



# Synapse



THE WEST HUDSON PSYCHIATRIC SOCIETY NEWSLETTER

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## West Hudson in Action

It's been a few months since my last article in *Synapse*!! How time flies! The members of WHPS have been busy as usual.

The Mental Health Coalition just completed the 11th Annual Public Forum presentation titled *Breaking the Silence thru Art*. It was attended by about 300 people and was held at the Fire Training Center in Pomona on Oct 17, 2007. Dr. Diane DiGiacomo, the Co-President of the Coalition, along with our other supporters from NAMI FAMILYA and NKI welcomed artists and dignitaries including Mental Health Commissioner, Ms. Mary Anne Walsh-Tozer. It was a great evening which showcased paintings, poetry, sculptures and music created by patients with mental illness. Our keynote speaker, Mr. Barry Carl, gave a moving and stirring account of his life with depression and the healing power of music in his life. These public forums are our way to destigmatize mental illness.

The Mental Health Coalition is now getting busy planning their elementary school project which takes place every spring. Dr. Kroplick has continued the Coalition's college program by doing a presentation at Dominican College. This presentation is a joint effort of a NAMI FAMILYA member, a consumer, and a mental health professional. It gave the nursing students at Dominican College a first hand view of mental illness.

Our fall meeting took place at La Terrazza in New City, NY on November 2, 2007. Dr. Jeff Kahn did an excellent presentation on depression in the workplace. It was enlightening to see what causes stress and depression at work for different levels of supervisory positions. A special thank you to Dr. Kroplick and Dr. Jane Kelman who worked

on organizing this dinner.

Dr. Jim Flax has created a new Domain name for our branch called WestHudsonPsych.Info. This automatically refers to our usual web site. It will make it easier for potential patients to look up information about psychiatrists in private practice in the Rockland and Orange County. I encourage everyone who has not signed up for it to do so. We continue to get about 7 calls a week from patients looking for a psychiatrist.

Dr. Flax had additionally submitted a grant proposal to Senator Morahan. We have a verbal okay that we may be able to get some money from them for the programs that we have been putting on in the community. As soon as this is finalized we will be informed. In the meantime we have received a grant of \$1200 from the APA for District Branch operations.

Dr. Mary Mavromatis organized a depression screening for Dominican College students on Friday, October 19, 2007 as well as participated in Dominican College's Health Fair (on Sunday, Nov. 4, 2007 from 9 am to 3 pm) which was open to the general public. In both these places about 100 people participated in the screening. Several members of WHPS helped Dr. Mavromatis in making the depression screenings a great success. A special thank you to everyone who participated!

I also report with great sadness that Dr. Alan Tuckman has submitted his resignation from the WHPS board effective after our December meeting. Dr. Tuckman has been a very valuable member of the Board for past 16 years and has participated in all positions including being the President. He had been handling three important positions of Ethics, Membership and Treasury. He

will be greatly missed. Thanks Alan for your years of hard work and service to our District Branch!

As I had stated in my last issue Dr. Tarle has taken over the

Ethics position and Dr. Ferro and Dr. Kroplick will take over the Membership and Treasury positions. There are other positions open for other members who would like to be involved in the WHPS board. Please call me if you are interested in getting more involved at 845-362-2115.

Dr. Dominic Ferro and I attended a Media and Advocacy training which was organized by Westchester County District Branch of APA. It gave important points as to how to present to media and make positive points about the advances we have made in our treatment of patients.

Dr. Nigel Bark attended the Assembly



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## Gun Possession and Mental Illness

**W**hile murders committed with firearms have been a serious problem in the United States through our history at a much higher rate than other western countries, the greatest publicity about these killings seems to occur when the perpetrator is found to have had a

mental illness. It is evident that the public believes, and has always believed, that the mentally ill commit more violent acts than the general population. The dramatic media coverage of multiple killings by individuals who have a history of mental illness, perpetuates this belief. We certainly know that most murders committed with firearms are not caused by mental illness itself. But, as a result of these beliefs, firearms laws have been created to deal with individuals with a history of mental illness, prohibiting certain individuals from buying firearms.

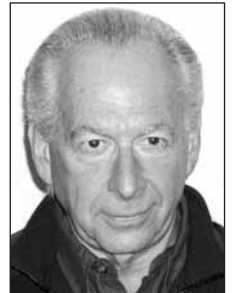
A very interesting article was recently published in the *Journal of the American Academy of Psychiatry and the Law* (35:330-8, 2007) which identifies the laws, both Federal and State, governing the ability of "mentally incompetent or mentally ill individuals" preventing them from acquiring firearms legally.

The first Federal statute prohibiting firearms possession by the mentally ill occurred in 1968. The earlier laws did not define how an individual who was "adjudicated as a mental defective or has been committed to a mental institution", and had their firearms removed could regain the privilege of possessing a firearm. Then in 1986, the "Firearm Owners Protection Act" granted individual's with a history of mental illness, who had been deprived of their right to own a weapon, to petition for relief to have a weapon returned. More recently, in 1993, the Brady Act established a nation-wide waiting period for the purchase of a handgun and created a national background check system that must be accessed by firearms dealers before transferring any firearm. This system established a computer database, the "National Instant Criminal Background Check System (NICS)" which states "other government agencies can submit information regarding individuals who should be denied firearms for non-criminal reasons including "adjudication as mentally ill or commitment to a mental institution." There have been various challenges to the interpretation of "commitment to a mental institution," based upon whether the individual was committed

involuntarily, voluntarily or as a result of an insanity plea, and in 1997 the definition of "adjudicated as a mental defective," committed to a mental institution," and "mental institution" were defined more clearly. Despite Federal laws defining mental illness and gun possession, State laws generally govern and control firearms possession by individuals with a history of mental illness treatment or civil incompetence adjudication.

This preliminary information is presented because psychiatrists are occasionally asked by an individual to evaluate them for their ability to have their firearms returned, after they have been removed, most commonly following a domestic dispute or civil commitment, or for those individuals who have a past history of civil commitment and wish, at the present time, to apply for a gun license (pistol permit). This is a complex process since most of these individuals have not been in therapy and since the psychiatrist being contacted has had no prior knowledge of the individual. Thus, if a psychiatrist wishes to undertake this process, a thorough investigation of the causes of the civil commitment or domestic dispute, leading to the removal of the firearms, must occur with documentation by records and, possible contact with those individuals who were involved in the prior gun removal or civil commitment. Of course, the basic issue relates to the individual's current mental stability and, more specifically, the likelihood of there being a recurrence of the problem leading to the prior weapons removal. Admittedly, most psychiatrists would refuse to perform these evaluations and, thus, the large majority of them are conducted by forensic psychiatrists knowledgeable in the steps to be taken.

As stated above, State laws vary with regard to their requirements for deprivation of a



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## Angry? Deal With It

This article first appeared in *Paradigm Magazine's* Winter 2008 issue and is reprinted with their permission.

As introduced in "When Parents Disagree" which was published in *Paradigm* Fall 2007, anger gets a bad rap. There are countless therapies, classes and techniques to "manage" it but rarely a mention that it is very useful. Anger may be called on to control, abuse, or protect. Some of us seem to possess it in abundance, while others appear utterly devoid of it. Men are frequently accused of it. We all respond to it. Nobody knows exactly where it comes from, or, like love, precisely what it is. While this article will not answer those existential questions, it will attempt to explain how to embrace, harness, and, as the title suggests, "deal with it."

### Scenarios

You are at your favorite restaurant and the time your date was supposed to have arrived is long gone. You reach into your pocket and touch the box holding the earrings; a gift intended to show how important your first date with her had been. The play begins in less than an hour. Did something awful happen? Or maybe she decided not to come. Finally, she arrives, laughing, saying she was speaking with a friend.

You have had a particularly rough week. You call your best friend because you are concerned about your daughter's new boyfriend and wish to discuss some options before you run headlong into a problem. Your friend is distracted by the television in the corner of the restaurant or maybe the waitress's legs.

Your brother and his wife recently had a baby. You took time off work to help with the newborn, sent frequent gifts, called regularly to inquire about the baby, and have recently volunteered to baby-sit while the new mother returns to her native country to visit her terminally ill mother. You just found out your brother and his wife threw a big party and didn't invite you.

### What's the Problem?

The above situations have several factors in common. Each of the scenarios involves disappointment with, and anger at, someone you care about and, although commonplace, engenders the potential for causing rifts in otherwise good relationships.

When asked what they intend to do about their anger, many patients describe their options in extremes. On the one hand, they want to confront the person by telling them how badly they have behaved. On the other hand, they wonder whether they should not just hold it in "to avoid giving the other person the satisfaction" of knowing they hurt them, or to prevent a confrontation leading to a worsening of the problem. There are several assumptions implicit in this line of reasoning.

One is that their anger will cause an unpleasant or overwhelming confrontation. Such is the nature of anger. It feels unmanageable and out of control. We will visit this again later. The second assumption is that the other person does not care about your feelings. *I mean, how could they do that if they cared about me?*

### Why We Become Angry

When people we care about seem not to care about us, a series of predictable events occurs. The cascade of feelings involves abandonment, our ego and sense of worth, disgrace, humiliation and perceived threats to our survival. We may subsume all of these feelings, for simplicity, under the rubric of vulnerability.

When we love or trust others, we become vulnerable. We count on them to return our feelings and depend on them for our well being. Without vulnerability there is no love.

Once we open ourselves to others, we perceive their rejection as a personal defect. *There must be something wrong with me.* We imagine that we are unlovable, will become abandoned, end up alone and possibly not even survive. These are not conscious thoughts, but they drive our

feelings, and the first feeling is shame. This makes sense because shame is an early, primitive emotion.

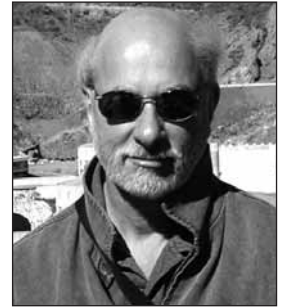
It is possible to observe the simplest shame

response in babies as young as one month. They may be focused on some object in their visual field and, when the object is removed, they will form a deep frown, cry, lower their head and turn inward, away from the object. This "shame response," a universal experience, occurs because the baby lost control of its visual field. Although seemingly a minor event, the loss of control over one's body, in this case the visual field, is accompanied by a sense of personal defect.

Shame serves an important evolutionary function. It is imbedded powerfully in our subconscious mind as mechanism to ensure species survival. A lame baby elephant will fall behind the herd and become prey to a hungry tiger. The evolutionary role of shame is to remove defective genes from the herd, to have inferior genes and the animals that carry them wander off alone to face certain death. This culls the herd of its weakest members and assures the survival of the fittest genetic material into future generations.

When confronted with personal defect, in this case, rejection, we turn away in shame. We are slow to tell our closest friends that we have lost our job or our lover. We are ashamed and hide our faces from the gaze of others. We fear they will see us as weak and will abandon us. Our inability to mate or work removes us from importance on the evolutionary scale, where survival of our DNA is the only prize.

Rejection also triggers a related defect. When someone we trusted disappoints us, we begin to lose confidence in our ability to predict and control. *I thought he liked*



Continued on next page 

## Angry, cont'd.

me. If I was wrong about that, how can I trust my feelings about anything?

The horrifying thought, that you can never trust anyone since you cannot trust yourself to decide about others, is akin to the basic defect in post traumatic stress disorder. When the fire hydrant next to you blew up, you determined that streets were no longer safe. The safety bubble that carried you through your life disappeared.

As the emotional roller coaster triggered by rejection continues, we cannot live with the feelings of shame and vulnerability, because of the effect they have on our survival, so we look for mechanisms to alleviate those feelings, and one simple device is anger. When we are angry, we become invulnerable, impervious to pain, and therefore back in control. This alleviates our feelings of shame. Although it produces a new set of challenges, anger is a more acceptable feeling than shame, since it has a relatively lower impact on our survival.

In summary, rejection by someone we care about makes us feel vulnerable and triggers feelings of shame. Anger is a protective emotion, and removes feelings of vulnerability. Sometimes, anger replaces vulnerability so quickly and automatically that we never even realize that we were hurt and vulnerable before the anger sets in.

### Taming the Tiger

There is a way out of this. Consider anger's protective function.

When we are angry, we are no longer vulnerable. *I don't care about you anyway, you jerk.* However, anger is time limited and we cannot remain in its protective custody for long.

We are left with a dilemma. If we address the rejection, we risk a confrontation that will further expose our vulnerability, dependence and weakness (assumption number one). However, if we do not address it, we abandon the benefit of the relationship, and continue a mock association filled with uncertainty and resentment. *Since they rejected me once, they don't care about me* (assumption

number two).

There is a middle ground, a compromise solution which accounts not only for our sense of vulnerability and anger, but creates optimum conditions for resolution of the immediate problem and lowers the likelihood of similar problems in the future.

The first assumption, that any confrontation will make things worse, is fueled by the power of our feelings, the shame response. We must ask ourselves some important questions. If the relationship is not satisfying, is it preferable to continue an abusive one? Is constant rejection an acceptable and inevitable byproduct of love?

The second assumption, that the person does not care, must also be examined. People often personalize events that have little to do with them. They have more to do with the other person, stress they were under, other unknowns, and they might be rather surprised to discover the effect their behaviors had on you.

This brings us to a methodology for addressing the problem using assertiveness techniques and guilt.

### Assertive or Aggressive

As rejected, shamed people think through the ways they might go about telling their abuser how they feel, anger causes them to imagine hurting the other person, attacking them, to make them feel what they felt. This aggressive response should be avoided. It is also entirely unnecessary, as we will soon discover.

Assertiveness is different. It involves the understanding that one has the right to describe their feelings, but never has the right to address another's behavior. To do so is rude, will inevitably result in the creation of a defensive posture, and undermine the possibility of effective resolution. Assertiveness embraces the idea that one must behave well, even while others behave badly.

### Assertion 101

The first scenario above can be used as an example of an assertion. When my date arrives, I am furious that she spent a half

hour chatting up a friend while I was waiting to see her. I say nothing about it; make some statement acknowledging that she arrived. I am thinking about what happened and realize that, before the anger set in, I was hurt because I believed she didn't have the same interest in me that I did in her, and I transformed my disappointment and shame into anger that she "made me" wait.

I tell her that, if she is willing, there is something I'd like to say about our meeting tonight, and it will take a few minutes. If she agrees, I ask her when she might like to do that. She may say that now is a good time, or after dinner, or later on, etc. Whenever she says, I agree and wait.

When the suggested time arrives, I say, "Tonight, when you arrived late, I felt disappointed because I was looking forward to seeing you, and I just wanted you to know that."

She says, "I'm so sorry. I would have contacted you but I didn't have your cell number. I've been trying to contact my friend because she just had a baby, things didn't go as planned, and I felt it was important to be there for her. I didn't mean to hurt your feelings."

### Analysis

It is important to notice what the example did not say, which was, "You shouldn't have..." (talked to your friend) or, "You should have..." (called the restaurant) or, "Didn't you realize..." (that I'd be here stewing). It also did not say, "Why were you late?" or "Where were you?"

The example recognizes her rights by asking for a discussion and then explaining to her how you felt. It avoided discussion of her behavior or decisions unless she wished to.

Although there are no guarantees of success, this method provides the greatest likelihood of a good outcome for several reasons. First, telling someone what you felt without yelling or insulting them discharges the angry feelings without the loss of control that we fear will accompany our anger. Anger should be discussed, not demonstrated. If you think it important,

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## The Mental Health Coalition

The Mental Health Coalition, founded in 1996 by Dr. Lois Kroplick at that time the Public Affairs representative for the West Hudson Psychiatric Society, has been active and productive this year with many community projects. The group's mission is to promote awareness of mental health and de-stigmatize mental illness in the community through a variety of activities in the community with schools, conferences and fundraisers. The Mental Health Coalition has won two national awards from the American Psychiatric Association: the Public Network Awards in 1998 and 2000. In addition, the group provides a lively interchange of information, social contact and referrals as its members are from various disciplines in the mental health field including art therapists, psychiatric nurses, social workers, psychologists, county workers in mental health, Mental Health Association, NAMI-FAMILYA and psychiatrists.

This year Dr. Dominic Ferro who has been in charge of presentations to college students on mental health visited the high schools in our community, such as Tappan Zee High School to speak to the health classes about depression and substance abuse. He was joined by Jane Ross, social worker, and Diane DiGiacomo, M.D. Frances Aquino, social worker, presented information about mental health and mental illness to many classes at North Rockland High School. Rena Finkelstein, President of NAMI FAMILYA, has been active in coordinating these venues for us to present information to students. She is a dynamic and integral force for all of our projects in terms of community contacts, publicity and advertising.

Our past presidents, Dr. Madhu Ahluwalia and Gloria Ferber, Phd, will be a hard act to follow with their enthusiasm and dedication

to the group and the community. The new presidents this year are Marsha Safran, Phd, Michelle Katz, Phd, and Diane DiGiacomo, M.D. The year is off to a good start already with two projects in May 2007: the Mental Health Walk for Parity and the elementary school program.

On May 5, 2007, a Saturday morning, many members of the coalition dedicated their time and energy and feet at Rockland Lake, to participate in the Mental Health Walk to promote mental health and parity. Along with the Mental Health Association and NAMI FAMILYA, we raised twelve thousand dollars this year. Much work was done prior to the day of the event by Marsha Safran, Michelle Katz, Lois Kroplick and Madhu Ahluwalia along with MHA staff in planning for the event.

On Friday morning May 18, 2007 the Mental Health Coalition put on their annual elementary school program at West Haverstraw Elementary School. The program consists of a show in the school's auditorium by student actors culled from local high schools through the social worker of the high school or from the school's drama club and our honorary adult actor Lucille Schroeder. All of the students receive community service awards for their time. The members of the Mental Health Coalition write the skits for the actors with topics of interest chosen by the staff at the particular elementary school. This year's topics included Divorce, Family Problems, and Transition to Middle School (bullying). After the presentation in the auditorium, the group breaks up into smaller groups and joins the children in the classroom to do an art project related to the various themes presented. This year we were very busy with ten classrooms of children. Terry Schoenfeld, art therapist, has played a vital role in educating our group about the role

of art therapy with children and directing our activities with the elementary school students. Follow up meetings and evaluations are then conducted with the teachers and principal after the project is completed.

Even through the summer, the group was not inactive. We excitedly planned our annual public forum for Wednesday evening October 17, 2007 at the Rockland County Fire Training Center, located on Firemen's Memorial Park Drive, Pomona, New York from 6:30 PM to 9 PM. We looked forward to you joining us there this year as our program is new in its scope and sure to be entertaining and educational. This year we hosted an art exhibition and conference on the benefits of using the creative arts process in promoting mental health and de-stigmatizing mental illness. We received entry forms from people who suffer with mental illness to exhibit their drawing, painting, sculpture, crafts, photography, music, writing and poetry. The program intended to clearly illustrate the following tenets related to art and its healing powers: art is therapeutic and empowering. It brings self awareness and a medium to share experiences with others. It is a vehicle to educate the public about mental illness and how treatment and the recovery process work, allowing healing to occur at an individual pace.

As always, we look forward to all of the psychiatrists and their colleagues and families joining us in these upcoming events in the community. If you would like further information about how you can become a member of the Mental Health Coalition, don't hesitate to contact Lois Kroplick, Madhu Ahluwalia, Dominic Ferro or Diane DiGiacomo. We would welcome your contributions to the group ▲

*Diane DiGiacomo, M.D.*

## Mental Health Screening Event

This year our district branch organized and staffed three separate mental health screening events. Two of the events were held at Dominican College at the request of a student who was involved in residential life at the college and felt there existed a need for screening. She originally contacted Dr. Jim Flax and arranged for him to screen in the dorms last April. Jim screened 49 students and identified 19 students with depression, 8 with bipolar disorder, 16 with generalized anxiety disorder and 15 with post-traumatic stress disorder. This fall she again asked for our assistance, and Dr. Madhu Ahluwalia, Dr. Andrew Hornstein and I screened 33 students and we identified 10 with depression, 4 with

bipolar disorder, 8 with generalized anxiety and 9 with post-traumatic stress disorder. On November 4th we again held a screening at the Dominican College Health Fair which was open to the entire community. They reported over 2,000 attendees. We had approximately 100 people stop by our booth. We screened 47 people of whom we identified 9 as suffering from depression, 1 from bipolar disorder, 12 with generalized anxiety disorder and 7 with post-traumatic stress disorder. We spoke to many people about signs of depression and suicidality in their loved ones. An added benefit to being at the health fair was meeting individuals from other organizations such as NAMI, the Mental Health Association, and Nyack

Hospital. We spoke about next year co-ordinating our programs at the Health Fair and perhaps at Nyack Hospital.

Thanks to the volunteers who took time away from family to spend 2 or more hours on a beautiful weekend to do the screenings - Drs. Helena Kukla, Lois Kroplick, Diane DiGiacomo, Jane Kelman, Rick Brand, Madhu Ahluwalia, Michael Schachter, and Mona Begum. You all did a wonderful job, dealing with the participants with great warmth, interest and humanity. Thanks also to Jim, who singlehandedly screened 49 students by himself last April!! And thanks to Andy and Madhu for helping with our student screening in October. If anyone has any suggestions for future screenings let me know. ▲  
*Mary Mavromatis*

## WHDB Educational Meeting; The Workplace

On Friday November 2, the West Hudson regulars were treated to an exciting presentation La Terrazza Restaurant by Jeffrey P. Kahn, M.D who discussed Mental Health and Productivity in the Workplace: Why Psychiatry Should Matter More to Business.

Dr. Kahn enters companies and tries to figure out how to squeeze out the highest level of "human capital effectiveness" by measuring a wide range of the obvious and the arcane, which he refers to as The Big Picture and The Little Picture. He details his enlightened activities in *A New Approach To Comprehensive Assessment and Targeted Response*, by Kahn et al, and provided some highlights of his work during Veal Marsala and Salmon Zyprexa. My martini did not help in the writing of this review. I'll work on that.

Dr. Kahn discussed absenteeism, and presenteeism, a new term for me, which means people who show up but are not effective once they arrive. It's Dr. Kahn's job to figure out why, and he and his group measure feelings, attitudes, personal problems, group environmental problems, patterns of leadership and reporting, and countless other factoids to measure the environment, culture and industry climate, all of which may play a role in decreased worker effectiveness.

Dr. Kahn believes mental health issues are under-appreciated in business. Depression, for example, may cause decreased productivity, but does not cause absenteeism unless very severe, since depressed people will drag themselves to work. By contrast, panic disorder causes absenteeism. Dr. Kahn also discussed disability as a "one way street," and opined that very few people, once put on disability, return to

work.

There was a lively question and answer period following the formal talk. Dr. Kahn was asked what surprised him most about his voyage into corporate life. He responded that mental illness was not among the top five causes of presenteeism. They were: time demand and number of hours; lack responsibility for others; organizational unconcern and view of senior execs; unclear reporting times and task assignments; and a negative view of supervisors. Who would have guessed?

Dr. Kahn alluded to the overlap of stress at home and work, leading to one of the memorable lines of the night, "You have to decide whether to kick your boss or your dog."

Dr. Kahn and the veal were both excellent. Ditto the martini. ▲

*Richard David Brand, MD*

## West Hudson, cont'd.

meeting in Washington D.C. in November 2007.

Our monthly board meeting will be held on the 3rd Friday of the month at Dellwood club in New City when it is open (which is most of the year except during the winter).

The dates for next year's board meetings are Jan. 18, Feb. 15, March 21, April 18, May 16, June 20, Sept. 19, Oct. 17, Nov. 14 and Dec. 19. If any WHPS member is interested in attending a board meeting and joining us for lunch please call me at 362-2115. We welcome members to join us at these meetings!

Private Practice Support Group will meet every 2nd Wednesday of the month at the Nanuet Diner in Nanuet from 8 AM to 9 AM. At our last meeting 6 members came and we had a lively discussion about clinical and psychopharmacological problems over breakfast. Everyone is invited to join this early morning club. ▲

*Madhu Ahluwalia, MD,  
President*

## Angry, cont'd.

tell them that you felt angry as well, but don't act it out with angry, abusive or rude behavior. Just say it.

Avoiding discussion of the other person's behavior preempts the necessity for a defensive posture on their part. Your date cannot say, for example, "You did not feel angry." However, had you said, "Where were you?" she would have been well within her rights to say it was none of your business. If she felt it necessary to speak to her friend, you must respect her decision, and make your choices about the relationship based on her decisions.

### Conclusion

Anger, the protective emotion, and the feelings that triggered it, are important to address because avoiding them leaves them unresolved, causes us to feel abused and does not convey to the other person appropriate information about our responses to them. Without this information, they may not realize that what they did was hurtful. Discussion clears the

air, and we are likely to discover that the person did not mean intentional harm. Making others aware of our reaction to them puts them on notice that repeating the hurtful behavior assigns to them responsibility for the hurt.

As an exercise, you might go back to the beginning of this article and develop assertions that would address the feelings involved. Then try one on someone you love the next time they disappoint you. ▲

*Richard David Brand, MD*

*Dr. Richard David Brand maintains a private practice in Adult and Adolescent Psychiatry in New City, New York. He attended The City College of New York, attaining a BS in Psychology, The New York Medical College attaining an MD degree and then trained in Psychiatry at The New York Hospital - Cornell University Medical College. For additional information, Dr. Brand may be contacted by email at rdb@icu.com or by phone at (845) 638-2626.*

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## ***Gun Possession, cont'd.***

gun license based on mental illness, and restoration of the license after a license had previously been revoked.

New York State Penal Law covers rifles, shotguns, pistols and revolvers. The prohibited category for deprivation of a gun license includes "certified not suitable to possess rifle or shotgun; if the individual ever suffered any mental illness or were committed (pistol or revolver only)." It also states that unless specified, the term "committed" is used to refer to any involuntary hospitalization or confinement. There also exists a provision for restoration of a previously revoked gun license through "certification by a physician for restoration."

New Jersey statutes define "any weapon" as being covered by the statute and the prohibited category is simply whether an individual has been "committed." There also exists, through certification by a physician, the opportunity for restoration of the gun license.

Connecticut covers "pistols and revolvers," and, again, the prohibited category is simply "committed." There is a minimal prohibition period of 12 months and there is no provision in the statute for restoration of the privilege.

An interesting comment by Paul Appelbaum, currently at Columbia, stated, "Given that only a tiny fraction of violence, including gun violence, is perpetrated by persons with mental disorders, efforts that center disproportionately on restricting their access reflect a deeply irrational public policy."

But, it is well known through several studies that there is an increased risk of death by suicide and homicide among firearms purchasers and owners, and that despite the "irrational preoccupation with violence by the mentally ill," there is certainly a concern for individuals with psychiatric disorders possessing firearms, since these individuals with psychiatric diagnoses may be at higher risk of suicide if there are firearms in their households. As the article opines, "there appears to be at least some evidence to suggest that limiting access to firearms on the basis of mental health concerns, may have the potential to reduce suicide rates. Clearly, much more research on this highly complex topic is needed."

Given the continuing public concern about murder rates (despite their dropping in most jurisdictions over the last several years), the myth about the mentally ill being at greater risk for violence and the ongoing stigma

about mental illness, gun possession laws will remain on the books for an extended period of time. As a matter of fact, it may well be that, despite the questionable interpretation of the Constitution regarding allowing gun possession, we may well be seeing an increase in the restriction of firearms possession, or hopefully in the future, the complete abolition of firearms possession by civilians.

Thus, as stated above, before a Psychiatrist enters into an assessment of this kind, a thorough understanding of the laws and the requesting individual's problems must occur. As a matter of fact, a consultation with a Forensic Psychiatrist wouldn't be a bad idea. ▲

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**We regret that space limitations prevent printing the next installment of Syed Abdullah's article on Edgar Allen Poe in this issue. As space permits it will be continued in future issues.**

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