What NYSPA Does for You

by Jim Ninger, M.D., President, New York State Psychiatric Association

By now every member in New York State has received a dues bill for 1999 that includes national APA dues, your district branch dues and dues for the New York State Psychiatric Association. Many members still do not know precisely the nature and extent of the essential and valuable services NYSPA and its staff provide for our members. Before reviewing NYSPA services, members should be aware that there have been no NYSPA dues increases over the past 8 years. NYSPA dues have remained unchanged since 1991. Over this same period, the rate of inflation grew by over 30% and APA dues increased by 22%. Yet, NYSPA has maintained its dues structure with no increases. However, what is most important are the services that NYSPA provides to our members. Listed below are only a recent sample of the range and type of activities that your organization engages in on behalf of the membership:

This year a bill was introduced into the New York State Legislature that would have created four new mental health professions including family therapy, creative arts therapy, mental health practitioner and psychoanalyst. It would have conferred upon psychologists, social workers, and the four new mental health professions a scope of practice that included the diagnosis and treatment of mental illness as defined in DSM-IV! This bill, if enacted into law, would have created four new mental health practitioners who are not physicians and would have made it legal for them to engage in on behalf of the member.

When Medicare changes its fees and rules each year, our Executive Director Seth Stein responds with an annual Medicare update and fee schedules that are mailed to every member in this state. NYSPA is the only medical specialty organization that prepares Medicare fee charts for our members, including the New York State Limits. They also contain an extensive and complete listing of Medicare codes, and represents critical information on changes in Medicare policy. Without NYSPA, psychiatrists in this state would not have received these Medicare updates.

When managed care companies send out contracts to psychiatrists for network enrollment, NYSPA responds by preparing detailed memoranda analyzing the contracts and makes this memorandum available to every member. In addition, NYSPA has successfully worked with managed care companies to remove objectionable clauses and improve contract provisions. Without NYSPA, psychiatrists in this state would not have received these managed care memos or contract improvements.

When psychiatrists first encountered the restrictions and interference with their practice, NYSPA responded by drafting and supporting the first piece of managed care legislation introduced into the state legislative and passed into law in one of the first sessions of the Legislature. Our bill formed the basis for managed care legislation that was enacted into law in this state. NYSPA spearheaded opposition to managed care. Again this last legislative session, NYSPA worked to pass legislation to establish independent medical review of HMO and insurance carriers utilization decisions and to mandate physician access to financial data of HMO and insurance carriers.

NYSPA has taken a central leadership role in advocating for parity in all forms of health insurance coverage and opposing the discrimination against persons with mental illness. NYSPA prepared parity legislation and helped fund a major media campaign and the Picnic for Parity to educate the public and legislators about parity. NYSPA also funded litigation challenging discriminatory coverage of mental illness in disability insurance and more recently in health insurance policies. Parity will remain our central role in advocating for parity in all forms of health insurance coverage and opposing the discrimination against persons with mental illness. NYSPA is the only medical specialty organization that represents critical information on changes in Medicare policy.

HARSH REALITY! THIS IS NO DREAM!!! The uniform is real! The police are real! The screaming and shouting are real! The running is real! The handcuffs are real! The police are real! The handcuffs are real! Our children became your patients.

In the following paper, I've tried to put into words and capture the emotions that parents of mentally ill children go through.

We are the parents of your patients. Before they came to you, we were living with them — with their confusion, their fears, their worries, their uncertainties, and their anger and it's been hard for them and hard for us. At times, we've been sad and we have cried; at times we didn't know what to do and we felt lonely and afraid; and at other times, we didn't want to know how serious or profound mental illness is. And so ultimately, our children became your patients. Just imagine if you will, what we had to accept in order for this to happen. First, we had to give up the hope and the fantasy that we had a child who was not only like every other child, but that our child would be successful and happy and do well in life. We had to give up the fantasy that we and they would be productive and sustainable people. We had to give up the fantasy that our child would be like their siblings and their siblings would always be proud of him. But we know that life is not fair — it is just and we must deal with it. But in order to accept that which we know is so, we go through a great deal of pain. We weep, we rage, we pray, we beg, we must all be able to do this. And so ultimately, our children became your patients.

Yes, that point, our lives have changed forever. Even though the reality may have happened at some time in the past, we were able to deny it but now, we must accept it. The hardest obstacle we have overcome is this very difficult truth — that we have a child who is seriously mentally ill and we are the parents of a mentally ill child. Now we have to call to grips with our guilt, our remorse, our shame, and our complete pain. And so ultimately, our children became your patients.

We thank back and we remember. We remember the child who seemed to function so well. We remember the laughter and the good times. We remember the dreams of how they would become older and how they would achieve happiness and a productive life. NYSPA has continued its litigation challenging discriminatory coverage of mental illness in disability insurance and more recently in health insurance policies. Parity will remain our primary legislative agenda item.

When the State of New York proposed to expand the Childrens Services Act (See President’s Message on page 4)

We are the parents of your patients.

by Mel Zalkin, C. S. W.

Mel Zalkin is a clinical social worker in private practice in Chestnut Ridge, N.Y. He has a family member with mental illness. He wrote this for all the parents of mentally ill children in the state. He is a collect member of NYSPA, the mental health profession voice to the mental health community. On October 21, 1998 at the annual second Public Forum sponsored by the Mental Health Coalition of Rockland County, whose president is Lois Kroplick, DO, the Public Affairs Chair of the West Hudson Psychiatric Society (WHPS). Information about the Mental Health Coalition of Rockland County can be found at www.hudsonpsychiatric.org – Ed. Author’s preface: According to systems theory, when a wave breaks in Australia, it has an effect on us here in New York. Closer to home, when a family member becomes mentally ill, it has a profound effect on other family members. Mental illness has been called a ‘crushing’ disease. It is different from other diseases because there is loss of hope. The analogy I like to use in regard to mental illness is what would happen if I coated my lenses with Vaseline. Everything becomes distorted and consequently, my perception of reality becomes distorted and am difficult to see. In the following, I’ve tried to put into words and capture the emotions that parents of mentally ill children go through.

What is NYSPA doing about it?

We are the parents of your patients. Before they came to you, we were living with them — with their confusion, their fears, their worries, their uncertainties, and their anger and it’s been hard for them and hard for us. At times, we’ve been sad and we have cried; at times we didn’t know what to do and we felt lonely and afraid; and at other times, we didn’t want to know how serious or profound mental illness is. And so ultimately, our children became your patients. Just imagine if you will, what we had to accept in order for this to happen. First, we had to give up the hope and the fantasy that we had a child who was not only like every other child, but that our child would be successful and happy and do well in life. We had to give up the fantasy that we and they would be productive and sustainable people. We had to give up the fantasy that our child would be like their siblings and their siblings would always be proud of him. But we know that life is not fair — it is just and we must deal with it. But in order to accept that which we know is so, we go through a great deal of pain. We weep, we rage, we pray, we beg, we must all be able to do this. And so ultimately, our children became your patients.

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From the Editor... 


delinkage — pulling the pin on the grenade

Leslie Citrome, M.D., M.P.H.

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District Branch

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Informing the Members

The Bulletin welcomes articles and letters that NYSPA members will find timely, relevant, and compelling. Articles should be between 750 and 1500 words (or five double-spaced manuscript pages) and letters no more than 750 words. All submissions must be made electronically, preferably by email to the editor. All authors are encouraged to also provide a photograph of themselves which will be printed alongside their article.

Information for Advertisers

The Bulletin reserves the right to reject any advertisements, whether electronic or otherwise, from NYSPA members and commercial enterprises. Total circulation averages 5,500 copies per issue. The Bulletin is received by all 5,000 members of the American Psychiatric Association who belong to a district branch in New York State. The Bulletin is also sent to the leadership of other district branches across the United States and to New York State legists and medical libraries, and science writers. The Bulletin is published quarterly. Both classified advertising and display advertisements are available. Please contact the managing editor for current rates and media requirements. NYSPA members receive a discount of 50% off the basic classified ad rate.

Letters to the Editor

Letters to the Editor are welcome but are limited to 300 words. A full text of letters will be available on The Bulletin website at [http://www.nyspsych.org/bulletin].

The opinions expressed in the articles or letters are the sole responsibility of the individual authors, and do not necessarily represent the views of NYSPA, its members, or its officers.

Graphic Design & Production

Donna Sandemont

Print of View Productions

donna@pbyplay.com

LETTERSTO THE EDITOR

Letters to the Editor are welcome but are limited to 300 words. A full text of letters will be available on The Bulletin website.

1) Psychiatry as a professional organization, academic psychiatrist and individual psychiatrists relate to the pharmaceutical companies in ways that are worrisome to some of us, including myself. Furthermore, psychiatrists are often unaware of the increasing complexity in the way in which the company, to acknowledge even the possibility of bias in advertising and influencing others.

2) Psychiatrists are ethically bound to place their patients needs first. When we begin relationships that potentially intrude on the physician—patient relationship, in my opinion, needs to be examined. Our increasingly complex relationship with the pharmaceutical companies, I believe, include the physician—patient relationship.

3) While psychiatrists think that they may know something about the drug company, I argue that we mental health professionals are extraordinarily naive about the psychology of advertising. Physicians who accept something from a drug company, according to any evidence that they are not being influenced by advertising or promotions or gifts. It is highly unusual, in my experience, to come across a psychiatrist who accepts something from a drug company.

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In my first term (we're limited to two), I am Area Trustee and New York State Psychiatric Association (NYSAPA) Executive Committee member, and have been an active advocate for the members in APA membership empowerment issues. I have served on the District Branches (DBs) to hear the members' concerns, set up town meetings with the President, Medical Director, others, and reported in The Bulletin, DB newsletters and at Council meetings.

I've fought to slim down APA's central organization, make it efficient and economical, a stronger fighting force to intrude into managed care foundations. Myself and others developed prioritizing of APA's budget, creating a functional budget, making functional departmental analyses, and moving towards zero-based budgeting. Committees I'm on restructured or canceled programs with negative cost-benefit ratios. I initiated midcourse review of our expensive but essential electronic communications project, putting it and further purchases on hold until a business-like information system was in place. Officers' expenses and costly retreats were curbed, other expenditures decreased.

In the Assembly and Board I worked to end dues increases, then begin dues decreases.

We've met regularly with Congressional, state legislators and in intrastate managed care foundations. Myself and others have been destroyed by corporate greed.

We've worked on membership recruitment and staff and leadership more accountable and responsive. My efforts resulted in publication of the Medical Director's payment package and the development of mechanisms for member and Board oversight of major staff projects. I worked on membership recruitment and retention of members behind in dues and members leaving, and increased attention to early career psychiatrists (ECPs), members training in the public sector, women, minorities, IMGs. I helped get women on NYSAPA's Executive Committee, a black psychiatrist on its Council, Indo-Americans nominated for NYSAPA positions, and potential ECP representation on APA's Board.

We've met regularly with Congressional, state legislators and in intrastate managed care oversight legislation, parity (including substance disorders), patients' rights, confidentiality, good appeal procedures, coverage for uninsured, no gag clauses, anti-trust and ERISA revision, medical psychotherapy coverage good clinical research guidelines. I've been active in supporting effective, precedent-setting legislation, and those of our patients have at last begun to intrude into the MCO's consciousness. Our interests and those of our patients have at last begun to intrude into the MCO's consciousness. Our interests and those of our patients have at last begun to intrude into the MCO's consciousness.

Elect me Area II Trustee and ensure that APA continues to pursue the following policies:

- Forceful implementation of our program of membership empowerment
- Increasing APA Membership because we know the APA is fighting for us
- Vigorous litigation and legislation against MCOs and other organizations that exploit mental illness
- Securing patient Confidentiality and patient's ability to contract freely
- Strengthening programs for future psychiatrists who will not simply be trained to be managed care compatible
- Increased funding for a full spectrum of clinical research and public education
- The APA needs a leader with my demonstrated fearless ability to fight for the values we cherish. I have not been afraid of the size of our opponents. I know our ethical motivation to treat will prevail over their greed. We are at the dawn and not the twilight of effective mental health treatment. We are the future.

Elect me Trustee of Area II and you will have the forceful new leadership you want. Our patients and their families and us will be forceful advocates. The public will not and should not tolerate silent physicians when their health care is being destroyed by corporate greed.

As your new Trustee you will know you have someone fighting for you.
NYSPA Needs Your Input by Seeth Vivek, M.D.

Dr. Vivek is the Area II Council and APA Assembly Representative for the Queens County Branch, and is a member of the Editorial Board of The Bulletin. He is also the Chairman of the Department of Psychiatry at Jamaica Hospital Medical Center - Ed.

Through its Task Force on Strategic Planning, NYSPA has been involved in some very deep soul-searching regarding every aspect of its functioning. A sub-committee was appointed by co-chairs Deborah Cross, M.D., and Ann Sullivan, M.D., to study membership and retention issues. This sub-committee consists of Mary Marasco, M.D., Carlos Blanco, M.D., Ph.D., Jacqueline Catt, Lenore Engle, M.D., and Seeth Vivek, M.D., Chair. This sub-committee has met and considered information from various sources and has presented an initial report describing areas of concern.

It is our hope to bring about meaningful and substantial changes towards the following goals:

• Ensure that APA membership has very significant advantages over being a non-member.
• Increase the return on the membership dollar with added value (and perceived value).
• Promote a strong sense of pride among members in their organization by inculcating a sense of ownership on all issues that concern them and their patients.
• Encourage a sense of belonging among members to an organization that is responsive to them and provides user-friendly systems that facilitate their professional lives.
• We intend to poll various groups of members (trainees, ECP’s, senior professionals, volunteer members) to ascertain areas of satisfaction and dissatisfaction.
• We intend to form district branch executive directors to gain from their years of experience.
• We will review prior polls conducted by the National APA and study their relevance to our geographic area.

Emphasize Professional Advocacy

• Ensure that the APA becomes (more so than it already is) the lead group in advocacy for our profession and our patients.

As an educational weekend with their families, NYSPA responded by enrolling parents into the database to ensure appropriate consultations from collaborating groups and our advocacy groups and our practices.

Postscript

Many, many years have passed. We now know that mental illness does not go away. We accept what is and try to live with it. We try to help others to help themselves. We try to help them to have a more productive and happier life. And we have learned to feel happy very often. But life is not a fairy tale, and sometimes when we wake up in the middle of the night, it is very, very quite with just the radio on. And every now and then, we are totally dark; so dark that we can’t even see our own hand in front of our face. We dare into the darkness and we discover that our mental insurance plan means everything. Now we really understand.

NYSPA MEMBERSHIP & RETENTION SUBCOMMITTEE

NYSPA Member’s Message Continued from page 1

President’s Message

NYSPA Needs Your Input

Seeth Vivek, M.D.
Chair, Sub-committee on Membership and Retention

Health Insurance Plan that provides health care insurance for low income families, NYSPA is supported by insisting that expanded benefits should include parity coverage for the treatment of mental illness. As a result of NYSPA’s efforts, the expanded benefits package include parity for inpatient treatment of mental illness and expanded outpatient benefits.

When the NYS Workers Compensation Board proposed converting its fee schedule to CPT, NYSPA made sure that the conversion was done properly and the new relative values were properly aligned. NYSPA’s efforts resulted in a substantially enhanced reporting and reimbursement for psychiatrists. Without NYSPA, workers’ compensation fees for psychiatric services would have been significantly lower.

When closure of state psychiatric facilities reduced the level of services available and generated cost savings not retained in the mental hygiene system, NYSPA worked with other advocates to pass landmark legislation guaranteeing that funds derived from closure of state hospitals be retained and reinvested in community based services. With the state proposed reducing its commitment to community reimbursement, NYSPA again rallied support to prevent elimination of the program. Every year, NYSPA reviews the state mental health budget and advocates for funding for services and programs to meet the needs of persons with mental illness.

When psychiatrists reported that a major HMO was forcibly reimbursing for services provided to Medicare HMO enrollees, NYSPA identified the problem, contacted the HMO and extracted an agreement to make payments to all psychiatrists who were improperly paid.

When Medicare carriers in New York proposed a policy for psychiatric services that would have greatly restricted coverage and access to psychiatric services, NYSPA responded aggressively by preparing a revised policy statement and securing the agreement of carriers to adopt NYSPA’s proposal. NYSPA staff works every day to address Medicare, Medicaid, and third party payment problems involving psychiatric services. Without NYSPA, there would be no state organization standing up to the critical reimbursement problems arising in the practice of psychiatry.

NYSPA is currently in the process of implementing a Searchable Database on the Internet with enrollment open to all NYSPA members at no charge. The database will permit members of the public, psychiatrists and other physicians to identify psychiatrists who have enrolled based upon their areas of expertise and to use the search engine to find a psychiatrist. NYSPA will even generate a map of how to get to the psychiatrist’s office!

The NYSPA Council meets twice a year in the Spring and Fall and every member is invited to attend our meetings. Committees also meet at least twice a year and again members are invited to participate in our various committees activities. Our staff is ready to help you. NYSPA’s Executive Director, Seth P. Stein, maintains our NYSPA Central Office in Garden City New York, and can be reached at (516) 542-0077.

Richard Gallo is our Legislative Consultant in Albany and can be reached at 486-3545. NYSPA staff members can contact me with any questions or comments at (212) 879-8338.

Parents of Patients

Continued from page 1

ultimately, our children become your patients.

Now let’s look in the mind and heart of this parent and ask some searching questions.

Parent, what do you want at this critical time?

I would like understanding that I am in pain and frightened. If I behave confused or upset, I really, please, understand my feelings and identify with me. I know that my child needs long term help but I need help also from you and I need it now because this is a real crisis that is happening. I wish it were a dream but I know it is real.

Parent, how do you want to be treated?

I want to be treated with dignity and respect, I want to be treated with courtesy. Don’t ignore me. I’m not invisible. I’m right here in the same place where you are. Involve me, respect me, talk with me. Make sure we have privacy.

Parent, how do you want your child to be treated?

I know how difficult my child is. But I believe with all my heart that they must have basic needs met. And not only emotional needs but physical needs also. And simply, why care? NYSPA will be there on your side, a way to communicate with my child. And maybe all of us, when something does go wrong, whether on my side or on your side, a way to communicate this in a way that will solve the problem without hostility or fear of being judged.

DB NEWS: NYSPA Capital District Branch Fall Meeting

On a beautiful fall weekend on October 16-18, the Capital District Branch held its fall meeting at the Mirror Lake Inn in Lake Placid. Many members and spouses took advantage of the opportunity to share an educational weekend with their families. On Saturday morning Ed Shapiro, Medical Director of Austen Riggs discuss “Orthodoxy and Change: We Are Not Alone With Our Patients,” followed by Besel Vanderkolk from Boston discuss “Psychological Processing of Traumatic Experiences.” On Sunday morning, many hearty adventures awaited the members with a great picnic lunch and a chair lift ride to the top of Whiteface mountain — some even more intrepid hikers actually WALKED down the mountain. That evening a lovely dinner was served at the Mirror Lake Inn. On Sunday afternoon we heard Deborah Cross, M.D., Chief of Neurology at Lafayette Psychiatric in Montreal in now in private practice in Montpellier VT discuss “Is there a Neurobiology of Conversion Disorder?” and then James Hadtink, Assistant Professor of Child Psychiatry at the University of Vermont College of Medicine discuss “The Psychopharmacological Treatment of Depression in Children and Adults.” All present agreed it had been a most successful meeting.

Deborah Cross, M.D., NYSPA Capital District Branch Assembly Representative

CANDIDATES FOR TRUSTEE-AT-LARGE

Richard Balon, M.D.

I am a uniquely qualified candidate to be your Trustee-At-Large. As an IMG, I deeply understand minorities. I have practiced in various settings, and taught psychiatry. I understand the worries of private practitioners, academics, state hospital psychiatrists, and residents, as I experienced them personally. As the Vice President of a District Branch, I understand the struggle of grassroots membership problems. I believe that the APA membership has to be united and vigorously face and fight all external threats, such as managed care, sequestration, and psychopaths. Psychiatry must be recognized as a shortage specialty. We need to focus on the recruitment and education of the new generations of psychiatrists. We must achieve true equality and parity for mental illness. I believe that I have consistently provided a reasonable and measured voice for my colleagues and our patients. I do appreciate your support.

Ezra E.H. Griffith, M.D.

I am a broadly-based academic and practicing clinical psychiatrist. My career has encompassed the public and private sector; I have treated patients in inpatient and outpatient settings, and carried out professional activities in the United States and abroad. I have been a contributor to the development of public policy and written many articles on the practice of psychiatry.

Much of my time and effort has been spent on conceptualizing how change is made in organized professional settings. This experience includes the presidency and other posts in the American Psychiatric Association, the American Academy of Psychiatry and the Law, and the American Orthopsychiatric Association and service on many committees in the APA. I understand the political process. I believe that I have consistently provided a reasonable and measured voice for my colleagues and our patients. I do appreciate your support.

John S. Maloney, M.D.

If elected to the Board of Trustees, I shall be committed to streamlining APA expenditures and guaranteeing our accountability to its members. I have a special feel not only for the state of psychiatry today, but for my peers, who embody the very fabric of this professional organization. I know you want concrete returns on your investments; the considerable dues you pay not only for important lobbying efforts but also for immediate assistance to you. You need help developing practices and negotiating with institutions and health management panels. And you need help helping your patients as you’ve never been able to do before. You have much to tell your elected representatives about the plight of psychiatrists today — a time not only of threats to our professional and economic status, but also of expanding knowledge and clinical effectiveness.

I welcome your voices and want to make sure they are heard.

PSYCHIATRY AND THE LAW

Sensitizing Practitioners to the Effects of Correctional Incarceration on Treatment and Risk Management: The SPECTRM Project

By Merrill Rotter, M.D.

Dr. Rotter is Assistant Clinical Professor of Psychiatry, Albert Einstein College of Medicine. He writes about the interface between the mental health treatment system and the correctional systems, and the patients that have experience with both. These patients form an ever-increasing facet of public psychiatry. — Ed.

A n increasing number of individuals in the mental health treatment system have a history of criminal incarceration. They arrive in mental health treatment facilities with needs and expectations quite different from those of persons without experience in correctional settings. Many have acquired repertoires of beliefs and behaviors that, while adaptive in prison and jail, impede their success in treatment settings. Staff who are unaware of the impact of incarceration can misread early warning signs of difficult adjustment to place, program and treatment. They may even inadvertent ly escalate potentially dangerous situations, increasing risk to both staff and clients. In order to enhance treatment and maintain safety, it is important for providers to approach this population with a “cultural competence”—an understanding of the culture of jail and prison and its impact on behavior. The following is a brief overview of an initiative targeted at this important area of mental health work.

SPECTRM (“Sensitizing Practitioners to the Effects of Correctional Incarceration on Treatment and Risk Management”), the product of a collaboration between Bronx Psychiatrist R. Tancred, M.D., J.D. Clinical Professor of Psychiatry, New York University Medical School

The Mount Sinai School of Medicine designates this educational activity for a maximum of 0.25 credit hours in Category 1 credit towards the A.M.A. Physician’s Recognition Award. Registration: $75 prior to December 15, 1999, and $95 thereafter. Residents and students may register for $55 at any time. Make checks payable to “Mount Sinai Chapter” and send to Rusty Reeves, M.D., 564 1st Avenue, #23E, New York, NY 10016. For information call 212-427-9003 ext 3598.

It is the policy of the Mount Sinai School of Medicine to ensure fair balance, independence, objectivity, and scientific rigor in all its sponsored programs. All faculty participating in sponsored programs are expected to disclose to the audience any real or apparent conflict of interest related to the content of their presentation.
Climate Change: Crucial Council Concerns
by Barry B. Perlman, M.D.
Dr. Perlman is the new Vice-President of NYSPA and is also Chair of the NYSPA Committee on Legislation. He is Director of the Department of Psychiatry at St. Joseph's Medical Center in Yonkers, New York. In this article Dr. Perlman describes two statewide bodies that have considerable influence on the provision of psychiatric care in New York State. He describes how the role of these councils has changed over time, for better or for worse, in step with a changing socio-political context. Participation by psychiatrists remains vital.

The two councils are the NYS Mental Health Services Council (MHSC), which I have the privilege of chairing, and the State Hospital Review and Planning Council (SHRPC), on which I serve. Some may know of the intent and function of these councils, but I believe these bodies are moving within the context of our state’s government. The two councils are the NYS Mental Health Services Council (MHSC), which I have the privilege of chairing, and the State Hospital Review and Planning Council (SHRPC), on which I serve. Some may know of the intent and function of these councils, but I believe these bodies are moving within the context of our state’s government.

They focus less on the need to con-...
The Reorganization of the APA

Herb Peyer, M.D.

Representative and Deputy Representative

With a ratio of 1:400 and a total of 121 Assembly members, APA has the largest state organizations and DB.s can see in their members and underrepresented. There are 9 large state organizations with over 3000 members, 20, 25 under 300, yet each has a membership in the Assembly but having only 45.5% of the Reps, 40.5% of the voting membership in the Assembly but having only 45.5% of the voting membership in the Assembly. No doubt each cohort would prefer membership, etc., NYSPA may well be in the offing involving dues, membership, etc., NYSPA may well be...bear an undue portion of the burden. It seems to NYSPA that where (1) ending DB autonomy is being entertained (making them chapters of APA), a dummy representation is concerned, and (3) greatly increased central control seems to be in the offing involving dues, membership, etc., NYSPA may well be bearing the heaviest burden, and it must stand up against that. We have been successful in reversing the first, have great prospects with the second, and are embarking on combating the third...No one structure should bear an undue portion of the burden. It seems to NYSPA that where (1) ending DB autonomy is being entertained (making them chapters of APA), a dummy representation is concerned, and (3) greatly increased central control seems to be in the offing involving dues, membership, etc., NYSPA may well be bearing the heaviest burden, and it must stand up against that. We have been successful in reversing the first, have great prospects with the second, and are embarking on combating the third. But in the midst of all this the Board has other work to do. There is now a toll-free number for contacting the central APA office (888-357-7524, 888-35-PSYCH) with...The Practice Research Network is expanding and has 8,500 members, and if you are interested (it is important) contact 800-713-7123. APA is developing a practice management tool for small and medium DB.s and for large DB.s, creating a new service and a new business opportunity for large DB.s. APA has e-mail addresses of... It seems to NYSPA that where (1) ending DB autonomy is being entertained (making them chapters of APA), a dummy representation is concerned, and (3) greatly increased central control seems to be in the offing involving dues, membership, etc., NYSPA may well be bearing the heaviest burden, and it must stand up against that. We have been successful in reversing the first, have great prospects with the second, and are embarking on combating the third. But in the midst of all this the Board has other work to do. There is now a toll-free number for contacting the central APA office (888-357-7524, 888-35-PSYCH) with...The Practice Research Network is expanding and has 8,500 members, and if you are interested (it is important) contact 800-713-7123. APA is developing a practice management tool for small and medium DB.s and for large DB.s, creating a new service and a new business opportunity for large DB.s. APA has e-mail addresses of...
SPECTRM Project

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staff, as more serious incidents leave a greater impression even if they are infrequent. Additional staff concerns may arise from assaultive behavior for which the reasons are different and not readily addressed by current tools (e.g., violence related to learned criminal behavior rather than personality disorder).

The Effects of Incarceration

People with mental illness who have cycled through the criminal justice system are forced to cope with incarceration and they are probably ill equipped to do so. The environments are too varied and experiences too numerous to recount here. However, inmates must find ways to cope with the stress of adapting to an environment where threat and intimidation must be confronted at all times, pre-emptive strikes, and where distrust and self-reliance (including at times, predatory behavior) are survival skills. The education in penal institutions is both powerful and enduring and it is not surprising, therefore, that the lessons learned carry over into new environments.

SPECTRM began its study of the effects of incarceration with a series of focus groups conducted in jail, psychiatric hospitals, outpatient programs and MICA internal training sessions. Six categories of behavior emerged from this process: intimidation, doing time, clinical screaming, conning, snitching and stonewalling. A list of observable behaviors was extrapolated from these categories. This list became the basis for the SPECTRM Behavior Observation Scale, a six-item questionnaire. The scale was administered to clinicians in a variety of treatment settings. When the findings were analyzed a total of fifteen behaviors were significantly rated as more prevalent in the group with a history of incarceration as opposed to the group without such a history. The fifteen behaviors were drawn from the categories of intimidation, doing time, clinical screaming, conning, snitching and stonewalling, and one undiagnosed item: medication noncompliance related to the fear of becoming vulnerable to attack. Of note is that overtly violent behavior was not among the fifteen.

To some degree, all these behaviors are indicative of predatory actions typically associated with criminality. SPECTRM believes that to a greater degree these behaviors are indicative of coping reactions, by people with major mental illness, to conditions within correctional settings. They are behaviors learned or reinforced under the stress of correctional incarceration, now carried into therapeutic settings—some with locked doors, some unlocked, but in all cases with supervision by authority figures.

Treatment

The SPECTRM therapeutic program, Re-entry After Prison/jail (RAP) applies cognitive-behavioral and psychoeducational technologies. The main theme of the program is rooted in the concept that prison/jail environments are very different places from mental health programs or facilities. This theme is reflected in the therapeutic catch phrase: “This is not a jail—this is prison — We are here to help.” It is hoped that RAP participants will learn to recognize the differences between these settings, form positive therapeutic alliances with staff and better engage in available treatment services. In order to accomplish this goal, a series of ten structured topics have been created to assist participants in making the transition from correctional to mental health settings. These topics include Habitual Patterns of Learned Behavior, Scripts for Survival in Jail and Prison, Analyzing Situations and Changing Thoughts. In order to allow people to master material and discuss relevant issues, and share “war stories” from incarceration, each topic may take two or more sessions.

Summary

The SPECTRM Project was developed to address and correct the issues and problems unique to individuals with both mental illness and correctional incarceration experience. Using an interactive program of research, training and consultation, SPECTRM has developed workshops, videos and resource materials which aim to increase the providers awareness of the nature and impact of criminal justice institutionalization on the mentally ill, and provide them with specific tools to ameliorate the psychological and behavioral consequences of correctional confinement. For more information on the SPECTRM Project please call us at (718) 933-0600, ext. 2743 or contact us on-line via e-mail: <SPECTRM@ersols.com>.

THE NEW YORK STATE & THE PUBLIC SECTOR

OHM Sponsors Statewide Grand Rounds by W. William Tucker, M.D.

The Bureau of Psychiatric Services of the New York State Office of Mental Health will once again be sponsoring a series of “Statewide Grand Rounds” programs, that will air, live, on the fourth Wednesday of each month, from 1:00-2:30, from January through May in 1999. These programs are aimed at public-sector psychiatrists and can be viewed at the rehabilitation building auditoriums of any of OHM’s psychiatric centers; they can also be viewed by anyone with access to a large (5’) satellite dish. CME category I credit is available.

Viewers are encouraged to call in with questions and comments over the “800-” phone number during the broadcasts. Further technical information can be obtained by calling Mrs. Lynne Wechsler at (318) 473-7768. Programs scheduled thus far include:

• January 27, 1999 – Otto Kemberg, M.D., presenting on “What Works in the In-Patient Treatment of Severe Personality Disorders”
• February 24, 1999 – Ludwig Szymanski, M.D., presenting on “Treatment of Patients with Developmental Disabilities and Mental Illness”
• March 24, 1999 – John Straus, M.D., and William Carpenter, M.D., presenting on motivational issues in patients with schizophrenia
• April 28, 1999 – a presentation on the management of the chronically or repeatedly suicidal patient
• May 26, 1999 – a presentation on the uses and limitations of cognitive-behavioral therapy.

We look forward to hearing from you with us!

NYSPA PUBLIC AFFAIRS

Online Searchable Database Update

by Michael Blumenfield, M.D., NYSPA Public Affairs Chair

Lost and Found

While 800 NYSPA members have signed up as of this writing, a portion of these applications are incomplete. If you have submitted your application in either written or electronic form, take a moment to verify that we have indeed incorporated you into the database by performing a name search.

If you have submitted an application (either electronically or in written form), and your name search doesn’t return your individual profile, please notify us via email to:

findme@ptofview.com

If your profile needs updating or is inaccurate, please email:

fixme@ptofview.com

Include your name, daytime phone number, and DB designation in your correspondence. If you do not have access to email, you may submit your inquiry writing in (no phone calls please) to NYSPA Database, c/o Point of View Productions, PO Box 285, Howell, NJ 07731.

Other questions concerning web site or public affairs programs can be addressed to Michael Blumenfield, M.D., NYSPA Public Affairs Chair <ronnlien@aol.com> or (914) 472-5039.

We appreciate your participation in the NYSPA Online Searchable Database and are working hard to ensure an accurate and dynamic Internet presence for NYSPA members.

Read the Bulletin on line at http://www.nyspsych.org/bulletin

SPECTRM Project
The NYSPA Online Searchable Database has undergone a new graphical as well as technical design. We hope everyone will find visually appealing as well as easy to use. To access the NYSPA Online Searchable Database, following the search link at <http://www.nyspsych.org/referral/>

GettingAround
Once a visitor has accepted the terms of the disclaimer, he or she is brought to the NYSPA statewide search page. Here, a “search by name only” option is provided. There are also links to each individual NYSPA DB search pages from this URL. This allows for a visitor to narrow their search geographically and add more using more extensive criteria to their search (such as Health Insurance Plans, Areas of Interest, and cities where applicable).

A “search by name only” is one search option that can be found on either the NYSPA Statewide or any District Branch level search pages.

Since many members practice inside and outside of their DB’s geographic boundaries, the “search by name only” option was designed to search the database statewide on both the state level and the individual DB levels as well.

The second search option found on the individual DB pages restrict search criteria to the members’ practice location within the specific DB’s geographic boundaries.