



Synapse



THE WEST HUDSON PSYCHIATRIC SOCIETY NEWSLETTER

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Robert N. Sobel, M.D., Editor & Syed Abdullah, M.D., Co-Editor

In Grateful Acknowledgment

No voluntary organization, no matter how essential its purpose, can survive on its own merits. It needs the active support of its members in order to sustain itself. Even though the APA has tried to get its financial house in order and control costs, our yearly dues for membership are not insignificant. In view of this, I would like to thank everyone who decided that having a cohesive professional organization was worth the monetary sacrifice and remained members of the WHPA. I believe that your hard-earned dollars will make a difference during these challenging times, as the APA is the only organization on the map that has our interests in mind. Without a strong APA, our professional future will be determined by the whims of government and big business to an even greater degree than they are now. Need I say more.

Although we are a comparatively small district branch, our accomplishments have been noteworthy. They are our best defense against the DB merger-mania plans which seem to arise periodically. Acknowledgments and congratulations are in order.

Congratulations to Drs. Citrome, Flax and Roncal, who became APA Fellows last month. The tiny F.A.P.A. which I hope they have immediately added to their stationary, speak of years of dedication and accomplishment.

For the second time in nine years, Synapse has been chosen as Newsletter of the Year by the APA. Our crack editors, Drs. Sobel and Abdullah, have made a habit of turning out a quality publication that never fails to impress. Original articles by the membership are always appreciated, say our editors. Just remember to use spell-check.

Dr. Lois Kroplick has revitalized our public

image in the community by co-founding the Mental Health Coalition of Rockland County. This organization has developed a multitude of programs that keep an informative and very positive view of mental health issues alive in the public eye. And of course, those rumors that she was named the exemplary psychiatrist of the year for 1998 by NAMI and received the PAN (public affairs network) award by the APA for her coalition activities in 1998, are all true.

Dr. David Brody, our Educational Committee Chair for the WHPA has expanded the number of educational events from our usual two meetings per year, to an astounding six! (See page 8 for a current listing of events.) The lineup of speakers for these meetings is impressive, and I'm sure they will be well attended by the membership. David's learning curve for dealing with caterers, meeting announcements, pharmaceutical funding, etc. has also increased exponentially. Perhaps these core skills should be added to residency training in Psychiatry.

Dr. Alan Tuckman has continued his excellent work as the ethics committee chair, where complaints can be addressed in a dignified manner, for both the patient and the practitioner. He welcomes any ethical or legal questions by individual members and, as always, strict confidentiality will be maintained.

Dr. Jim Flax has continued his fine stewardship of the private practice committee, with an update of the WHPA practitioner manual in the making. (Please submit your revised practitioner profiles to him ASAP.) He continues to maintain the clinical referral line for WHPA and has a special

place in his basement to store the paraphernalia for our nationally recognized Depression Screening Day booth.

Thank you Dr. Hornstein, Treasurer for WHPA, for a very well run department, and keeping the DB out of bankruptcy for at least another year. Thank you Dr. Citrome, for putting the WHPA into cyberspace and maintaining a website that even a computer illiterate such as myself can use. Thank you Dr. Gerber for your fleet-footedness in chasing down new members. Thank you Dr. Ducker, for agreeing to stay on the pensionless job as WHPA secretary, after your retirement from the Health Complex.

Most of all, thank all the WHPA members for your participation and support over the years. Any member wishing to help out in the committees listed above, is more than welcome. You need only contact me.▲

Marc Tarle, M.D.



In This Issue...

- ▲ Pg 2 Duty to Protect
- ▲ Pg 3 Public Affairs
- ▲ Pg 4 Private Practice
- ▲ Pg 5 Humor Under Duress
- ▲ Pg 7-8 Help for Physicians

The Duty To Protect Continued

One of our greatest legal challenges in doing psychotherapy has always been the question of how to handle a patient who speaks about harming another person. This, the "Tarasoff Duty to Warn or Protect" issue, has many variations (thanks to creative lawyers). The basic concept of course, had to do with breaching confidentiality and notifying another person (an

intended victim) that their life may be in danger, as a result of threats made by a patient during the course of psychotherapy. (The original "Duty to Warn"). This was superseded by the Duty to Protect, which may require under certain circumstances, a therapist to intervene with the Patient, through increasing sessions or medication or hospitalizing the patient, as a means of indirectly protecting an identified intended victim (or maybe even an unidentified victim).

This has even been taken further, into areas totally unexpected and in our view, incapable of prevention: such as when a patient drives a car while medicated or just mentally disturbed, gets into an accident harming a total stranger. This person then sues the psychiatrist on the grounds that he/she had a duty to protect unforeseen victims of this patient's unforeseen inappropriate behavior. Or the patient who, many months after therapy kills another person, and the psychiatrist is held responsible (again, under quasi-Tarasoff reasoning).

But, all is not lost, and some Courts have used good common sense in dealing with the progeny of those original Tarasoff cases.

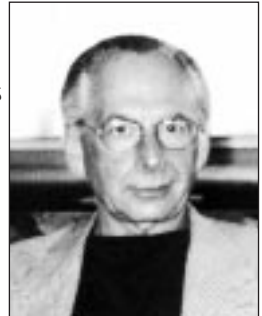
One recent case, in New York, (Mottan v. State, 666 NYS 2d878) (1997) will hopefully reverse the bizarre trend of blaming us for everything and anything a person may do, simply because they are, or have been, in therapy.

In this case, a patient was discharged from a State-operated Alcohol Treatment Center, for violating a rule prohibiting patients from consuming alcohol. Shortly after his discharge, the patient was struck by an automobile while walking down a street in an intoxicated condition. He subsequently sued the Center and therapist, claiming that the Center owed him a duty to protect him from harming himself after he was

discharged (because of his breaking the rules of the Center).

The Court pointed out that the patient had no expectation that the Center would protect him from the consequences of his impaired state. In addition, even assuming that a duty was owed, the Center had done all it was authorized to do, under the law. The patient who had been voluntarily admitted to the Center, broke the rule against drinking and when offered a referral to a properly equipped Alcohol Crisis Center, refused that referral. The Center had no right to hold the patient.

Thus in circumstances similar to these, when you as a therapist discharge your responsibilities with a resistant patient by arranging alternative treatment, advising the patient accordingly, and discharging the patient properly, you will hopefully not be held responsible for totally unforeseen events befalling the patient or others who he/she may subsequently harm. ▲



Alan J. Tuckman, M.D.
Chairman, Ethics Committee

Congratulations to

Les Citrome, MD, MPH,

Jim Flax, MD and

Rogelio Roncal, MD

on being approved as

APA Fellows!

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Articles published in Synapse represent the views of their respective authors and do not necessarily represent the views of the West Hudson Psychiatric Society or its members.

SYNAPSE designed by Lydia Dmitrieff

Rockland Coalition Groups

The Mental Health Coalition of Rockland County is planning ahead for Mental Health Month (May 1999)!

The last coalition meeting which was rescheduled for January 24, 1999 from January 17, 1999 due to a snowstorm, was overflowing with new and old members. We now have approximately 25 members and enthusiasm runs high.

For the spring, we decided that the group we will focus on to "destigmatize mental illness and promote mental health" is the Police force. The police are often the first line in dealing with difficult situations with the mentally ill (such as violence, drugs, alcohol, or paranoia). Many of us deal with the police on a regular basis and this is a good opportunity to enhance our relationship. We are in the process of plan-

ning a program for May. If you would like to participate, please contact me: Dr. Kroplick at 914-364-2428.

The next group we will focus our attention on is "families". We are planning a teleconference especially focused on educating families about the new anti-psychotic medications. Families can be invaluable in destigmatization and education of a patient about their mental illness. Often it is the support of the family, which convinces a patient to take necessary medications. The teleconference is open to all families from NATW-FAMILYA and any other interested family members.

We will also have several college programs. This spring we are looking for volunteers. This is a great way to promote yourselves as well as perform a

great community service.

In addition, the Picnic for Parity will be May 23, 1999. Save the date. Last year was a tremendous success and we expect this year to be even better. Please show support by coming out to participate in these events.

The next coalition meeting is Thursday March 11, 1999 at 12 noon in the conference room at the Rockland County Department of Mental Health. I look forward to seeing you there. ▲



Lois Kroplick, DO,
Chair, Public Affairs

SYNAPSE
WINS
AGAIN!
APA Newsletter
of the Year for
Small District
Branches
for 1999!

This is the second newsletter of the year award for Synapse. We are eligible only once in 5 years. However, we have won several other awards including the APA Five Year Continuing Excellence in 1997, APA Continuing Excellence in 1993 and 1995 and APA Honorable Mention twice.

Save-the-Date April 10, 1999

Hope and Recovery Through Research and Information

A Conference for Families and Caregivers of People with Severe Mental Illness

*Sponsored by NAMI Families and Friends of the Nathan Kline Institute for Psychiatric Research
In collaboration with the Nathan Kline Institute and Rockland Psychiatric Center*

When: Saturday, April 10, 1999, 8AM-5PM

Where: IBM Palisades Executive Conference Center, Route 9W, Palisades, New York

Cost: \$25 per person (includes registration, lunch, and breaks);
\$15 per additional family member

Advance registration required; limited attendance

- ✓ Plenary Sessions by leading experts in the field
- ✓ Small Ask-the-Doctor workshops
- ✓ Expert panels focusing on recent research and contemporary practice issues

For details or registration information, contact:

Jerry or Helen Klein
NAMI Families and Friends
914 352-0342

Irene S. Levine, Ph.D.
Nathan Kline Institute
914 398-6503

Linda Ligenza, ACSW
Rockland Psychiatric Center
914 359-1000 X 2292

Private Practice: Referral Program Update

In a separate mailing, you will soon be receiving an invitation to once again become part of the private practice referral directory or to update your listing in the directory. This has become one of the most successful programs your district branch runs. We distribute about 1000 of these manuals yearly. It is now also available on the internet at our Website. We feel this has contributed immeasurably to our public image, has contributed to reducing stigma and offers a direct service to patients and their families who are looking for psychiatric care but don't know how to go about it. This program serves you and the community at large.

Over the past year we have continued to answer FIVE calls PER WEEK for referral information. These calls come from our advertising in the Yellow Pages of Rockland County and Middletown. When the request is specific enough to narrow the number to 3 - 5 psychiatrists who meet the patients' requirements, these names and numbers are provided over the phone and a copy of our referral directory is mailed out. If the request is too general (for example, someone requests a psychiatrist who treats "anxiety" and is located in Rockland County - a description applying to most of those currently listed in the referral manual) their questions are answered and a copy of the referral directory is mailed to them.

WE ARE MAKING ABOUT 260 REFERRALS PER YEAR over the phone and another 100 or more through the Depression Screenings we run. If you have not received any referrals from us, it is because:

YOU ARE NOT LISTED

Many of the callers have insurance coverage requiring that they see an approved provider only and no one on our list fits the bill.

The callers request a psychiatrist who

accepts medicaid and no one on our list takes Medicaid. (Actually a significant fraction of the calls).

Your listing does not fully describe you or your practice. For example, if you are board certified in Child but haven't indicated so, a prospective patient looking for a board certified Child Psychiatrist would not pick you. Or, if you indicate "yes" to insurance accepted without specifying which ones you participate in, I wouldn't be giving your name to someone who is looking for a VBH provider even though you might be. If you don't indicate you have any special interest areas or services then your name would not stand out to someone looking for a psychiatrist who has experience with the pharmacological management of adult ADHD.

Your listing does not advertise anything unique about you or your practice which distinguishes you from all the others who are listed in the manual. Review the manual through the eyes of a prospective patient to see how they might make a choice. See if there is anything you can say in describing your training, interests, special services or credentials which might differentiate you from your colleagues.

WHAT YOU CAN DO TO INCREASE REFERRALS FROM THE LIST

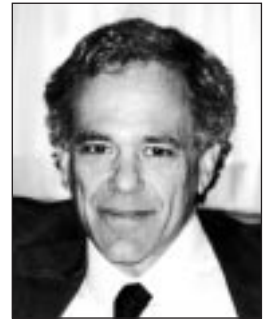
BE LISTED. I know there are many psychiatrists in private practice who are not. You are missing out on a potential source of referrals and failing to participate in an important public service.

Review your listing and edit it again to **ACCURATELY AND COMPLETELY REPRESENT YOU** in a way which will appeal to a prospective patient seeking care.

Add to your credentials, skills and experience. Then call or write me to insure these are included in your listing.

I will be sending out notices shortly to revise and update the manual once

again. If you are not participating now and have a private practice, please consider adding your name to the list. If you are participating and have not received referrals, review your listing and see how you can more fully and accurately describe what sets you apart from others and might pique the interest of prospective patients.



This program is one of the more expensive we offer. The printing of the manual alone is over \$1000. Advertising, phones and mailing add over another \$1000. While the program serves the public, we again must charge those practitioners who stand to benefit directly from referrals in order to make up some of the costs of what has turned out to be an extremely successful program. We are asking for \$50 to be listed in the next edition of the Referral Manual. (One referral to you will more than offset the \$50). This will cover some of the total costs. You will also be listed at our website for no additional cost. Remember, your District Branch dues are the lowest in the country. You receive dinner meetings with scintillating speakers, public advocacy, the award winning newsletter Synapse and public relations efforts like the Depression Screenings, the creation of a mental health coalition with psychiatric leadership, etc. The Referral Manual is an important part of our efforts. Patients, other practitioners, professional organizations all find it useful and think of us when deciding what to do about a psychological or psychiatric problem.

Please participate in the Referral Manual. Review the materials mailed to

Continued on next page ➡

Humor Under Duress

Physicians are notorious for their poor penmanship in writing clinical notes and medical reports. These have been topics of endless jokes in the lay and medical literature. In recent times doctors are being called upon to mend their ways in this regard or face some serious consequences. With an increasing access to medical records by the regulatory agencies, and the undermining of the provisions of patient/doctor confidentiality, the medical providers are under increasing pressure to make their notes tidy and conforming to the standards set by the HMOs and other third party payers.

We are being warned that we may be charged with fraud and abuse if we do not adequately document the services that we submit claims for payment. HCFA has named psychiatry as the number one target for the investigation of this nature. The False Claims Act threatens civil penalties of thousands of dollars for not documenting, in a proper format, the services rendered during a visit. The False Claims Act specifically states that no proof of intent to defraud is necessary to prove a false claim. HCFA's new documentation standards, specially those for the "Evaluation and Management" codes are extremely complex and baffling. It is difficult to imagine how busy physicians will be

Private Practice cont'd

you. If you are already listed, go over the description in the manual and edit it so it includes everything that might help a patient deciding where to seek help. If you are not listed and have a private practice, please consider participating in this important public relations effort. It benefits patients, psychiatry and potentially YOU. ▲

Thank you,
Jim Flax, MD

able to comply with the details of these requirements. And yet, the failure to do so may expose a perfectly ethical and honest physician to charges of fraud and abuse.

HCFA has reported to Congress that every \$1 spent investigating health care fraud will result in the recovery of \$28! The department of Justice and the Office of the Inspector General, which investigate and determine the penalties, get to keep the money recovered, which is an incentive to identify the abuses based on the insufficiencies of the documents.

These developments have caught the doctors in a state of unpreparedness. The Wall Street Journal of January 27th, 1999 has given a listing of some of the omissions and commissions the doctors commit in writing the charts. This list, which is a partial one, was collected from the records that were scrutinized by some of the HMOs. Their humor is enjoyable as well as a reminder for us to take our notations on charts seriously. Some private entrepreneurs have appeared on the scene to teach doctors, for a hefty fee, how to fulfill the documentation requirements mandated by HCFA!

Here is a sampling of the careless mistakes that doctors are used to making:

"The patient had waffles for breakfast and anorexia for lunch."

"She stated she had been constipated most of her life until 1989 when she got a divorce."

"The patient was in his usual state of good health until his airplane ran out of gas and crashed."

"I saw your patient today who is still under our car for physical therapy."

"The patient lives at home with his mother, father, and pet turtle, who is presently enrolled in day care three times a week."

"Bleeding started in the rectal region and continued all the way to Los Angeles."

"Both breasts are equal and reactive to light and accommodation."

"She is numb from her toes down."

"Exam of genitalia was completely negative except for the right foot."

"While in the emergency room, she was examined, X-rated and sent home."

"The lab test indicated abnormal lover function."

"The patient was to have a bowel resection however, he took a job as stockbroker instead."

"The baby was delivered, the cord clamped and cut, and handed to the pediatrician - who breathed and cried immediately."

"Coming from Detroit, this man has no children."

"Exam of genitalia reveals that he is circus sized."

"Examination reveals a well developed male lying in bed with his family in no distress."

"The skin was moist and dry."

"When she fainted her eyes rolled around the room."

I hope the above quotations will cause some chuckles as well as prove to be consciousness raising to our beleaguered friends. In the above examples the psychiatric charts were spared the scrutiny. We hope that in future investigations such comments as: **"The patient had committed suicide twice before."** will escape the attention of the investigators. ▲



Syed Abdullah, M.D.

Doing a Terrific Job?

Lauren D. La Porta, MD has contributed to Synapse in past and has the gift of using irony to address many of the issues we, as psychiatrists, confront. She is private practice in Northern New Jersey and is a member of the North Jersey Psychiatric Society.

The other day, I got to the hospital early and set to work. My unit was busy, as always, lots of hustle and bustle. Organization, I have learned, is the key to getting the job done.

First I got a comprehensive report from my faithful nursing staff. Next, we launched into treatment planning, creating a thorough and concise plan for each patient taking into account their present psychiatric, medical and psychosocial challenges

setting clearly definable goals for each. Everyone said I had done a terrific job leading my team in this important task.

I then had to dictate an interim summary to facilitate the transfer of a patient to a longer term treatment facility. I also had to complete a report for court on another patient. Everyone always tells me I do a terrific job keeping on top of these record keeping tasks; I hurried off to an important administrative meeting where the timeliness of completion of medical record was once again stressed. According to what our administrator said, I'm doing a terrific job in this regard and am meeting or exceeding all the JCAHO standards. The medical records committee agrees and have given me an award each year in recognition of this fine achievement. After the meeting, I paid

my usual weekly visit to medical records, signed charts and dictated a summary or two. I thought I did a terrific job. But, I couldn't help feeling I had forgotten something.

After eating lunch at my desk while returning phone calls to families, insurance companies and managed care reviewers, I reviewed lab data, spoke with a consultant, proofread more discharge summaries, filled out forms for welfare and disability, check my voice mail for more messages, then rushed off to teach a lecture to the residents. They told me I had done a terrific job and that my lectures are always the best attended. Why, then, this feeling something just wasn't right?

By the time I was done with this, it was time to go home. Yet, despite all I had accomplished in my work day, I still kept thinking there was something I had forgotten. But how could that be? I had done a terrific job for the past eight hours. Hadn't everyone told me so? Hadn't I done all the things my administrator told me I needed to do? Hadn't I signed all the forms and written all the summaries JCAHO wants me to? Hadn't I fulfilled the documentation requirements for the HMOs? Indeed, I had done all those things. What then, could I possibly have left undone? Why this nagging in the back of my mind that some detail was still outstanding? It then occurred to me that despite the terrific job I had done all day, I had been unable to see any of the patients. More disturbing, this had not been a priority to any of my supervisors, the JCAHO, the HMO, or anything else with initials. I had done all the things they cared about. The paperwork was all completed, all the i's dotted, the t's crossed, the papers properly pushed and filed. To all concerned, I had indeed, done a terrific job. Then, tell me, why did I feel so lousy? ▲

Doug Ward
Sheila Redmond
John Moynihan

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Lauren D. La Porta, MD

Advocacy and Help for Physicians Suffering from Psychiatric Illness

The OPMC (Office of Professional Medical Conduct - the Medical Board of the State of New York) of the Department of Health has a website at <http://www.health.state.ny.us/nysdoh/opmc/main.htm> that the public can view listing the names of physicians who received disciplinary actions ranging from probation to license revocation, as well as details as to why these actions were taken. I was shocked to see some names I recognized, including psychiatrists with whom I've worked. What happened? What interventions are available for a colleague in trouble?

What can be done before their personal and professional lives are reduced to shambles? The Committee for Physician's Health of the Medical Society of the State of New York runs a program to provide clinical guidance and advocacy for physicians suffering from psychiatric illness. Although OPMC has an impaired physicians program for physicians who have shown work impairment (and participate after their license is reinstated), CPH is a diversionary program in that they can enroll physicians suffering from psychiatric illness without the knowledge of OPMC or any other agency.

Their goal is to enroll physicians who suffer from psychiatric illness before they are impaired in their work.

Ms. Eisner, joined by a physician who utilized the services of the Committee for Physician's Health, were the speakers at a recent Grand Rounds held at the Rockland Psychiatric Center. The attendees were treated with a frank discussion about physician impairment and ways to help our troubled colleagues. A summary of their presentation follows. -Ed.

In the long-standing tradition of medicine, physicians have helped colleagues with their health problems. It is in this tradition that the Committee for Physicians' Health (CPH) was established by the Medical Society of the State of New York (MSSNY). CPH helps those affected by Substance Use Disorders and other psychiatric illnesses. CPH serves licensed and unlicensed physi-

cians (MD's and DO's), residents, medical students, and physician assistants. Services are provided at no charge and without regard to medical society membership status.

The philosophy of CPH is that Substance Use Disorders and other psychiatric illnesses are diseases which can be successfully treated. Our mission is to identify individuals in need of assistance, to refer to appropriate treatment programs, to monitor progress in recovery, and to advocate for continuation of or return to active medical practice.

Especially important is CPH's advocacy role regarding employment, licensure, applying for medical liability and other insurance, becoming part of managed care panels, and other related issues.

Who makes referrals to CPH? Anyone con-

cerned enough to help. Seventy percent of the referrals are either self referrals or referrals from colleagues. Other sources of referrals are family, treating physicians, nurses, hospitals, patients and pharmacies. All calls to CPH are completely confidential. The identity of the referral source is never revealed, unless the caller wishes to be known. In fact according to New York State law, persons who refer in good faith, as well as the volunteers who work with CPH, are immune from legal challenge. In addition the identities of those enrolled in CPH are protected by law and are not revealed without consent.

While making a referral is vital, it can sometimes feel uncomfortable. People may think they don't have enough information, that

Continued on next page ➔



The Clinician

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

- Advances in Research
- Forums
- Symposia
- Workshops
- Scientific and Clinical Reports

- Media Program
- Debate
- Round Table Discussion
- CME Courses
- Review of Psychiatry Sessions
- Clinical and Continuous Case Conferences
- Research Advances in Medicine
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For further information, please write to:

Office to Coordinate Annual Meetings
American Psychiatric Association
1400 K Street, N.W.
Washington, D.C. 20005
Telephone 202.682.6237
Fax 202.682.6345

they may be wrong, or that they might ruin a career. While these feelings are natural, it is important to take a different view. The calls are confidential, and concern about a physician rather than concrete proof is sufficient for referral. It is best to err on the side of caution. All physicians referred are clinically assessed. If assessment shows no disease, then no harm is done. If a diagnosis is determined, treatment can be provided. Failing to pick up the phone enables sick individuals to progress in their disease, possibly cause harm to patients, be open to lawsuits, and endangers family, work, and career relationships.

THAT PHONE CALL CAN MAKE THE DIFFERENCE. Remember, physicians do get sick - and they can be helped. To make a referral, or to request information, call 1-800-338-1833. Your caring concern may save a life and a career.

NOTE: Educational and outreach services are also provided by CPH for physicians and administrators and the medical community. Seminars cover recognizing and dealing with impairment, and the structure and function of CPH. One hour of CME credit is available. Call the above number to schedule a presentation.

*By Susan Eisner, M.P.H., C.A.S.A.C.
CPH Outreach Education Coordinator*

Upcoming WHPS EVENTS

Thursday, March 18:

Michael Serby, MD, Mt. Sinai School of Medicine
Psychiatric Treatment in Parkinson's Disease
Location: Inn at Central Valley, Central Valley, NY

Friday, April 23:

Seth Stein, Esq., Executive Director and James Nininger, M.D., President, both from NYSPA.
Managed Care Issues for the Private Practitioner
Location: Dellwood Country Club; 12 noon to 1:30

Friday, April 30, Annual WHPS Spring Dinner:

Robert Cloninger, MD, Washington University School of Medicine, President of NYSPA
Temperment, Personality and Classification of Mental Disorder

Tuesday, June 15:

Eric Hollander, Mt. Sinai School of Medicine
Ask the Expert: Obsessive Compulsive and Body Dysmorphic Disorders

Friday, October 15:

Annual WHPS Autumn Dinner: Topic and speaker to be announced

Locations for April, June, and October programs have not been finalized.

SYNAPSE is available on the World Wide Web at <http://www.rfmh.org/whps>

S Y N A P S E

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Pomona, NY 10970-0741



1992 and 1999 APA Newsletter of the Year for Small District Branches • 1993 APA Continuing Excellence Award
• 1995 APA Continuing Excellence Award • 1997 5 Year Continuing Excellence Award
1998 APA Honorable Mention