., M.D., Vice-Chair, committee on Government Relations, started off the program in coordination with Mary Helen Davis, M.D., Chair, committee on Public Affairs.

Jason Young and Tony Shivers encouraged APA members to contact them at jyoung@psych.org or tshivers@psych.org to provide further information as requested. □

APA WELCOMES SUBMISSIONS FOR CAROL DAVIS ETHICS AWARD

The APA Board of Trustees has approved a new APA ethics award. Named after long-time APA Office of Ethics Director, Carol Davis to honor her 30 years of service to the APA and to the Ethics Committee, the Carol Davis Ethics Award is intended to promote the educational role of the ethics process. It will be given annually to a district branch for the best newsletter article on ethics.

The APA Ethics Committee invites you to submit articles from your newsletter by Aug. 2, 2004. The Ethics Committee will review the submissions and select a winner during their Fall Meeting in September. The award will be presented to the winning district branch at the Ethics Committee luncheon during the 2005 Annual Meeting.

Submissions should be sent to:
APA Office of Ethics, 1000 Wilson Boulevard
#1825, Arlington, VA 22209 or lhughes@psych.org. □

PROGRAM SEEKS TO IDENTIFY DEPRESSION IN PRIMARY CARE, PUBLIC HEALTH SETTING

POOJI SUKHWANI

As a medical student, I've come to appreciate the many benefits that a doctor-patient relationship can provide, but I never thought to describe an ordinary visit to the doctor as "liberating," until I met Ms. Parker¹. Ms. Parker came into the St. Bernard Health Clinic for a physical ailment, but left with more than just a treatment for her physical problem. She left feeling a little less burdened and a little more validated. What exactly happened during her visit? Ms. Parker is one of more than 100 patients currently involved in the Public Outreach Depression Screening Program (PODS).

PODS is a program aimed at screening and assessing patients for depression while they are actively seeking medical attention for physical health problems in public health clinics. Through the joint effort of Tulane medical students, the St. Bernard Clinic physicians and staff, and Louisiana State Office of Mental Health (OMH), the program is able to provide screening, assessment, and treatment options to patients suffering from depression. Set in a primary care, public health adult clinic, PODS aims to identify patients whose mental health needs may otherwise go unnoticed and thus, untreated. The ultimate goal of the project is to help individuals achieve a healthier state of mind, which can then help to improve their quality of life and the lives of their families, particularly their children. Addressing clinical depression through diagnosis and treatment can also have a favorable influence on educational and employment pursuits of these patients, affording them a better chance of obtaining and maintaining a higher standard of living. The mission of PODS recognizes that the macro effects of such efforts can result in more self-sufficient, productive, and healthier members of society.

The program is based on a similar effort in Chicago, instigated and managed by Dr. Carl Bell, a psychiatrist working to address the problem of depression among the welfare population. The idea for the PODS project began when the CBS newsmagazine 60 Minutes aired a story entitled "Depressed and on Welfare," on Nov. 10, 2002 in which Dr. Ronald Kessler of the Harvard School of Public Health and Dr. Bell discussed the need for programs that would identify and treat depression among the welfare population. Dr. Bell's project involves screening welfare recipients for depression while they wait in line at the welfare office. While

the program is relatively young, substantial benefits have already been observed; reducing depression has proven to move a significant number of program participants off welfare within one year.

Shortly after the 60 Minutes telecast, a group of Tulane students and a faculty advisor got together and began developing a version of such a program tailored for New Orleans. What we worked to create was a program that reached a significant welfare population and one that could engage the patient at the time of screening, eliminating the possibility of losing patients in the referral process. With these goals in mind, we selected a clinic set in the heart of the St. Bernard housing project in New Orleans where over 50% of the patient population receives public assistance.

So how does PODS work? The participants involved in PODS include first, second, third and fourth year medical students, clinic staff and primary care physicians — and, of course, the patients themselves. Tulane medical students are trained to screen individual patients at the clinic using the Beck Depression Index II as a screening tool. Once students have administered this 20-question survey, the clinic physician becomes responsible for interpreting the results and clinically assessing the patient's mental well-being. Those patients determined to be clinically depressed are eligible for pharmacologic treatment. And through the financial support of OMH, we are able to provide a variety of antidepressant medications² at no charge to the patient. PODS enables this process to take place during a single visit to the clinic, thus minimizing the reduction of efficiency, effectiveness—and motivation—often experienced in the conventional system which relies on referrals to mental health clinics.

After administration of the BDI, students ask the patient if they are willing to participate in the study aspect of the PODS program, which entails post-evaluation screening visits at the clinic. These follow-up visits (at six weeks, three months, six months, and one year) entail re-administration of the BDI-II by a medical student, as well as monitoring by a physician of any drug side effects and the patient's overall progress while being treated. The success of the program relies heavily on the compliance of patients in choosing to enroll in treatment

The objectives of the program are to show the benefits of screening and treatment of depression in the primary care setting through outcomes based on both quantitative and qualitative data.

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2004 SPRING MEETING HIGHLIGHTS

The LPMA Spring Meeting was held at the Baton Rouge Marriott Hotel. Committee meetings and the General Membership Meeting were well attended. Committee reports will be found on pages 12-13.

The Saturday program was sparsely attended, and that is regrettable because Cheryl Wills, M.D. gave an excellent talk on "Columbine Interrupted: Community Psychiatry's Role in Preempting School Disasters." Her talk was followed by important information from Paula Johnson of the APA Government Relations staff and Vera Olds, LPMA's consultant. They stressed the need to support and maintain personal contact with legislators all year round and to be active in the parish and state medical societies and mental health consumer groups such as the Alliance for the Mentally Ill and the Mental Health Association.

Highlights from the General Membership Meeting were as follows.

Dr. David Post's motion that LPMA establish an endowment fund was referred to the Budget Committee.

Dr. Mary Jo Fitz-Gerald described the two kinds of Fellowship that APA offers to members. Members desiring to be made Fellows may apply directly to APA. They must be board certified and have been APA General Members for at least five consecutive years. They must submit three letters of recommendations from current Fellows, Distinguished Fellows, Life Fellows or Distinguished Life Fellows. Applications may be obtained from the LPMA or APA offices. The deadline is June 1, 2004 for the application and letters to be sent to APA.

Distinguished Fellowship is awarded to those members who have not only achieved with distinc-

tion in special areas, but whose depth and scope of knowledge and breadth of skills and interests are highly recognized. They must have been APA General Members for eight consecutive years. The LPMA Membership Committee meets at the Spring Meeting to nominate members for this honor or a member may make inquiry on his own. In either case the member must submit an application detailing activities in various fields and three letters from Distinguished Fellows or Distinguished Life Fellows.

Board certification is not required for Distinguished Fellowship. The Distinguished Fellow nomination must be received in the LPMA office by June 1, 2004.

Dr. Anita Snow's motion that the LPMA lobbyists be engaged to support the Substance Abuse parity bill and that the LSMS lobbyists be encouraged to do so was approved.

Dr. Casey Prough recommended that patients' art be displayed at the Fall Meeting.

The LPMA members discussed an action paper that was endorsed by the APA Area Council regarding the creation or dissolution of a District Branch. LPMA approved recommendation 2 of the paper, which asks that necessary changes be made to the by-laws and/or constitution of the APA requiring Assembly endorsement to create or dissolve a District Branch. Many thanks to the following for their generous support of the Spring Meeting: Abbott Laboratories, DePaul/Tulane Behavioral Health Center, Eli Lilly and Company, GlaxoSmithKline, Forest Pharmaceuticals, Janssen, LSUHSC Juvenile Corrections Program, Pfizer, Inc., Shire, U.S., Wyeth Pharmaceuticals. □

(Top Left) Drs. Pat O'Neil and Cheryl Wills. (Bottom Left) Drs. Bill McBride, Casey Prough and Janet Johnson. (Bottom Right) Dr. Barbara Haynes, Ms. Vera Olds, and Dr. Paula Johnson.



PODS INITIATIVE

Continued "Program Seeks to Identify Depression in Primary Care, Public Health Setting" from 7

and following up with post-treatment clinic visits. Through these methods, the program will realize the ability to observe changes in BDI- II scores in those patients screened and treated for depression.

Though psychopharmacotherapy is the primary treatment offered through the program, beginning in the Spring of 2004, PODS will initiate a psychotherapy arm involving third and fourth year medical students under the guidance of Tulane's chief resident in psychiatry. In this arm of the project, patients who choose to accept this form of treatment will be scheduled for therapy sessions at no charge. As a result of this additional treatment option, we hope to include more patients in treatment through PODS.

Identifying depression in the primary care setting, and specifically in the public health setting, is more important than ever. Psychiatrists are particularly aware of the prevalence, virulence and costliness of depression. In fact, 43% of individuals in the US who are depressed receive no treatment. Only 42% of those who receive treatment get at least minimally adequate treatment. In the primary care setting, mental disorders account for more impairment than common medical conditions. Even more disturbing is the high morbidity and mortality associated with depression: 10% of patients with MDD commit suicide; patients with either minor or major depressive episodes following a stroke are 3.4 times more likely to die during a 10 year period than patients without depression. The cost of depression to society is no less startling: over the lifetime of someone with recurring depression, the disease is estimated to affect 16 weeks of their year, equaling 10 years over a lifetime (compared to most chronic medical conditions which average 15 days). Recognizing the devastating effects of depression further demonstrates the necessity of an initiative such as PODS.

During the developmental phases of the program that occurred in the Spring 2003, the planning committee (comprised of six Tulane medical students and Dr. Paul Rodenhauer, faculty advisor) worked to understand the potential impact of such a program along with the potential problems, including resistance among our patient population. In order to encourage participation in the program, and thereafter compliance with treatment, students and physicians involved in the program were educated on the various aspects of the condition and its treatment – from stigmas to side effects. As we enter our sixth month of the program, we've received posi-

tive feedback from patients, physicians and students involved in the program.

A preliminary review of the data collected in the first six months of the program results in the following: With students present at the clinic for one fifth of the clinic's hours of operations, we have screened approximately 100 patients. Approximately 29% of these patients were determined to be clinically depressed (after screening and assessment), and of this percentage, 71% accepted somatic treatment. But the ongoing impact of PODS manifests itself in ways that extend beyond statistics. After receiving appropriate CME training, the physicians involved in the program say they feel "more confident in diagnosing and treating depression" and they express a "greater awareness of depression in the differential diagnosis of common somatic complaints." With the use of the screening tool during their patients' visits, the physicians recognize that they are identifying depression in patients who may otherwise go untreated.³ Additionally, patients have commented on their comfort at being able to openly discuss issues and symptoms associated with depression that they may not have otherwise brought to the attention of their physician. One patient characterized the benefits of this innovative program as "permission" to talk about her emotional distress. In effect, the screening step in the process of identifying patients suffering from depression may be helping to open lines of communication between the doctor and patient, allowing for the delivery of more comprehensive health services.

As the program continues to build on the momentum generated among patients, clinicians and students, we are looking forward to establishing ourselves as a model program for other institutions. In particular, the objectives of the program are to show the benefits of screening and treatment of depression in the primary care setting through outcomes based on both quantitative and qualitative data. And furthermore, to encourage the participation of other medical schools to help provide this service in the primary care setting.

"Studies have shown that people treated for depression have an easier time transitioning off public assistance programs than those who never receive the help they need," said DHH Secretary David W. Hood. "Through this innovative partnership, we can better meet the needs of those patients who rely on us for their mental health concerns." It is with this

One patient characterized the benefits of this innovative program as "permission" to talk about her emotional distress.

CONTINUED ON 10



Dr. David Post



Dr. Aretta Rathmell

Debra DePrato, Director of the LSUHSC Juvenile Corrections Program reported an announcement by Governor Kathleen Blanco that Louisiana is among five states and three counties chosen from a list of 52 applicants to participate in the National Center for Mental Health and Juvenile Justice Policy Academy. The academy will offer guidance in developing an array of services to help children with mental illness and substance abuse problems.

Dr. DePrato said the experts' advice will help their efforts to reform Louisiana's juvenile justice system and improve health and social services for children who might otherwise end up in juvenile prisons.

W. Scott Griffies made a presentation on "A Streetcar Named Desire and Object Relational Conflicts in Tennessee Williams" at the New Orleans Psychoanalytic Institute. He spoke on "Psychiatry, Psychopharmacology and Psychoanalysis" at the International Psychoanalytic Association Meeting in New Orleans. He and Dr. Margaret Baier participated in a workshop at the American Association of Directors of Psychiatry Residency Training.

Frances Nixon Hagaman authored a mystery novel, "Rub-A-Dub-Dub Death in A Tub" that will be released in May. (Read her interview in the Editorial on page 2.)

Irwin Marcus authored the book "Why Men Have Affairs." He was on a WSMB radio series as

well as the Andre Trevigne Show and WWL TV discussing relationships.

David Post is Medical Director of the Capital Area Human Service District for Baton Rouge and the surrounding seven parishes.

Aretta Rathmell was selected as the 2004 APAPAC Leadership Award recipient. She will be recognized officially at the APAAPAC Reception in New York on May 1. She participated in the ten year Women's Antioxidant Study through Women's and Children's Hospital at Harvard. The study will be finished in May 2005 and published in the New England Journal of Medicine. This is the first cardiovascular research project done on women only, particularly professional women only.

Arthur Samuels published two books, "The Art of Saying Goodbye" that shows you how to love yourself through the excruciating pain of losing a loved one and "Zen and the Art of Intimacy" to be released in June. It teaches the art of staying intimate with your spouse or life partner.

Wallace Tomlinson retired from his position as Associate Dean for Student Affairs at Tulane. He and Patrick Dowling will give a paper in Bari, Italy at the Societe International d'Historie de la Medecin. The subject is Susto and the probability that Moteozunia suffered from Susto (a condition still prevalent in Latin America) at the time of the Cortez invasion compromising his leadership abilities.

PODS INITIATIVE

Continued "Program Seeks to Identify Depression in Primary Care, Public Health Setting" from 9

interest in mind that PODS brings Tulane medical students to the St. Bernard Health Clinic. Our mission is to help the primary care providers establish more dimensions in their relationships with their patients as a result of providing additional information. Our program is demonstrating that information about patients' emotional health facilitates the depth and breadth of care needed to achieve optimal overall health.

Pooji Sukhwani is a second year medical student at Tulane University School of Medicine and is working towards an MPH in International Health. Prior to beginning medical school, she worked overseas in various public health and education programs in underserved areas. Currently, she serves as Program Coordinator for the PODS program.

End Notes

1. Actual patient names are not used to respect patient anonymity.

2. OMH through collaborative arrangements with various pharmaceutical companies provides the following medications: Sertraline (Zoloft), Escitalopram (Lexapro), Bupropione XL (Wellbutrin XL), Paroxetine CR (Paxil CR) and Venlafaxine XR (Effexor XR).

3 Dr. Keith Winfrey, Clinical Director of the St. Bernard Health Clinic. □

MEDICAL PRACTICE SUPPORT

Bookkeeping, Data Management,
Insurance Billing, Statements

ELAINE KOLP
Loosechpgs@juno.com

504-818-2057
Pager 504-942-9657

We are compiling a new LPMA membership directory and need the following information from you. Please print or type the information requested and fax it to us at (504) 891-1077 or return it by mail to the address at the bottom of the page. If you are satisfied with the information in the last directory, you need not fill it in but please return it indicating that nothing has changed. *We are especially interested in having your FAX number and e-mail address so that we can send you an alert when urgent matters come up before the Louisiana Legislature like a Psychologists Prescription bill, but we will not publish it in the Directory if you don't want it listed.

NAME _____
(NICKNAME)

Please check preferred address for LPMA mailings.

OFFICE ADDRESS _____

CITY _____ ZIP _____

HOME ADDRESS _____

CITY _____ ZIP _____

TELEPHONE: OFFICE _____ HOME _____

FAX* _____ E-MAIL ADDRESS* _____

If you do not want your home telephone number address listed in directory, check here _____

If you do not want your home address listed in directory, check here _____

If you do not want your FAX number listed in directory, check here _____

If you do not want your e-mail address listed in directory, check here _____

SPOUSE/PARTNER'S NAME _____
(NICKNAME)

BOARD CERTIFICATION(S) _____

CIRCLE YOUR CHAPTER AFFILIATION: ACADIANA BATON ROUGE CENLA
 LAKE CHARLES NOAPA NORTH LA

If you practice in a community not listed above, please give us that address and telephone number.

PLEASE PRINT NAME _____

SIGNATURE _____

Return your completed form
by FAX: (504) 891-1077
or by MAIL: LPMA, P.O. Box 15765, New Orleans, LA 70175

INSURANCE AND MANAGED CARE COMMITTEE

On Fighting the Good Fight

DEAN ROBINSON, MD, CHAIR

About four years ago I made the big switch from Private Practice to the “public trough.” I signed on as Chief of the Mental Health Service at the Shreveport VA, and relinquished all but a few of my long-term patients. As best I can determine, mine was not that an unusual a move at all nowadays. Psychiatric practices are undergoing increasing consolidation, with more employed physicians, and declining membership in professional organizations. For patients, this has meant decreased access to psychiatrists in most areas, which is exactly the result intended by Managed Care Organizations (MCOs). Assuming that we determine to continue to resist, there are still quite a few things that we can do to fight back –and at last the portends are good.

Individually

At an individual level, we can fight each case to the bitter end, or as far as our energy can sustain us. Appeal adverse decisions through all levels and venues. Get names, ask to speak to supervisors, use these names in written appeals, threaten to involve the LPMA Insurance Committee, call the APA abuse hotline, refer to the state Insurance Commissioners Office for investigation, threaten referral to the National Committee of Quality Assurance (NCQA), notify the patient’s employer Human Resources or EAP personnel of the situation, cite violation of the Mental Health Parity legislation, ask for the Louisiana license number of the reviewing physician (reminding them of the criminal penalties that result from noncompliance), etc., etc. You will find that about nine out of 10 times the MCO will eventually decide that you are too much of a pest, and will capitulate.

Locally

At a local level you can enlist the aid of the Mental Health Association, NAMI or other advocacy organizations to fight particularly egregious offenders or practices. You can write letters to the

newspapers, or otherwise seek to publicize scandalous behavior by MCOs. You can advise patients of their power to potentiate the effectiveness of their grievances through networking with others. You can help your hospital to resist by cooperating with their Utilization Review personnel, and by encouraging them to show backbone in negotiation with MCOs.

Regionally

At a regional level you can support legal efforts to attack fraudulent or discriminatory MCO practices, such as class action suits or legislative initiatives. You can push for aggressive action by your professional organizations, and remove appeasers from leadership positions. You can remind your elected representatives of your strong commitment to fair treatment for vulnerable patients and families affected by mental illness.

And you can take heart that the tide finally appears to be turning. Some MCOs have loosened precertification requirements for mental disorders. MCO profits are down, and recent data shows that their costs are increasing. Some of the business entities that have traditionally supported MCOs are now starting to grumble, seeing them as middlemen that simply add another layer of costs. Dire MCO predictions about the costs of parity have fizzled, and the growing body of data supporting the cost-effectiveness of decent mental health treatment is gaining a wider audience. There is even a reasonable hope that a genuine version of the Patient Bill of Rights will eventually make it through Congress.

Even at the VA we are getting a taste of the confusion, as we seek reimbursement from private insurers for treatment of covered veterans. Your government is itself discovering the frustrations of dealing with this Tower of Babel, and this may add to the push for more meaningful reform. Thus I remain optimistic that the pendulum swing we have all hoped for has already begun. □

PATIENT ARTWORK NEEDED FOR DISPLAY

The Psychiatry and Religion committee is looking for patient artwork (drawings, paintings, etc) to be displayed at the LPMA fall meeting. The focus will be on spiritual art, but can be of any subject matter. Please ask your patients for submissions (which will be returned if a return address is included) and send to:

Casey Prough, M.D.
Tulane University
Psychiatry TB-52
mailroom • 1430
Tulane Ave. • New
Orleans, LA 70112

All patient information will be covered in the display to protect confidentiality. Please submit by Aug. 15, 2004.

CHILD AND ADOLESCENT COMMITTEE

DONALD P. SCHEXNAYDER, M.D., PH.D., CHAIR
DAPHNE GLINDMEYER, M.D., CO CHAIR

One year ago the Department of Justice reviewed the juvenile detention system in Louisiana and made recommendations. This resulted in changes, such as converting the Tallulah facility to an adult facility.

Now a house bill is being introduced that is intended to assure that juveniles who have been charged with an offense will have an attorney to determine whether they are competent to stand trial. Those who are gravely disabled would get the necessary treatment. It appears that retarded children as well as children with learning disabilities could be considered incompetent. Most children in the juvenile justice system would then need legal representation.

It is anticipated that there would be a great increase in demand for institutional pretrial placement and psychiatric care. The availability of treatment for children and adolescents in particular is limited at this time. Most rural areas have telemed capability, but this has not been funded.

It will be important to interface with Dr. Cheryl Bowers-Stevens to clarify the criteria for referral to the proposed commission that will evaluate competency and provide for necessary psychiatric evaluation and treatment when it is appropriate. Dr. Daphne Glindmeyer has graciously agreed to pursue these goals.

United Behavioral Health (UBH) policy for state employees will not pay for a psychiatrist to evaluate children for attention deficit hyperactivity disorder (ADHD). Once the diagnosis is made, a maximum of \$50 per visit can be charged. This is mandated by law in Louisiana. Allegedly, the law was passed after it was learned that certain rural doctors had increased their income by diagnosing ADHD for their patients and then qualifying them for disability.

We will address the issue of ADHD evaluation reimbursement by UBH for Office off Group Benefits (OGB) members by contacting the Insurance Commissioner and expressing our concerns with copies to UBH and OGB. We view the charge of reimbursement based on diagnosis code as discrimination. Reimbursement should be based on CPT code, not diagnosis code. □

MEMBERSHIP COMMITTEE

Changes since the last Newsletter Membership report are as follows.

Deceased: Remigio G. Gonzalez (Distinguished Life Fellow), Prim B. Smith, Jr. (Affiliate Member)

Distinguished Fellow: Catherine McDonald

Distinguished Life Fellows: Frances Nixon Hagaman, Nancy R. Haslett, John N. Richie, Sylvia J. Schneller

Fellows: Philip Louis Cenac, Jr., Harminder S. Mallik, Howard Wetsman

Reinstatements: Ronald Elesh (MIT), Thomas Kim (GM), Drew Pate (GM)

Members-in-training: Nancy Forrest and Alex Sahba of LSU/Ochsner, Horatio Millin and Nancy Silverblatt of LSUHSC, Shreveport

Upgrade to General Member: Teodora Andrei, Maria Braud, Erich Conrad, Donna Fargason, Tara Hammond, Eleonora Klisovic, Eric Kramer, Neviana Nenov, Anita Snow

Change from Inactive Member to General Member: Rowena White

Transfers-in: Jeannette Ng (MIT) of Tulane

Transfers-out: Marshall Belaga (GM) to Mississippi, Haskell Head (GM) to Oklahoma, Geraldine Idoniboye (MIT) to Massachusetts, Karyn Katsenes (MIT) to Colorado, Neviana Nenov (MIT) to Florida, George Nodarse (MIT) to New Jersey, Brenda Price (GM) to Mississippi, Myrta Sifonte (GM) to Puerto Rico

Resignations: Keith Kessel (GM), Leslie Snider (GM)

Dropped for failure to upgrade to GM: Shawn M. Richard. □

PSYCHIATRY AND RELIGION

W.A. MCBRIDE, JR., M.D.

Dr. McBride reported a relatively cool reception of the committee's request to the World Health Organization to include spiritual well being in its definition of health by enlarging on the current definition to read, "health is a state of physical, mental, social and spiritual well-being." We will persist in our efforts.

There was a general discussion of Mel Gibson's "The Passion" with varying reactions from "I don't want to see it" to "I have to see it to be aware of the nuances that our patients express in their reactions."

Books that have been suggested for reading in relation to spiritual issues include: "Stranger in a Strange Land," "The Celestine Prophecy," and now "The Da Vinci Code." The book, "The Da Vinci Code," has been referred to as "heresy," but is very thought provoking in its addressing the historical, cultural and theoretical issues in religions.

The committee members recommended that spiritual issues be included in our Fall Meeting. A specific recommendation was an authoritative presentation on religious art produced by mentally disturbed individuals. It would fit with the Fall Meeting theme of Creativity and Madness. We also addressed the spiritual issue in creativity, citing the Creativity and Madness seminars presented annually at APA meetings.

Resource information offered on the Internet included: "Sunshine from Darkness" and "Religious Artworks." □



PRIM B. SMITH, JR., B.B.A., J.D., M.DIV.

1925-2004

Prim Smith, an Episcopal clergyman and attorney was an Affiliate Member of LPMA and served on the Committee on Psychiatry and Religion. He also attended the Psychiatry and Law Committee meetings. As my husband he performed many tasks for LPMA like folding and stuffing mailings and gift wrapping awards. When I became Executive Secretary in 1974, he promised to accompany me to all of the General Membership meetings, a duty he much enjoyed.

After serving from 1967-85 as Episcopal Chaplain to Tulane's uptown campus, Prim moved downtown and became medical ethicist and chaplain at Tulane and LSU medical centers. He used his training in law and ethics to help medical students, faculty and patients sort through difficult questions

about continuing treatment, the quality of life and acceptance of death.

When Prim applied for acceptance to the Church Divinity School of the Pacific, M. Hepburn Many, the U.S. Attorney that Prim served under as First Assistant, wrote a letter that sums up what many people have told me since Prim's death. He wrote, "It is in his personal characteristics that Prim stands head and shoulders over anyone else I know. He has honor and integrity and with these he has a warmth and kindness and strength that are unique in my experience... Those who know him turn to him first when they are in trouble."

I am grateful for the many years I shared with Prim.

Submitted by Charlene Smith. □

WE THANK CONTRIBUTORS TO LOBBYIST FUND

Many thanks to Jewell Lowe and Michael Susano who contributed to a fund for the services of LPMA's lobbyist after a list was printed in the last issue of the Newsletter. Dr. Harris also contributed, and we apologize for not knowing whether it was Erle Harris or Milton Harris. Contributions are still welcome. Make your check out to LPMA and indicate that it is for the Lobbyist.

LPMA FEATURE ARTICLE WINS AWARD

Continued "LPMA Newsletter Awards..." from 4

Best Editorial — This award is presented to the author of an original high quality editorial concerning a current issue in psychiatry, and published originally in the DB newsletter. The author must be an APA member. Editorial entries are judged for eloquence, writing quality and style, timeliness, significance of the issue and its relevance to members and the DB. The winner receives a plaque.

Outstanding Feature Article — This award is presented to the author of a high quality, original feature article concerning a psychiatric issue or topic and published originally in the DB newsletter. It must be written by the newsletter editor or other member of the DB. Entries are judged for creativity, originality, expression of ideas, evidence of appropriate research, and writing quality. The winner receives a plaque.

2004 WINNERS

Outstanding Feature Article

Winner – Contending with Pharmaceutical Benefit Management, Robert C. Bransfield, M.D., New Jersey Psychiatrist

Honorable Mention – Hysteria and Hypochondriasis to Panic Disorder, Chester B. Scrignar, M.D., Louisiana Psychiatric Medical Association

Honorable Mention – Out of Africa, William J.

Swift, M.D., The Wisconsin Psychiatrist

Best Editorial

Winner – What does it mean to be in a crisis?, M. Kevin O'Connor, M.D., Ideas of Reference

Honorable Mention – The Price of Freedom, William M. Greenberg, M.D., New Jersey Psychiatrist

Honorable Mention – Not IN Our State, Mark Wright, M.D., The Kentucky Psychiatrist

Over 16 pages

Winner – The Kentucky Psychiatrist, Kentucky Psychiatric Medical Association, Steven Lippmann, M.D. Editor, Theresa Walton, Managing editor

Continuing Excellence – Ideas of Reference, Minnesota Psychiatric Society, Benita Dieperink, M.D. and Ronald Groat, M.D., Editors

Continuing Excellence – The Wisconsin Psychiatrist, Wisconsin Psychiatric Association, Richard J. Thurrell, M.D., Editor

Honorable Mention – Louisiana Psychiatric Medical Association Newsletter, Louisiana Psychiatric Medical Association, Juliana Fort, M.D., Editor

CONTINUED ON NEXT PAGE

REMIGIO G. GONZALEZ, M.D.

1929-2004

My friend Remi died. Our relationship spans over 33 years. We first met at the New Orleans Psychoanalytic Institute, where he was an advanced candidate, near graduation, and I was a beginning candidate.

Somehow we hit it off and our friendship grew over the years. Remi was a cordial gentleman who was affable and at ease with colleagues. He had a talent for getting along with people of disparate views and maintained a cordial, respectful demeanor. He was deeply committed to education and taught in addition to his active clinical work with children, adolescents and adults.

His commitment to his professional roots at Tulane was evident in his founding the Robert Heath Foundation and alumni group and his continuous teaching and supervision in Tulane's Department of Psychiatry. He sponsored a prize for achievement for a psychiatry resident; however, he did not limit his activities and also supervised LSU psychiatry residents.

Remi accepted leadership positions as President of the LPMA and later as President and chairman of the Education Committee of the New Orleans Psychoanalytic Institute, having earlier gone through the ranks of the New Orleans Psychoanalytic Society serving as President. He was to go on and lead the formation of the New Orleans Psychoanalytic Foundation.

Through the years we attended many, many meetings together. I recall almost a decade our serving together as Fellows of the Board on Professional Standards of the American Psychoanalytic Association, which involved sitting the whole day, two times a year. He served as Chairman of the Membership Com-

mittee of the Board on Professional Standards.

My fondest memories are about our personal relationship, our knowing each other's children and families. In the mid-seventies he suggested I buy a case of French red wine, a 1971 Cos de Estournel, which I did. He broadened my wine experience from non-vintage Maneschewitz. Later I was honored to be invited to join his wine group which went on for about 25 years. We traveled together often. His easy manner made him a great travel companion. Our trips involved the West Coast, including Carmel and the Wine Country. Later we made three trips to the golf Mecca-Scotland. We enjoyed the adventures of exploring Scottish golf courses, unblended Scotch whiskey and sightseeing. He loved the pipers we encountered and I found out he had a set of bagpipes. He was proud of his Celtic heritage, coming from Galicia in Northern Spain. We also traveled to Barcelona for an International Psychoanalytic Association meeting and were delighted with his role as tour guide.

I have no recollections of his ever complaining about anything. About one month prior to his death we played golf. He had lost a considerable amount of weight and been through a course of chemotherapy. However, on this particular pleasant day we lost ourselves in the game and the fine weather. Remi beat me the last three holes, which he enjoyed thoroughly, as I did. Through to the end, I never heard him complain, which might be attributable to his Spanish stoicism and spirit.

I miss him.

Submitted by Samuel E. Rubin, M.D. □

**INTERNET RESOURCES**

LPMA
www.lpma.net

National Mental Health Association
www.nmha.org

American Academy of Psychoanalysis and Dynamic Psychiatry
www.aapsa.org

National Alliance for the Mentally Ill
www.nami.org

American Psychiatric Association
www.psych.org

International Psychoanalytic Association
www.ipa.org.uk

LPMA NEWSLETTER WINS AWARDS

Continued "Program Seeks ..." from 14

12-16 pages

Winner – The Bulletin, New York State Association, Jeffrey Borenstein, M.D.

Continuing Excellence – New Jersey Psychiatrist, New Jersey Psychiatric Association, William M. Greenberg, M.D., Editor

Continuing Excellence – Insight Matters, Ohio Psychiatric Association, Henry Nasrallah, M.D., Editor

Continuing Excellence – Pennsylvania Psychiatrist, Pennsylvania Psychiatric Society, Edward C.

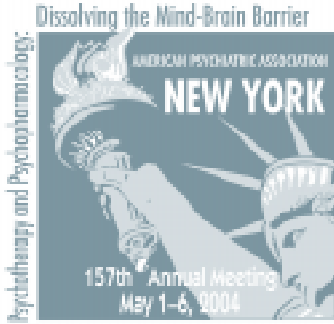
Leonard, Jr., M.D., Editor

Honorable Mention – The Iowa Psychiatrist, Iowa Psychiatric Society, David Drake, M.D., Editor

Less than 12 pages

Winner – Synapse, West Hudson Psychiatric Society, Robert N. Sobel, M.D., Editor and Syed Abdullah, M.D., Co-editor

Honorable Mention – Oklahoma Psychiatry, Oklahoma Psychiatric Physicians Association, Art Rousseau, M.D., Editor □



APA ANNUAL MEETING

The APA Annual Meeting is May 1-6, 2004 at the Javits Center in New York. Comprehensive information about this convention is available at www.psych.org. In this section of the LPMA Newsletter, you will find articles about special events and invitations that you might otherwise miss.

May 1: APAPAC Reception

A reception for all APAPAC contributors will take place Saturday, May 1, at the Marriott Marquis in New York. APAPAC provides APA members with a direct opportunity to support the election of federal candidates who will best advocate for psychiatry's interests in Congress. Dr. Aretta Rathmell will receive an award at the reception.

If you are not yet a member, please join by contributing to the PAC online at www.psych.org/members/apapac/index.cfm or by stopping by the APAPAC Hospitality Suite at the Marriott Marquis while you are in New York. Relax and enjoy beverages and appetizers.

May 3: APF Hosting Party in NYC

The American Psychiatric Foundation is hosting a party on Monday, May 3, 2004 from 7-10 PM on the 80th floor sky lobby of the Empire State Building. There will be live music, hors d'oeuvres, cocktails and a silent auction amid spectacular views of New York City. Tickets are \$150 per person and may be ordered by downloading a ticket request form at www.PsychFoundation.org or by calling 703-907-8512.

May 4: George Stephanopoulos to Speak

George Stephanopoulos, a former advisor to President Bill Clinton and now host of the ABC News program "This Week," will talk about his personal struggle with depression, media portrayals of mental illness and the politics of mental health at APA's 2004 annual meeting. He will be the special guest at the American Psychiatric Foundation's annual "Conversation Event," which will be held Tuesday, May 4 from 5:30-6:30 PM at the Millenium Hotel's Hudson Theater.

May 5: APA Members Invited to View, Discuss Holocaust Movie

APA members and guests are invited to a movie screening and discussion of "The Summer of Aviyah" by Eli Cohen, (Israel 1988) on Wednesday, May 5, 2004 at 9:00 AM at the Javits Convention Center in NYC. It will be co-chaired by Maurice Preter, M.D., Columbia University and Harold J. Bursztajn, M.D. Harvard Medical School, The participants are Amira Kohn Trattner, psychotherapist/ psychoanalyst, specializing in treatment of Shoah survivors and children of survivors, NYC, Yehuda Nur, M.D., psychiatrist and author, NYC. Leonti Thompson, M.D., psychiatrist, Vacaville, CA and a special appearance by Mrs. Gila Almagor, Tel Aviv, Israel

Drs. Bursztajn and Preter are sons of Holocaust survivors. Dr. Nur escaped the fate of so many Jews in Europe during the Nazi era by remarkable survival skills as a child.

NOMINATIONS ACCEPTED PUBLIC SERVICE AWARD

The Javits Award recognizes the contributions of public servants to the cause of the mentally ill. Established in 1986, the award is given annually and alternately, to State and Federal Representatives who have made a significant contribution to the cause of the mentally ill. In 2004 it will be given to a State representative.

Any APA member of a District Branch may submit a nomination. The APA Committee on Government Relations determines the recipient. Nominations must be received by July 14, 2004.

AAPSA ANNUAL MEETING

The American Academy of Psychoanalysis and Psychodynamic Psychiatry invites participation from psychoanalytically oriented psychotherapists of all mental health disciplines to its annual meeting in New York, April 29-May 2, 2004 at the Sheraton New York Hotel and Towers. The meeting theme is Psychodynamic Education: Assertive Approaches. Some highlights of the meeting are a tribute to Judd Marmor, M.D., a former president of the American Psychiatric Association (APA) a keynote address by Marcia Goin, M.D., Ph.D, the president of APA and a symposium on Women, Assertion and Anger. More information is available on the Academy's website, www.aapsa.org.

NAMI NEW ORLEANS CELEBRATES 25 YEARS

This year marks the 25th anniversary of NAMI New Orleans. From our beginning and opening of the first Friendship Club in 1979, NAMI New Orleans has come a long way. Perhaps some of you who have been in our local mental health community for many years remember our original name, "Friends of the Psychologically Handicapped in Greater New Orleans, Inc.," followed some 10 years later by "Friends Alliance for the Mentally III," and since 2002, "NAMI New Orleans." We changed to our current name to better reflect our affiliation with the National Alliance for the Mentally III.

During the last 25 years, NAMI New Orleans has successfully met many of the challenges of our ever-changing mental health service delivery system and of an increasing need for education and support for families and consumers of mental health services. From originally sponsoring a tiny, part-time, drop-in clubhouse in its early years, the organization has grown to currently sponsoring three comprehensive, full-time psychosocial rehabilitation clubhouses; two full-time, consumer-run, drop-in centers; independent living programs; housing and case management for homeless persons with mental illness; supported employment; Fairweather Lodge; Journey of Hope; and several family support groups. Additionally, NAMI New Orleans has been at the forefront of many legislative issues. Perhaps the most pressing,

on-going issue has been the battle to protect funds for mental health services which seems to be an annual priority. However, in retrospect we find other significant changes that have taken place regarding legislation affecting mental health, that include increasing the hours of an Order for Protective Custody from 24 to 72, insurance parity, prescription of medications by physicians only, etc.

The month of October 2004 promises to be an exciting one, as we plan for our 25 year anniversary. A gala event is being planned for the first weekend in October which will include music, a silent auction, and a special psychodrama presentation. During the month of October we will be co-sponsoring an art exhibit titled Altered Perceptions which will be an exhibit featuring the talents of artists who have mental illness. A call for art will be announced in the print media within the next few weeks. In the meantime, if you know of anyone who meets the criteria, please encourage them to contact us to participate. This art exhibit will be the first of its kind in the New Orleans area. It will be a fund raiser for NAMI New Orleans, it will provide the artists the opportunity to sell their art, and it will promote a greater and more positive community awareness about mental illness. For more information call: Bea Piker at 504-896-2345.

ORANGE DAY – RALLY TO RAISE AWARENESS

Come rally to raise mental health awareness on Thursday, May 6, 2004 from 9:00 AM-1:30 PM at the State Capitol in Baton Rouge. A free jambalaya lunch will be served from 11:30 AM –1:00 PM. For more information or to RSVP call the Mental Health Association in Louisiana at 225-343-1921 or 800-241-6425. □

STUDIES IN PSYCHOANALYTIC PSYCHOTHERAPY

The New Orleans Psychoanalytic Institute, in conjunction with the New Orleans Psychoanalytic Foundation, offers a two-year continuing education program of Studies in Psychoanalytic Psychotherapy.

The studies are designed for professionals who want to enhance their theoretical understanding of psychoanalytic principles in their work with adults and to improve their skills in conducting intensive psychotherapy.

The American Psychoanalytic Association designates this educational activity for a maximum of 52 hours in category I credit towards the AMA Physician's Recognition Award. Psychologists and

social workers may submit this activity for 52 hours of continuing education.

First-year classes usually start in even-numbered years. They are offered on twenty-six Tuesday evenings a year from September through May, with classes from 6:30-8:30 PM. Questions concerning these Studies and the application procedure can be directed to the New Orleans Psychoanalytic Institute at 504-899-5815. E-mail can be sent to info@nopsya.org. The web address is www.nopsya.org. Applicants will be accepted on a first-come, first-served basis, and class size will be limited.

PAN HELLENIC CONGRESS IN GREECE

Visit Greece after the APA Annual Meeting and attend the 18th Pan Hellenic Congress, May 14-18 in the island of KOS, the birthplace of the Father of Western Medicine, Hippocrates. The Congress is sponsored by the Hellenic Psychiatric Association under the auspices of the World Psychiatric Association and in collaboration with HAPA. For more information, visit www.hellenic-psych.org or call (310) 454-1039. □

ON HOMOSEXUALITY ...

Continued "On Homosexuality ... A Scientific Point of View" from 5

I'm going to try to say something about how sexuality *develops* in a person. This is the most difficult part of this enterprise, but also the most interesting.

have been debated and discussed over the last 30-plus years. To go back to the beginning, it seems clearer than ever that homosexuality is not some form of psychiatric illness. To go further, therapies designed to foster change of sexual orientation have never been shown in a single instance to have converted (perhaps a very appropriate word) a person with exclusive and life-long homosexual orientation to exclusive and permanent heterosexual orientation. What's more, statements by therapists to homosexual patients that their situation condemns them to a life of unhappiness, or is proof of some type of arrested psychological development, or, indeed, can and should be improved by treatment designed to change sexual orientation has caused enormous distress to many individuals and wasted enormous amounts of their time and their money.

I'm not asserting the impossibility that some people who have homosexual interests or have had homosexual experiences are necessarily unable to experience other types of sexual interest, arousal, or satisfaction. It's just that there has been a very great change in the thinking of most therapists about the advisability of recommending "change therapy" to anyone. Even if it seems possible that some aspects of a person's sexual situation might be the result of conflicts that therapy could help to resolve, such a judgment can't be made without a painstaking, respectful, and "neutral" (in the special sense of that word) examination of a person's history, development and current situation.

I have to emphasize that I've been talking about adults and even late adolescents. There is still a category of disorder applicable to children called "gender identity disorder." Though we don't have time to get into all the specifics, there are some children who are profoundly disturbed about the gender they belong to, or who even refuse to believe that they belong to it, and they may be candidates for exploratory therapy. We need to know a lot more than we do about this. On the bibliography, there are articles from the Psychoanalytic Study of the Child that pertain to gender identity disorder.

Now I'd like to summarize some ideas about what we think we know regarding the development of sexuality in boys and girls. We might start with the idea that there are four components of sexuality to consider in any developing or mature individual. First, erotic fantasy. What thoughts lead to sexual excitement, arousal, and release? Secondly, erotic experience with others. What sorts of sexual expe-

riences and with people of what gender has the individual had that have been erotically stimulating and releasing? Third, what is the individual's sense of sexual identity regarding his or her sexuality? I'm not referring to what's called core gender identity; that is, am I male or female? With rare exceptions, very little children learn to identify themselves as boys or girls, and that doesn't change, regardless of later sexual orientation. When I refer to sense of identity, I'm referring to a sense of oneself as masculine or feminine, or perhaps inadequately masculine or not feminine enough. And further, sexual identity refers to how people later come to regard themselves as heterosexual, homosexual, or, in some instances, bisexual. Finally, the fourth component of sexuality is social role. How does a person identify himself or herself publicly with regard to sexuality? Some homosexual persons, for example, "come out," and identify themselves in some fashion as gay, or members of the gay community. And they may further make it known that they have an active sexual life as a homosexual person, that they are "not celibate." This, of course, is what Canon Gene Robinson did, and which then made his election and consecration such a source of concern, not to say consternation, to many members of the Church.

I'm going to try to say something about how sexuality develops in a person. This is the most difficult part of this enterprise, but also the most interesting. I'll have to leave many issues aside, partly for the sake of time, and partly because I don't begin to know enough to discuss them. But let's take the fairly simple case where conception produces a fetus with an X and a Y chromosome, which means that a boy is going to be born. The presence of the Y chromosome causes fetal tissues to differentiate in such a way that the male genitalia develop. The fetal gonads is a testes, and during prenatal life the testes of the fetus produce testosterone. The testosterone influences the development of the fetal brain. All this is taking place in utero. If the conceptus has two X chromosomes, a girl is going to be born, and the female genitalia develop. The fetal ovaries do not produce testosterone, and although the adrenal glands of the female fetus produce some male hormone, it is a very small amount in comparison with the amount of male hormone the fetal testis is producing. So there is comparatively no effect of male hormone on the brain of the developing female baby. What's fascinating about this to me, and I hope

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to you, is that this is occurring prenatally. We have all been accustomed to think that the secretion of important amounts of sex hormones begins at puberty. In fact, if you compare the amount of testosterone in the systems of children, both boys and girls, there's no difference until puberty. But there was a significant difference in fetal life.

What's the consequence of this? We don't know all the answers, but we know that there are significant differences in the play and relationship styles of boys and girls. All over the world, in every culture studied, boys tend to play with boys and girls tend to play with girls. Boys tend toward what the investigators have termed rough-and-tumble play (RTP for short). RTP has a number of characteristics, characterized by physical activity, wrestling, play-fighting, confrontation, manipulation of objects through space (baseballs, for instance), and struggles for dominance, and this play often tends to occur in groups, not just between two boys. Of course little girls enjoy physically active play too, but they tend also to enjoy interactions that involve cooperation, verbal communication of feelings, and play that involves the imitation of maternal activities and food preparation. Girls' stories "tend to involve intrafamilial relationships, and drama is provided by threatened or actual loss of relationships." Girls are often fine with one playmate at a time, whereas boys tend more to run with the pack. And boys, as one writer put it, "are difficult to influence with polite suggestions." Their stories often "involve heroic combat with powerful adversaries." Girls play with dolls, boys play with "action figures," often superheroes of some type.

Girls thinking of themselves as grown up naturally identify with their mothers, and are more comfortable with intimacy. Boys, on the other hand, have to disidentify with their mothers in important respects and distance themselves from them in certain ways to expect to grow up into men. Boys are more prone to gender insecurity, which can be triggered by intimacy and attachment. Girls tolerate boys who want to play with them more easily than boys tolerate girls, and boys are often highly intolerant of a boy who wants to play with the girls.

These assertions I'm making about play and relationship patterns are only roughly valid, and there can be lots of overlap between them. But I'm sure you recognize the difference in the pictures.

What about boys who have marked difficulty conforming to the pattern? Some boys are averse to RTP. They feel themselves to be fragile and easily

injured. They may be for whatever reasons bad at contests and games. If this pattern continues, they may consider themselves inadequately masculine, and they may get teased about it by other boys, sometimes quite viciously. The result is that they may enter puberty with a marked feeling of isolation and difference, and one result of this may be the development of erotic fantasy connected with boys or men who are seen as exemplary males. Boys, no matter what their pattern has been, react strongly to puberty with the onset of intense sexual feeling and usually seek sexual release through masturbation. There is increasing evidence that boys who have marked difficulty with the typical play and relationships of boyhood are much more likely to develop homosexual patterns of fantasy and to become homosexual in later life. I would add here that as adolescence ends and a young homosexual man comes to understand his sexuality and begins to deal with it directly, he may replace earlier impressions of himself regarding masculine inadequacy by a comfortable and justifiable sense of competent masculinity. Indeed, there is often a role for psychotherapy in this process. Nevertheless the direction of sexual fantasy and type of arousal does not change.

Girls, by contrast, may not as readily experience sexual feelings at puberty and may seek intimacy with boys rather than directly seek sexual experience. Their sexual feelings may be aroused chiefly in the context of closeness, intimacy, and communication with a boy. Girls whose play patterns have tended to be like the boys' patterns and to not have established the supportive relationships that other girls seem to enjoy with each other may feel themselves inadequately equipped to find intimacy with boys, and may seek to find a special intimacy with another girl or woman that becomes sexually fulfilling.

To say that I have oversimplified is to state the obvious. But what I am particularly anxious to point out is that these events do not have to do with choices or preferences. They are developmental patterns. And when the pattern of sexual arousal has become associated with one or another type of sexual object, something which we do not understand yet appears to happen; that is, the association tends to be permanent. By that I mean that heterosexual fantasy and arousal and heterosexual experience, on the one hand, and homosexual fantasy and arousal and homosexual experience, on the other hand, appear to

Does heredity play a role in all this? It's not an easy question to answer. It's certainly not correct to say that homosexuality or heterosexuality is simply a matter of inheritance.

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... Even though each individual dealing with his or her sexuality has many choices to make, the pattern of sexual development appears to have nothing to do with choice.

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be established and not alterable by mid-to-late adolescence.

There is evidence that partly contradicts this in the experience of girls and women. Girls are more likely to tolerate the awareness of homosexual fantasy, and they are also more likely to be able to enjoy heterosexual activity in the context of a sustained relationship or even a marriage, and then later, for one reason or another, seek deeper psychological intimacy with a woman and discover a capacity for homosexual arousal. The experience of men, I think, is different. Usually men who have married and then turned toward homosexual relationships have either had homosexual experience prior to marriage, or have had homosexual fantasy and arousal prior to and during marriage. Men who leave wives to seek homosexual relationships do not discover their capacity for this form of arousal and excitement in the context of a deepening friendship with a man; more likely, the sexual interest is what drives the pursuit of the relationship.

Does heredity play a role in all this? It's not an easy question to answer. It's certainly not correct to say that homosexuality or heterosexuality is simply a matter of inheritance. The evidence from identical twins, who have exactly the same genetic makeup, is that many of these pairs will both be homosexual or both be heterosexual, in proportions that do suggest genetic influence on sexual orientation. But some identical twins are discordant in that regard; in other words, one twin is heterosexual by the end of adolescence and the other is homosexual.

What about the role of family relationships? Of course we know that the family environment is important. We just don't know how unless individuals and their particular families are studied. We are coming to realize that the stereotype of the rejecting father and the over-close mother may have more to do with experience of the parents in raising a child who seems to be on a different track. Some fathers are puzzled by a son's lack of interest in or ability in sports and take a supportive role. Some fathers are angered and disgusted. Mothers can sometimes be more supportive in such circumstances.

To summarize what must be obvious by now, the influences that may operate upon the development of sexual orientation are multiple and interact with each other in ways that we are only now beginning to understand. But even though each individual dealing with his or her sexuality has many

choices to make, the pattern of sexual development appears to have nothing to do with choice.

If anyone wants more information, I would recommend checking the bibliography, especially for the book by Friedman and the one by Friedman and Downey. Neither is easy reading, but both are full of information and are as open to evidence and as subtle in understanding as the subject demands.

The reference in the bibliography to the nursery rhyme is just a little fun. There are more stanzas to it than I formerly knew existed, and it may expand our awareness of rough-and-tumble play as it might occur in a little girl and her mother's particular, I hope not typical, reaction to it.

I am aware that this is an extremely condensed approach to a very challenging subject.

Dr. Christopher Meyers is a Distinguished Fellow of the American Psychiatric Association and a Teaching Analyst at the New Orleans Psychoanalytic Institute. He gave this presentation at Christ Church Episcopal Cathedral on March 7, 2004.

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EXTREMELY URGENT ACTION ALERT FOR LOUISIANA PSYCHIATRIC PHYSICIANS

DATE: April 16, 2004
 TO: All Louisiana Psychiatrists, Other Physicians, and Allied Professionals
 FROM: Patrick T. O'Neill, M.D., President, Louisiana Psychiatric Medical Association
 Dudley Marcus Stewart, M.D., Legislative Representative
 RE: Psychologist Prescribing Bills Advancing in Louisiana House and Senate

Legislation sponsored by the Speaker of the House (HB 1426) and the President of the Senate (SB 754) to authorize "medical psychologists" to prescribe virtually all psychotropic medications (except for narcotics) has cleared House and Senate Committees and is fast-tracked for floor action perhaps as early as TODAY (April 16).

These bills threaten health and safety of all Louisiana residents. They would allow psychologists with no medical education, training, or supervision to prescribe potent brain medications following demonstration of completion of the most vaguely defined standards. The bills do not establish any liability requirements or professional competency standards.

For the sake of our medical profession and the safety of an unsuspecting public, we need to make it clear to our state legislators that these bills are a very real threat to safe and effective medical care.

Please do the following, immediately:

1. Copy the following link into your web browser to access CapWiz, view the Action Alert, and send a prepared message to your State Senator and Representative:
http://capwiz.com/psych/mail/oneclick_compose/?alertid=5590526
2. Forward your opinion to Louisiana State Representatives using the attached letter.
3. Once you have sent your message, pass on this Alert to your psychiatric and other physician colleagues.
4. Follow-up with a call to your state Senator and Representative.
 To reach the House Operator, call: 225-342-6945
 To reach the Senate Operator, call: 225-342-2040

Use the suggested letter associated with the Action Alert as a guide.

We will shortly set up a toll-free link to the House and Senate Operators for your use and will follow up when this is operational. Given the urgency, we wanted to give you a head start.

Please act NOW for your patients' safety. Thank you.

CALLS URGENTLY NEEDED TO LOUISIANA STATE SENATORS

DATE: April 19, 2004, 7:00 p.m. ET
 RE: CALLS URGENTLY NEEDED TO LOUISIANA STATE SENATORS to Oppose Psychologist Prescribing Legislation

Your urgent calls are needed more than ever to your Louisiana Senators asking them to oppose legislation (HB 1426/SB 754) to permit so-called "medical psychologists" to prescribe medications in our state. Senate floor votes could occur as early as Monday night or Tuesday.

HB 1426 passed the Louisiana House earlier today by a vote of 62-31. Action now shifts to the Senate, where Senate President Hines is the lead sponsor of the bill. We are told that calls and contacts in the House ran heavily against passage of the bill. We need to redouble our efforts to defeat this bill in the Senate.

Please call NOW — TODAY — to register your strong opposition to this threat to the health and safety of all Louisiana residents.

Call the Senate Operator toll-free, 800-317-5919 and ask to speak with your Senator.

To read the full detail of this alert visit the Advocacy Action Center at: http://capwiz.com/psych/mail/oneclick_compose/?alertid=5614921.

Thank you for your ongoing efforts to protect patient health and safety

*Looking for ...
a past article?
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The Psychoanalytic Study of the Child is an annual publication of Yale University Press, New Haven, and is currently edited by Peter B. Neubauer, M.D., Samuel Abrams, M.D., A. Scott Dowling, M.D., and Robert A. King, M.D. □

SAVE THE DATE

The LPMA Fall Meeting will be held September 17-18 at the Sandestin Hilton Hotel in Destin, FL. The program topic is "Creativity and Madness." Paul Rodenhauer and Jose Artecona will present on Walter Anderson. Other speakers are being contacted.

The LSU Health Sciences Center (LSUHSC) School of Public Health Juvenile Corrections Program is seeking a **BE/BC Child Psychiatrist or General Psychiatrist**

(adolescent training experience desired but not required)

to join our team of LSUHSC Health Care Providers. Successful candidates(s) will collaborate with a multidisciplinary team that provides comprehensive mental health/health care services to all youth at Jetson Correctional Center for Youth (JCCY) in Baton Rouge, LA and/or at Swanson Correctional Center for Youth (SCCY) in Monroe, LA. Opportunities to provide psychiatry services through telemedicine are available. Additionally, administrative, program development and implementation, teaching/academic opportunities will be available to candidates with such interests/experience. Applications for full-time and part-time commitments, faculty and contract will be considered. The salary is commensurate with experience. LSUHSC offers an excellent benefits package for full-time employees (75% effort or greater).

To apply for a position at JCCY send resume and cover letter to:
Sr. Asst. Business Manager • LSUHSC – Juvenile Corrections Program
1500 Old Scenic Hwy. Baton Rouge, LA 70874

To apply for a position at SCCY in Monroe, LA send resume and cover letter to:
Business Manager • LSUHSC – Juvenile Corrections Program
4701 South Grand St.
Monroe, LA 71202

DR. VAILLANT SPOKE ON "ADULT DEVELOPMENT" AT USDIN LECTURE

Dr. George Vaillant was introduced February 7 as the Ochsner Clinic Foundation 9th Annual Gene L. Usdin, M.D. Distinguished Visiting Lecturer in Psychiatry. He spoke on "Adult Development: A 60-Year Study."

Dr. Vaillant, professor of psychiatry at Harvard Medical School, has for the past 30 years been the director of the Harvard study of adult development, in which the lives of 824 men and women have been followed prospectively and regularly over a 60-year period. He and his colleagues have identified the factors that go into normal growth and development and also documented the recovery processes from schizophrenia, alcoholism, opiate abuse, and personality disorders. Dr. Vaillant is the author of four books that have become classics, the most recent of which, *Aging Well*, published by Little and Brown in 2002, summarizes the lives of men and women from their teens all the way into their 80s. He also has written over 225 journal articles.

In his talk, Vaillant discussed definitions of aging as decay, with the loss of millions of brain cells; as being like the seasons, one turning into another, but having no real change; and as maturation. He emphasized the importance of perspective studies in understanding adult development, suggesting that human beings are wired so that, without disease, we would continue to develop as we age. He cited that, as we grow older, up to age 60, our brains continue to develop in an embryonic way as well as in the ways that our experiences sculpt us. He noted that, at age 25, 92% of all wishes are directed toward the self, but that, by age 60, only one-third of wishes are directed toward the self, about one-third are directed toward family, and one-third are directed toward the outside world. We learn increasingly as we get older how to connect the prose and the passion, how to link feelings and ideas together so that we can hold them in consciousness.

He talked about the tasks of adult development, within the widening circles of radius, as being, first, identity – the need to separate from your parents and develop your own religious beliefs, political candidates, home, and system of values, with the ability to tolerate intimacy, which means living with an-



(Left to Right) Drs. Gene Usdin, George Vaillant and Alvin Roachell.

other person in an interdependent, reciprocal, committed and revealing relationship. It is the expanding of oneself to include another person. This requires patience. The next task is career consolidation, which involves contentment, commitment, compensation and competence, followed by generativity, which is not affected by education, IQ, or social class. The next task was identified as having the capacity to shift from caregiver to caretaker. This involves a widening of interests other than one's own. The final stage is coming to terms with the world as it is, which has been described by Erik Erikson.

Dr. Vaillant talked about emotional maturation as being able to control pulling in opposite directions, bringing unconscious coping mechanisms (ego mechanisms of defense) into some kind of mutual synergy, and the importance of the coping mechanisms of projection (seeing your faults in others) and passive aggression. He described the maturation of the ego as taking beloved people inside, recognition of affect, resilience, and being safely held. He noted one aspect of maturation as being when you love people and hold on to them and being able to bring them to mind. □

DR. LEWIS CONDUCTED CME WORKSHOP AT OC SHNER CLINIC

Jerry M. Lewis, M.D., chairman emeritus of Timberlawn Psychiatric Research Foundation and in private practice of individual, marital and family therapies in Dallas, TX conducted a two-hour CME accredited workshop on Physicians and Their Marriages: Description and Treatment at Ochsner Clinic from 5-7 P.M., Thursday, April 22 in Room 454 of Brent House.

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Many of you ask what APA is doing for its members and their patients. The following letter was sent by APA Medical Director James H. Scully, Jr., M.D., to all members of the U.S. Senate.

March 10, 2004

I am writing on behalf of the American Psychiatric Association, the medical specialty association representing 38,000 psychiatric physicians and their patients, to express our deep concern about Medicaid cuts included in the fiscal year 2005 budget resolution, amounting to a reduction of some \$11 billion over the next five years.

As you know, Medicaid provides health care coverage to America's most vulnerable populations, including seniors, children, pregnant women, working families, and people with disabilities. In particular, people with severe and persistent mental illnesses rely on Medicaid as their sole source for medications and psychiatric services necessary for the effective treatment of their illnesses.

The Medicaid funding crisis has already had a major impact on our patients. Our members report to us that state Medicaid cuts have resulted in limited access to medications, long waiting lists for services or, in some instances, elimination of services altogether. The result of additional federal funding reductions of the magnitude now contemplated will make matters worse and cause major hardships for vulnerable patients. While we are certainly sensitive to the difficult choices the Senate faces in producing a budget for fiscal year 2005, APA strongly urges you not to cut programs like Medicaid that have such a direct impact on the health of millions of our most vulnerable Americans including those that have a mental illness.

Sincerely,

James H. Scully, Jr., M.D.
Medical Director

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