



Synapse



THE WEST HUDSON PSYCHIATRIC SOCIETY NEWSLETTER

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

President's Message: Taking Stock and Forging Ahead

Congratulations to the Synapse and to its editors, Robert Sobel, MD, and Syed Abdullah, MD, for an unprecedented honor: being recognized as "Newsletter of the Year" for the third time AND for two years in a row. Drs. Sobel and Abdullah are not satisfied however, and want to make the newsletter even better. They have asked that more members get involved and write for the Synapse. This can take the form of letters or brief articles. You can reach Dr. Sobel by e-mail at drbob7378@mail.city.com or by phone at 914-359-1000, extension 2226.

Congratulations to Public Affairs Chair Lois Kroplick, DO, for again winning the Public Affairs Network award for her work with the Mental Health Coalition of Rockland County. Dr. Kroplick is also looking for involvement from others within the district branch. She can be reached by email at drkroplick@aol.com or by phone at 914-364-2428. In addition to attending the Picnic for Parity (scheduled for May 7, 2000 at Rockland Lake, with a rain date of May 20), members are invited to speak at meetings of community groups, such as the rotary club and business associations.

Jim Flax, MD, our Private Practice Chair, is turning over the reins of our

National Depression Screening Day efforts to Dominic Ferro, MD. Dr. Ferro will be contacting you to volunteer for the Fall event. This has been one of the highlights of our District Branch activities. Thanks again to Dr. Flax for running the show for the past decade. He will continue to manage the private practice directory. Dr. Flax can be reached by email at drflax@aol.com or by phone at 914-362-2557. Dr. Ferro can be reached by e-mail at dferromd@aol.com or by phone at 914-623-0658.

April 14, 2000 marked the day of a very well attended dinner meeting organized by David Brody, MD, our Education Chair. Held at Mt. Fuji restaurant at the border of Rockland and Orange counties, the meeting attracted a strong contingent of members from Orange County and helped renew old friendships and connections for all attendees. Our next scheduled dinner meeting will be October 27, 2000 at the Dellwood Country Club in New City. Hope to see you there!

On a personal note, several of the attendees of the April 14 meeting approached me and asked "where are your glasses?" Ba Han, MD was more perceptive however and stated "you had your eyes fixed." Two weeks prior to the meeting I did have Lasik

surgery done to correct myopia and astigmatism. I no longer require glasses and my new vision is approaching what it was with

glasses. Although my own recovery time was a little longer than most, it was a surprisingly easy to tolerate procedure. I would be happy to talk to other WHPS members who are thinking about the operation. There are several resources on the internet about it (do a search on "lasik"), and there are several books available (check out www.amazon.com and search on "lasik" - you will also get reader's reviews). I can be reached at citrome@nki.rfmh.org or by phone at 914-398-5995. ▲



Leslie Citrome, MD, MPH.

In This Issue...

- 2-3 Child Custody Relocation
- 4 Public Affairs: Rockland County Business
- 5-6 Kendra's Law
- 7 Private Practice: Referral Program

Relocation in Child Custody

Prior to the last several years and before a series of court decisions, when a divorcing couple agreed on an out-of-court settlement of the children's custody, or when the case was decided by a court after a divorce and custody action, there would invariably be included in the decision a stipulation that the custodial parent must remain with the children, within a certain

reasonable distance from the non-custodial parent in order to facilitate visitation (usually within a 50-75 mile radius).

Recently, court decisions and writers in the legal and mental health literature, have promoted and supported the ability of custodial parents to move longer distances, often across the country. These decisions have generally been based on one or more of a number of factors: the custodial parent's financial needs, claiming that they cannot survive financially in their current location and must move to reduce an overwhelming financial burden; their need for a closer supportive relationship with family members living in another city; their being transferred by their companies to improve their occupational status; their having met, dated and become involved with a partner living in a distant city who they plan to marry.

As a result, more and more children face the possibility that the tie to their non-custodial parent following the dissolution of their parents' marriage, might be stretched or even broken by

the requested move of their custodial parent. Custodial parents will argue that the move is in their children's "best interests," since it will improve the family's finances or support system, family structure or general living conditions. The non-custodial Parents, will argue that they have had a close, involved relationship with their children which, if ruptured would cause irreparable harm to the children's growth and development or would separate them from a loving, extended family (the non-custodial parent's family) and their network of school, social and other relationships and from a setting in which they have lived and thrived for years.

In addition, advocates for allowing relocation will argue that frequently the relationship with the non-custodial



Continued on next page

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parent is superficial and has not offered an over-riding amount of involvement or nurturing and that it - is the custodial parent (and family, spouse, etc.) who has always provided the overwhelming amount of support, guidance, involvement, etc., to the children, and that the distance can be compensated for by longer, albeit, fewer visits with the non-custodial parent during holidays and summer vacations. They contend that the move and its benefits to the children far outweigh the loss of regular contact with the remaining parent. They also argue that the "bond" between the children and their non-custodial parent is often significantly weaker than the child-custodial parent bond and thus, the loss to the children is small.

To support their arguments, these pro-relocation advocates cite Freud, Solnit & Goldstein in the book "'Beyond the Best Interest of the Child' (and subsequent revisions) who hold very strongly to the belief that the custodial parent must have the authority and ability to make all decisions regarding the children (even including visitation with the non-custodial parent) and the Burgess v. Burgess California Supreme Court decision (913P,2d473, Cal. 1996) which supports relocation on various grounds (including an amicus brief by Dr. Judith Wallerstein, an acknowledged expert in divorce and custody).

The anti-location advocates argue that relationships between non-custodial parents and their children are often extremely undervalued, that parents fighting to prevent relocation frequently have a very strong bond with their children and an immense impact on their children's normal growth and development, which will be lost or markedly diminished following the relocation, resulting in significant pain for the children and have a negative impact on their

future growth, development and relationships, including their perception that a parent (usually a father) can easily be disposed of and isn't important to children. They also argue that not enough attention has been focused on the traumatic effect of "shuttling" (transporting the children long distances to effect visitation) on the children, disrupting their routines and preventing them from enjoying periods of time during peaceful vacations with their custodial parent, since they are always shuttling back and forth to effect the terms of the visitation arrangement. In addition, they argue that placing much weight on the children's opinions, which are heavily influenced by the custodial parent's statements to them painting an exaggerated, "rosy" picture of the new home, and the children's need to please the parent they primarily live with and depend on for survival, completely misunderstands the pressures on these children to report what is currently most easy for them, rather than what is a well thought-out, well-reasoned opinion (which children are usually incapable of

making). The anti-location parents will cite their own literature (including the article by Richard Gardner, MD in *The Journal of the American Academy of Psychiatry & Law*, Vol. 26, No. 3, 1998, on his response to the Burgess Decision).

Of course, both sides will cite "research" to bolster their positions and will certainly agree that some relocation cases are without merit, primarily designed for retaliation, or to follow a fantasy or other improbable wish for a better life.

This is not an easy decision and while custodial parents should have significantly more prerogatives than non-custodial parents (even in cases where there is joint legal custody, but primary physical custody with one parent), the reasons for and validity of the requested relocation must be weighed heavily in arriving at a decision which, in reality, may be beyond the most learned jurist or mental health professional expert. ▲

Alan J. Tuckman, M.D.

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Focus on Rockland County Business, Legal Issues and Parity

I was honored to receive on behalf of the West Hudson Psychiatric Society and the Mental Health Coalition, the PAN (Public Affairs Network) Award for the year 2000 for overall public affairs. This award which was presented at the APA's Joint Legislative and Public Affairs



Dr. Kroplick at Joint Institute for Legislative and Public Affairs receiving the PAN Award.

Conference (February 24 to February 27) was given to only 8 district branches in the entire country! I can not express enough gratitude to the many members of the Mental Health Coalition and West Hudson Psychiatric Society who made



Dr. Kroplick and Surgeon General Dr. David Satcher

this award possible! In fact, every member who participated in a public affairs activity will be receiving a special certificate for recognition of his or her hard work! This is our way of demonstrating that every coalition member and West Hudson Psychiatric

Society member truly does deserve a piece of the award.

In addition to receiving the PAN Award, the Joint Institute Conference was an inspirational weekend. The Honorable David Satcher, the US Surgeon General spoke at the conference. He emphasized how mental illness is real, diagnosable, and treatable. Due to stigma, however only one in five Americans with a mental illness will be treated. His speech produced such enthusiasm that he received a standing ovation. The Honorable Helen Thomson, who is an Assistant Speaker Pro Tem for the California Assembly received the 1999 Jacob K. Javits Public Service Award. Helen Thomson played a major role in passing the parity law in California.

Throughout the conference, I attended many lectures, and small group discussions concerning many issues such as Parity, Media Relations for the 21st Century, and Networking.

Marc Tarle, MD, our government relation's representative also attended the conference. We will be trying to come up with ideas for working together on issues such as parity.

Speaking of parity, the annual "Picnic for Parity" will be held May 7, 2000 at Rockland Lake State Park from 12 noon to 4 P.M. The rain date is May 20, 2000. Please come out and support this important issue. We hope to have many important government representatives in attendance. The presence of Psychiatrists emphasizes the importance

of parity- that failure to provide parity for mental illness is blatant discrimination.

Meanwhile, members of the Mental Health Coalition have begun their campaign to "Destigmatize Mental Illness and Promote Mental Health" to the business community of Rockland County. There are six presentations scheduled for different business groups (including many Rotary Clubs) throughout the months of April and May.

The first presentation on April 5, 2000 was to the Women's Professional Business Network of Rockland County. A special presentation was given by Drs. Kroplick and Palkhiwala on "An Overview of Mental Illness and Anxiety Disorders". Kathy Jackson, a consumer who has recovered from mental illness spoke eloquently about her experience with Mental Illness. The 20 women who attended the Presentation commented on how inspirational the presentation



Left to right: Dr. Marc Tarle, Dr. Lois Kroplick, and Dr. Michael Blumenfeld at the Joint Institute for Legislative and Public Affairs

was! They invited us both for a return visit as well as invited us to become regular members.

"Bridging the Gap Between Mental Illness, Chemical Dependency, and the

May is Mental Health Month

Continued on next page ➡

What Kendra's Law Means To You: Part II

This article is reprinted with the permission of the Editor of the NYSPA Bulletin.

By D.J. Jaffe and Jonathan Stanley, Esq. Treatment Advocacy Center, Arlington, VA.

Who can petition the court for AOT?

Any of the following persons can file a petition with the court to get a consumer admitted to AOT:

- 1) any adult person living with the consumer;
- 2) the parents, spouse, adult sibling, or adult child of the consumer;
- 3) if the consumer is an inpatient, the hospital director;
- 4) the director of a program providing mental health services to the consumer in whose institution the consumer resides;
- 5) a treating or supervising psychiatrist;
- 6) the director of community services, or his or her designee, or the social services official of the city or county in which the consumer is present or believed to be present;
- 7) the consumer's parole or probation officer.

The petition must be filed in the supreme or county court in the county in which the consumer is present or reasonably believed to be present.

What has to be in or included with the petition?

The petition must state that (1) the consumer is present, or believed to be present, within the county where the

petition is filed; (2) all the criteria for outpatient treatment, and (3) the facts supporting the belief that the consumer meets all the criteria.

The petition has to be accompanied by an affirmation or affidavit of a physician (who can not be the petitioner) that states either:

- 1) the physician examined the consumer no more than ten days prior to the submission of the petition; the physician recommends AOT; and the physician is willing to testify at the hearing; or
- 2) the physician or his or her designee (no more than ten days prior to the filing of the petition) tried to but could not persuade the consumer to be examined, that the physician has reason to suspect the consumer meets the criteria for AOT, and that the physician is willing to examine the consumer and testify at the hearing.

Who has to be notified when you file a petition?

The petitioner has to cause written notice of the petition to be given to the consumer and:

- 1) the consumer's nearest relative, and
- 2) the Mental Hygiene Legal Service, and
- 3) the current health care agent appointed by the consumer, if known, and
- 4) as many as three additional persons, if designated in writing to receive notice by the consumer, and
- 5) the Director of assisted outpatient

treatment for the county; and

- 6) the Director of Community Services, if the director is not the petitioner.

The NYS Office of Mental Health will appoint a Director of AOT who will be responsible for the program in your county. The Director of Community Services is an already existing county official. For the name of these individuals (Nos. 5 and 6), call the NYS/OMH (1 518 474-4403) or NAMI/NYS (1 800 950-FACT).

What must the court do before it holds a hearing?

After receiving a petition, the court is required to schedule a hearing in no later than three days (excluding weekends and holidays) and notify all the parties of the hearing date.

Continuances will only be allowed for good cause and before granting one the court shall consider the need for an examination by a physician or the need to provide AOT expeditiously before granting any continuances.

What happens at the first hearing?

The court will hear testimony and if advisable, examine the consumer (in or out of court). The testimony need not be limited to the facts included in the petition.

If the consumer does not appear at the hearing, and appropriate attempts to elicit attendance have failed, the court may conduct the hearing in the consumer's absence.

Continued on next page 

Legal System" is scheduled for May 18, 2000 from 8:30 AM to 12 Noon at the BOCES Conference Center at 65 Parrot Road, West Nyack, New York. The Coalition and WHPS will be sponsors of the event as well as NAMI-FAMILYA, Council on Alcoholism in Partnership with the Rockland Alliance for Prevention, and the Committee for Treatment of Incarcerated Substance Abusers.

The keynote speaker will be the

Honorary Ginger Lerner-Wren who is the presiding judge Mental Health Court in Broward County, Florida. There will also be a panel of experts in mental health and chemical dependency. Breakfast will be provided and prior registration is requested. Please contact Chris Vanasse (914) 623-2036 or Sally Bergman (914) 574-4940 for further information.

As you can see by our many

activities, May is Mental Health Month will be focused on the Businesses of Rockland County, Legal Issues, and Parity. Become a part of the action. Join us in our next coalition meeting on May 4, 2000 at 12 Noon in the Conference Room in Building F in the Rockland County Department of Mental Health. ▲

*Lois Kroplick, D.O.
Chairperson, Public Affairs*

Kendra's Law continued

However, the court cannot order AOT unless a physician, who has personally examined the consumer no more than ten days before the filing of the petition, testifies in person at the hearing. If the consumer refuses to be examined and the court finds reasonable cause to believe the allegations in the petition to be true, it then may order the consumer to be taken into custody and transported to a hospital for examination for no longer than 24 hours.

How is the treatment plan developed?

A consumer placed in AOT, is required to follow a treatment plan approved by the court. An examining physician appointed by the county's director of outpatient treatment or a director of an approved AOT program must develop the treatment plan. A physician must testify and explain it to the court. Unless the petitioner is an employee of one of the state agencies empowered to develop treatment plans, it is unlikely that such a plan will be presented at the initial hearing.

If the court finds that the consumer meets the criteria but a treatment plan has not been developed, the court will order the director of community services to provide the court with one within three days, excluding weekends and holidays. Another hearing will then be held to finalize and approve the plan. In developing a treatment plan, the physician will provide the consumer; the treating physician; and, upon the request of the patient, one person selected by the consumer with an opportunity to actively participate in its development. Also, if the patient has one, any directions included in a health care proxy will be considered by the court, but will not prevent a person with a health care proxy from being ordered into AOT. The physician developing the treatment plan will state:

- 1) which categories of AOT are recommended and the rationale for each;
- 2) facts which establish that such treatment is the least restrictive alternative; and,
- 3) if the proposed treatment plan includes medication, the types or classes recommended, physical and mental effects

of such medication (both beneficial and detrimental), and whether such medication should be self-administered or administered by a professional.

The physician should specify the types and dosage ranges of medication most likely to provide "maximum benefit", since the court will consider maximum benefit when ordering AOT.

What kinds of decisions can the court make?

If after hearing all relevant evidence, the court finds that the consumer does not meet the criteria for AOT, the court will dismiss the petition. If the court finds by clear and convincing evidence that the consumer meets the criteria for AOT and there is no appropriate, feasible, and less restrictive alternative, the court can order the consumer to receive AOT for up to six months (AOT renewals can be for up to a year).

The order will include the categories of AOT that the consumer is to receive, but cannot require any treatment that was not both recommended by the examining physician and included in the written

treatment plan. The order may specify whether such medication should be self-administered or administered by an authorized professional as well as delineate the types and dosage ranges of medication most likely to provide maximum benefit.

If the petitioner is the director of a hospital that operates an AOT program, the court order will direct the hospital director to provide or arrange for all categories of AOT for the assisted outpatient throughout the period of the order.

For all other persons, the order will require the director of community services to make sure that all the categories of services in the treatment order are supplied to the consumer. This is very important, because not only is the consumer being ordered into treatment, the director of community services is being ordered to provide treatment. ▲

Part III will appear in the next issue of Synapse



Private Practice: Referral Program

We continue to receive an average of 5 calls per week from individuals seeking information about Psychiatry and referral to Psychiatrists. I want to thank Dr. Tuckman who has frequently covered our phones when I've been on vacation.

A large proportion of the calls are from people who have been frustrated in their efforts to obtain care through their Managed Care Organization. They have called practitioners on the list provided by their insurer; only to learn that the practitioner is no longer a participating provider or are not accepting new patients. "Not accepting new patients" may be a euphemism for "I won't see patients covered by _____ insurance company because they pay too little and require too much time-consuming, confidentiality compromising reporting which interferes with proper clinical care".

Frustrated and angry, they call our information service and reluctantly

come to understand they may have to seek care "out of network". I've been urging these individuals to call their managed care organization to complain and insist on approval of care, even if it means an out of network provider. I have also suggested they call their employers benefits office and ask for advocacy to pressure the insurer to provide better access to care. Failing this, I have suggested they call the NYS Attorney General's Office (800-771-7755-3) or the NYS Health Department (800-206-8125) or their legislator to complain.

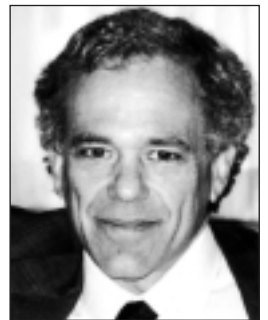
The shortage of willing participating providers may finally be felt by the managed care organizations. I recently received a call from Magellan, acknowledging that I was not a participating provider. They asked if I would see one of their "covered lives" and agreed, after some back-and-forth negotiation, to pay my full fee to the patient directly. The patient, in turn, pays me after each session, like all of my patients. They admitted that they could not find one of their own practitioners with time to see this individual.

As I have written in this publication many times, I no longer participate in any managed care plan. Apparently, more of my colleagues are withdrawing from participation as well. The more of us who refuse to play a part in the insurance industries misguided efforts to "manage care" at the expense of our patients and ourselves, the less likely they are to be successful in their profit driven movement to bureaucratize and standardize what is essentially a customized and very creative individual process between two humans.

DEPRESSION SCREENING

Dr. Dom Ferro has stepped forth to

assume responsibility for directing the annual Depression Screening our district branch runs every Fall at the local mall. As you know, the West Hudson Psychiatric Society has been nationally recognized for our success in this effort. Dr. Ferro has new energy and enthusiasm along with some innovative ideas to continue our tradition of success in this important public event designed to reduce stigma, educate and case-find. He plans to be contacting many of you over the summer months asking for you to donate time to this effort. I'm confident we will all continue to support this program as we have in the past. ▲



James Flax, M.D.

Save the Date!

(Decorative flourish)

**the WHPS will have its
fall dinner meeting
on
Friday, October 27, 2000
at the Dellwood Country Club
in
New City, New York.**

**Congratulations to
Les Citrome**

whose article is being published
in the May 2000 issue of *Psychiatric Services*
(an APA journal).

It is entitled...

*"Changes in Use of Valproate and Other Mood
Stabilizers for Patients With Schizophrenia
From 1994 to 1998 "*

Les is the primary author and it is co-authored
with Jerome Levine, M.D. and Baerbel
Allingham, M.S.

Editor

Synapse wins Newsletter of the Year Award for the 3rd time!

From the American Psychiatric
Association:

As Chairperson of the Newsletter Subcommittee of the Joint Commission on Public Affairs, I am delighted to inform you that the West Hudson Psychiatric Society newsletter has received the Newsletter of the Year Award, Small District Branch category in the 2000 Newsletter of the Year Award competition. The Joint Commission on Public Affairs has ratified the decisions of the Subcommittee.

As a Newsletter of the Year Award winner, you and your District Branch will be listed in the awards section of the Annual Meeting Convocation Program. You will receive your award during the APA 2000 Annual Meeting in Chicago, specific time and place to be announced.

The Subcommittee was pleased with

both the quantity and quality of District Branch newsletters this year. You have won in a most competitive field. We salute your commitment to excellence and thank you for the hard work that is evident in the West Hudson Psychiatric Society newsletter.

Again, I offer my congratulations to you and your District Branch for publishing such an outstanding newsletter. The communication at the grass roots is the lifeblood of the American Psychiatric Association.



Sandra Maas-Robinson, MD
Chair, JCPA Newsletter Subcommittee

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1998 APA Honorable Mention