



The Wisconsin Psychiatrist

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QUARTERLY PUBLICATION OF THE WISCONSIN PSYCHIATRIC ASSOCIATION: NORTHERN, SOUTHERN AND MILWAUKEE CHAPTERS

2012 Annual Meeting Update

“SUICIDE: Science, Assessment, and Prevention”

Justin Schoen, MD, 2012 Annual Meeting Chair

Suicide is the most tragic consequence of mental illness, and the 11th leading cause of death in the United States. More than 1 million people lose their lives to suicide annually, and there are between 10-20 attempts for every completed suicide. Suicide knows no boundaries with respect to socio-economic status, race, sex, or age. Our knowledge has continued to develop regarding the acute management of suicidality, the neurobiological components of suicide, and how to assess risk and prevent suicide.

The 2012 Wisconsin Psychiatric Association annual meeting is only 3 months away; scheduled for March 2nd and 3rd. It will be held at the InterContinental Hotel in Milwaukee, Wisconsin. We are fortunate to have received a grant from the Charles E. Kubly Foundation, and have worked to organize a group of local and nationally known experts to speak on the topic of suicide. The tentative schedule with speakers and topics follows below.

Friday, March 2, 2012

7:30 -8:00 a.m.

Registration/Continental Breakfast with Exhibitors

8:00-8:15 a.m.

Welcome

Justin Schoen, MD, Meeting Chair

Joseph B. Layde, MD, JD, WPA President

8:15-9:15 a.m.

Suicide and How it Pertains to the DSMV

Jan Fawcett, MD

9:15-10:15 a.m.

Neurobiology of Suicide

Ned H. Kalin, MD

10:15-10:30 a.m.

Break with Exhibitors

10:30-11:30 a.m.

Suicide: Subpopulation Perspectives

Veterans - Jon A Lehrmann, MD

Children/Bullying - Stephanie C. Eken, MD

Geriatrics- Art Walaszek, MD

11:30 a.m.-12:30 p.m.

Luncheon and Annual Business Meeting

Friend of the WPA Award

12:30-1:30 p.m.

The Risk Factors for Suicide

Jan Fawcett, MD

1:30-3:00 p.m.

Management of the Acutely Suicidal Patient

Jon Berlin, MD, Ronald J. Diamond, MD

3:00-3:30 p.m.

Break with Exhibitors

3:30-4:30 p.m.

Liability and Suicide

Joseph B. Layde, MD, JD

Kenneth Robbins, MD

5:00-6:30 p.m.

Reception

6:30-8:30 p.m.

MIT/ECP Dinner

*Free for all students, residents, fellows, and early career psychiatrists with pre-registration

Saturday, March 3, 2012

7:30-8:00 a.m.

Continental Breakfast with Exhibitors

8:00-9:00 a.m.

Assessment of Suicidal Ideation

Workshop

Shawn Christopher Shea, MD

9:00-10:00 a.m.

Assessment of Suicidal Ideation Work-

shop

Shawn Christopher Shea, MD

10:00-10:30 a.m.

Break with Exhibitors

10:30 a.m.-12:00 p.m.

Assessment of Suicidal Ideation

Workshop

Shawn Christopher Shea, MD

This conference will provide an update for any clinician to improve their knowledge base and skill set related to this critical topic. Practice gaps in assessing and preventing suicide will specifically be addressed. Registration

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The Wisconsin Psychiatrist is published four times a year – Spring, Summer, Fall and Winter – for members of the Wisconsin Psychiatric Association (WPA) and those interested in its activities. Opinions expressed are the authors' and do not necessarily reflect the policies of the WPA. Articles submitted must be signed and are subject to review by the Editors and/or Editorial Board. Articles may be reprinted. However, attribution to The Wisconsin Psychiatrist and two copies of the reprint are appreciated.

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Advertising copy must be electronically submitted in black and white and is subject to approval of the Editor and Editorial Board.

Consideration will be given to the guidelines and principles of the American Psychiatric Association. Appropriate events may be listed under Calendar of Events free of charge.

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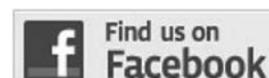
will open soon, so be on the lookout for the registration packet with further information regarding accreditation and specific objectives. We look forward to seeing you on March 2nd and 3rd in Milwaukee.



The Charles E. Kubly Foundation is a 501c3 nonprofit organization that strives to improve the outlook for those with depression. The Foundation was started in 2003 after the death of Charlie Kubly by suicide. Friends and family members of Charlie's came together to see what could be done to address the difficult topic of suicide prevention. Our mission, specifically, is to raise awareness of depression, eliminate stigma, help people access resources, and prevent suicide. Projects focus on educational outreach to the general public, and training for mental health practitioners and other professionals. To date, the Foundation has provided funding for over 129 projects totaling over \$1,000,000 in grant support. Samples of recent projects include:

- Backing for the Survivors Helping Survivors Support Group in Milwaukee's North Shore
- A grant to help with the cost of producing and disseminating an educational DVD on depression for managers and supervisors in the workplace called Mental Health @ Work
- Support for educational outreach to accompany the Milwaukee Repertory Theater's production of the play Next to Normal

As a public charity, the Foundation raises funds through an annual event called Beyond the Blues and then provides grants to local and statewide organizations whose projects fit the foundation's mission. Beyond the Blues is held each year in September and offers a fun evening with musical entertainment. Please visit our website at www.charlesekublyfoundation.org to learn more.



Charles E. Kubly Foundation P.O.
Box 170284 Milwaukee, WI 53217
414.477.9959

Executive Director's Message

Eric Ostermann - WPA Executive Director

It is an honor to introduce myself as your new Executive Director. While my role is new, I have had the opportunity to work with the Association in different capacities over the past 15 years. I began my career at the Wisconsin Medical Society in 1996, and served as Vice President of Membership from 1997-2003. After three years serving as the regional Public Health Preparedness Coordinator in the Fox Valley, I founded Badger Bay Management Company. Badger Bay is an association management company that specializes in providing management support to medical and public health professional membership societies – and has served with WPA since July 2010. I managed the day-to-day operations of the Association over that period of time, and worked closely with our other staff to coordinate conferences and events, support communications and prepare the new WPA strategic plan.

It is truly an honor to serve an association that is so highly regarded and supported at both the state and national level. This

was very evident during my first APA meeting in November. I was impressed by the support and resources available from APA. I was also particularly impressed by their guest speakers. Barbara Van Dahlen, Founder and CEO of the Give an Hour Foundation, shared information on their efforts to provide service and support to our returning troops. More information on the foundation is included in a separate article in this issue. And Dr Elliot Sorel from Washington DC presented on the Mentoring Program he developed for the Washington Psychiatric Society. This is being presented to the Executive Council in January for their consideration.

Thank you again for the honor to serve you. I look forward to working closely with Council leadership, our staff, APA and partners to continue WPA's long standing tradition of leadership and excellence.

2011 Fall Conference

Eric Ostermann - WPA Executive Director

There is much information to gather and learn to prepare for new maintenance of certification (MOC) requirements. Unfortunately, there has only been limited training available to date in order to help develop the understanding and experience necessary to conduct required performance improvement (PI) activities. At the same time, many state medical boards are considering adopting similar requirements for maintenance of licensure.

The 2011 WPA Fall Conference offered members a better understanding and appreciation of these changes, as well as tools to help them meet regulatory requirements, including use of electronic health records. The 6 credit course was held October 22 at the Marriott Milwaukee West in Waukesha and included presentations from both state and national experts. Highlights include:

Robert J. Ronis, MD, MPH, Professor and Chairman of Psychiatry at the University Hospitals Case Medical Center/CWRU School of Medicine presented on the American Board of Psychiatry and Neurology's MOC program. Recent changes that were reviewed include new requirements for self-assessment and PI activities, in addition to more traditional requirements for CME and cognitive examination.

George Mejicano, MD, MS, Associate Dean for Continuing Professional Development and Director of the Office of Continuing Professional Development at the University of Wisconsin followed with an introduction to performance improvement. The presentation described the principles of performance improvement in clinical practice and the links between performance improvement, maintenance of certification and maintenance of licensure.

Gene Musser, MD, board certified cardiologist and Immediate Past Chair of the Wisconsin Medical Examining Board, updated members on the priority activities at the Medical Examining Board, including developments on the state's licensure requirements.

Jerry Halverson, MD, WPA President-elect and Medical Director of Adult Services at Rogers Memorial, described how outcome measures can be used to monitor the quality of psychiatric practice with specific reference to the ABPN MOC requirements.

And **Robert Plovnick, MD, MS**, Director of the Department of Quality Improvement and Psychiatric Services at the American Psychiatric Association concluded the day by reviewing current regulatory issues associated with the use of electronic health records, and their relationship to performance improvement.

Psychiatry by Sound: A look into the life of Tim Cordes, MD/PhD

Frederick Langheim, MD, PhD, Editor

Last summer I approached Dr. Tim Cordes, one of only a few blind physicians, regarding writing an article about his experiences and career path. At that time he was busy making the transition from residency to an addiction psychiatry fellowship while also preparing for the board exam, and didn't feel it was a good time. Always somewhat reticent to talk about his personal process, finding himself in the middle of preparing for transition to employment, when I asked again, he agreed to set aside time from his schedule to talk about the decision points in his life and career. He started by telling me a story:

"It seems a truism now, but as a blind person, I had to learn that I perceive the world differently. Although the sounds I use are audible to all, I have learned to piece them together in novel ways. This is part of how I do psychiatry." He told me that this first struck him in high school while preparing for a mock trial competition. He was nervous. His hands fidgeted in his pockets as he delivered his closing statement. He said: "The lawyer who was mentoring us teased me. 'Let's see, what do I have in my pockets ... Hmmn,' the attorney chided as he dramatically fluttered his hands in his pockets in a parody of me."

Dr. Cordes tells me he answered: "Two quarters and a nickel sir."

"What?"

"Two quarters and a nickel sir." He could hear the attorney look down, fiddle in his pocket, and then utter a mild expletive not suitable for these pages. Dr. Cordes was hooked.

I don't doubt the veracity of this story. Dr. Cordes is among the most direct and honest of my friends. Furthermore, through countless collaborations on inpatient services, consultations, and outpatient care, I have witnessed his ability to pick up the tonal qualities of averted gaze, poor eye contact, psychomotor agitation, and so on.

Dr. Cordes became interested in science at an early age. He read Science News, turning to the biomedical research summary upon its arrival, thinking he would pursue a career in that area someday. He was born with limited vision, and his vision declined as he grew.

"I found liberation in acknowledging that I was a blind guy, and figuring out how to do things with my other senses instead of limping along with magnification and trying to eek the most out of each photon reaching my eyes." He tells me, "this really hit me when I started working with my first Seeing Eye dog, Electra. Having a dog guide or a white cane is a clear acknowledgement that you're very different, but at

the same time, it's a powerful tool to let you reach your goal. With respect to mobility, prior to Electra, I fumbled around my environment relying on my inadequate limited vision. After Electra I could cruise along at a pace which left some of my friends out of breath. The same was true for learning to access a computer with speech - "I was immensely faster with my ears."

Nearing graduation from high school, he was faced with a choice between Notre Dame (where his father and 2 sisters went), and Stanford. It was a difficult choice for him, colored by palpable family pressure encouraging Notre Dame where he eventually matriculated and graduated as Valedictorian. In retrospect, he is certain it was the right choice.

While at Notre Dame, he studied Martial Arts, earning black belts in taekwondo and jujitsu. This background influences his practice of psychiatry on several levels; notably, like aikido, he tries to redirect a client's transference energy in a direction more suitable to potentiate change. He applies the same principal to his own goals. For example, within the classrooms of Notre Dame Dr. Cordes got hooked on biochemistry and fluidly changed majors from his original biology intention, becoming involved in organic chemistry research on novel antibiotics. Then, several of his friends began applying for medical school at a time he had come to the conclusion that he wanted to do something more "human" than bench science. He read White Coat White Cane by David Hartman, a blind psychiatrist, and thought he could give it a shot.

The medical school application process was rather complex. He interviewed at several schools, meeting his wife, born Blue-Leaf Hannah, (now with Cordes and MD/PhD following her name as well), while interviewing at UW Madison. After receiving a stack of rejections and suspecting the chances of a medical school position were against him, Dr. Cordes was preparing an audition tape to become a radio DJ in Alaska when he received the acceptance call from the University of Wisconsin's Medical Scientist Training Program.

Upon entering medical school, with its many inherent challenges to all new medical students, Dr. Cordes was faced with additional ones. He participated in Gross Anatomy by touch, performing dissections while feeling his way over the exposed field, even lifting the lungs out of the chest cavity. He identified nerves, veins, sinews and organs all by feel. He tells me nerves "felt thinner without actual or potential space inside" while he could feel the valves and compared softness of veins versus the muscular arteries. While he was given extra time on the exams, no other accommodations were made. Through our residency together, Tim confided that he

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has generally performed well on image based questions by extrapolating from the answer choices.

After completing his combined degrees at Madison, earning his PhD, in part, through programming an audio display system for three dimensional protein structures, Dr. Cordes was surprised to find himself heavily recruited as a resident applicant. He candidly admits that because of his research experience and his visual disability he still retains a self image as outsider. He and his wife were a highly sought after joint match, and after offers from several schools, went with Wisconsin outside the match. He began his psychiatry residency in 2007.

Dr. Cordes relates that he was pleased to find how well the patients and many other physicians accepted him in residency. He recalls striding into the UW ER and having a staff member call out his name while a familiar ER physician asked if he had gotten (or was it needed?) a haircut. He felt at home. Working on the consult service and on call he realized that not only could he make it in the team of medicine, the team would have him.

His decision to do an addiction fellowship was based on several factors. Dr. Cordes is intrigued by the neurobiology of addiction, and by the prospect of substance abuse being a truly preventable mental illness. At the same time, Dr. Cordes tells me: "One can draw and over-draw parallels between rehabilitation -- I never quite understood that term since I was never habilitated -- from a disability and recovery from addiction problems. I often find myself thinking of the opening lines of Dante's Inferno:

"Midway in the journey of our life

I came to myself in a dark wood,
for the straight way was lost."

Dr. Tim Cordes' path has been anything but straight. His career journey has been impaired by hurdles created by things most of us overlook in our daily work and home lives. He doesn't dwell on these differences, noting he simply has made choices from the options he was presented with or created. Despite this, he has overcome and circumnavigated these countless challenges while confidently striking out to become a husband, father, physician and psychiatrist. Telling of his personal philosophy, in the end, Dr. Cordes asks "How do you make a story about a guy who wishes that a blind guy reaching his goals isn't worth a story?"

Dr. Ikar Kalogjera Awarded Distinguished Life Fellowship



Milwaukee – Ikar J. Kalogjera, MD, was given the American Psychiatric Association's highest award, Distinguished Life Fellowship, at its 2010 annual meeting. The award is given to those individuals who have made outstanding contributions in the field of psychiatry.

"Dr. Kalogjera has been a clinical professor in my department since 2001 who is known for his outstanding clinical and teaching skills, and has long been recognized for his expertise in group and individual psychotherapy," said Jon A. Lehrmann, MD, Interim Chair of the Department of Psychiatry and Behavioral Medicine at the Medical College of Wisconsin. Dr. Kalogjera has been facilitating the psychiatry first year resident process group for 25 years. This group is an extremely important part of the residency where it accomplishes three goals. The group is therapeutic during a stressful first year in residency, it helps teach the psychiatry residents how to facilitate a process group, and it helps develop cohesiveness between the residents in their class. Just to think that Dr. Kalogjera has played this important role for every psychiatrist who trained in our program over the last 25 years is absolutely amazing. "This award represents the appreciation and respect shown by all of his residents from his artful work these past 25 years." Dr. Kalogjera has worked at Aurora since 1979 and as Honorary Medical Staff there since 1999.

He has been a member of the American Psychiatric Association (APA) for nearly 30 years.

He is also recognized for his contributions toward the quality partnership Aurora has established with the Medical College of Wisconsin.

Dr. Kalogjera has received multiple awards including: the MCW Psychiatry Residency Golden Apple Teaching Award in 1992, 1996, 2000, and 2010; the Child Psychiatry Fellowship Excellence in Teaching Award in 1992 and 2010; and the MCW Residency "Give-A-Damn Award" in 1991 and 2000. He received the prestigious MCW Marvin Wagner Clinical Preceptor Award in 1999. Dr. Kalogjera has also been awarded the Irma Bland Award for Excellency in Teaching Residents by the APA in 2006. He was also most recently recognized as "Who's Who" in America, the World, in Medicine and Healthcare, and in Science and Engineering in 2012.

APA Assembly Report

Clarence Chou MD, Assembly Rep

The APA Assembly met in Washington D.C. between November 18th and 20th. The meeting was led by Speaker Ann Sullivan and Vice-Speaker R. Scott Benson. Members of the Board of Trustees were present.

Actions of the Assembly leadership earlier this year included running a series of focus and work groups looking at ways that the APA could improve communication and increase relevance to our general membership. Areas of particular interest were to be further discussed at the Assembly meeting (see below).

Dr. Oldham, APA President, spoke of the relationship between his Presidency and the Board of Trustees and the Assembly, and the role of psychiatry in Health System Reform. It was noted that over 1500 persons attended the Psychiatric Institutes Meeting.

Dr. Roger Peele received the Warren Williams Award.

Dr. Scully noted that APA membership continues to decline slowly, but there has also been a recent change in the membership drop date. More of an effort is being made to connect with early career psychiatrists. Decreases in APA staffing have led to savings of about 2 million dollars.

Psychiatric News is acting on a work group's recommendations which include sending the print edition to non APA members, developing an interactive on-line presence, coordinating member communication strategies, integrating print and on-line advertising, and providing content that fulfills the educational requirements of members. He spoke of advocacy and working with the AAMC.

Dr. Wernert, PAC committee chair, noted the drop off in PAC contributions and the importance of having our voice heard.

Dr. Fassler, APA Treasurer, noted that revenues dropped off this year by 1.7 M, but the APA still receives 6 M a year from DSMIV. There has been a net decrease in revenues from meetings and dues. Pharmaceutical revenues have decreased from 18.6 M in 2006 to 4 M in 2011.

Dr. Anita Everett gave an update on integrated care and the attempts to include psychiatry in various settings such as FQCHCs.

Dr. Mary Helen Davis gave an update on the workgroup on Maintenance of Certification.

Dr. Dan Anzia presented a new development process for Practice Guidelines.

Drs. Kupfer and Martin gave an update on the DSM-5 process. Assembly members were encouraged to make comments and provide feedback.

The Assembly began a new process of dividing the members into work groups to discuss Access to Care, Communications, DSM-5, Legislative/Public Affairs, Membership/Engagement/Mentorship, and Practice Guidelines. Later in the meeting, the work group leaders presented salient discussion points.

Reference committees met, heard testimony from Assembly members, made changes, and presented the papers to the Assembly for their approval.

The following papers were approved:

Advocacy for the Patient

- Allowing some flexibility in prescribing medications for less than 90 days
- Allowing patients to contract with any willing provider if they are unable to obtain an appointment with a psychiatrist through their managed care organization in a timely manner
- To not use the term "committed" when referring to suicide
- To describe health care as a right

Advocacy for the Profession

- Supporting remuneration of a psychiatrist's time when performing peer review
- Supporting a position paper on physician wellness
- Supporting establishment of a work group to review the process of Lifelong Learning (including MOC, MOL), and to report back to the assembly in November 2012
- Supporting APA development of documentation templates re: CPT coding

Supporting Education/Training/Career Development

- Continue/revive support for the APA public psychiatry fellows
- Establish a Members In Training (MIT) Mentor and Advocate award
- Improve electronic health record education among our membership
- Removal of the 5-year membership requirement prior to applying for APA Fellowship

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Defining/Supporting Professional Values

- Supporting a position statement on review of sentences for juveniles serving mandatory lengthy terms of imprisonment
- Monitoring for unintended consequences of the National Resident Matching Program “All-in” policy for the Match (especially as it relates to International Medical Graduates (IMGs))
- Creating a minority, multicultural interest month
- Creating an award for persons supporting women’s issues

Enhancing the Scientific Basis of Psychiatric Care/Governance Issues

- Reinstating the APA state Legislative Institutes
- Moving past Assembly papers to the Joint Reference Committee for their review

In addition, Area 4 met and discussed regional issues. There was also time spent on reviewing papers prior to the reference committee and prior to the Assembly meetings. There will be an Area meeting in early Spring, probably at the O’Hare Hilton as well as a summer meeting (location to be decided).



**I'm not recovering
from a bipolar
disorder only to
die of lung cancer.
I had to quit smoking. ~Blake**

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Navigating the APA's Fall Assembly Meeting - A Resident's Take

Jake Behrens, MD, UW Resident (MIT) Representative

First off, I am not going to lie, the APA's structure can be confusing. Let me break down what I've come to learn thus far: The APA has its large annual meeting which is focused primarily on educational programming which counts for loads of CME (amazing and should certainly be experienced). Outside of this, the APA also has its policy driven arm which meets as The Assembly where state representatives meet to act on various action papers brought forward in hopes of better advocating for the patients we serve and the profession as a whole.

All of that said, this year I was honored to join Dr. Chou in attending the APA's Fall Assembly meeting in Washington D.C. I am currently serving as the Member in Training (MIT) Area 4 Deputy Representative to the APA Assembly. Basically:

MIT = resident,

Area 4 = Midwest,

Deputy Rep = Area's representative to the Assembly the year before being full rep and without voting privileges.

At the Area level, residents represent their given geographic location. From this group of residents, a Representative to the Assembly with voting privileges and a Deputy Representative are selected. This pair then runs resident-related activities at the Area level and is involved in the Assembly Committee of Member-in-training Representatives (ACOM) which is basically the 2 representatives from each Area (7 areas total). This merry

band of residents meets monthly via conference calls to discuss issues relevant to residents and prepares action papers to take forward to the Assembly where the issues are advocated. At assembly some of the primary resident-related items were:

Monitoring effects of the NRMP's "All In Policy" for the Match.

- NRMP is looking to address "fairness" in the match by eliminating all "out of match" opportunities for applicants. Despite concerns brought forth by various individuals and organizations including the APA and AMA, the change is to be effective come the 2013 Match. Given that this is to move forward, we are advocating that the APA work in conjunction with other organizations to monitor for unintended consequences of this policy in hopes of being able to help shape future iterations of the policy. The primary concerns for psychiatry include if:

1. Residency programs will have the flexibility to immediately fill additional positions as they become available throughout the year;
2. Residents who change specialties will have to go back through the Match process;
3. Off-cycle residents will be allowed to obtain positions outside the Match;
4. Couples in separate Match processes, or others with unique geographical needs, will be given enough flexibility throughout the process;

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2012 APA Elections Update

Voting for the 2012 APA Election began on January 3, 2012 when electronic ballots were emailed to eligible voting APA members with valid email addresses on file. Eligible voters without a valid email address on file were mailed a paper ballot which should have arrived approximately one week later. Instructions to vote online are on the paper ballot and voters are also able to vote through the APA website by logging in as a member eligible to vote.

The deadline for all ballots is January 31, 2012 at 5pm (EST).

Please note that this is a shortened election cycle, so the dates are different than in the past. Eligible voters will be sent a reminder email every week until the deadline reminding them to vote unless they have already done so.

Feel free to visit the Election webpage of the APA website for the slate of candidates and access to candidate websites. Results of the election will be posted by the end of February/beginning of March. Any questions and comments should be forwarded to election@psych.org.

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5. IMGs will have enough time to apply for a visa, if they are required to wait until Match day at the end of March, and still start their training by July

Funding of APA's various resident Fellowship programs.

- Unknown to this writer, the APA has a number of funded fellowship programs in the areas of Minority Concerns, Public Psychiatry, and Leadership. The programs were primarily funded with help from pharmaceutical companies, but since the APA's self directed efforts to limit pharmaceutical involvement, future funding of these fellowships is a concern. With the help of current and past fellows, the residents were able to create APA policy to examine various funding solutions to ensure the continuation of these programs.

Development of a formal Member-in-training (resident) Mentoring Program

- In its infancy, but looking to formally engage and involve residents in attendance at the Annual Meetings in APA governance.

Also coming up on the docket are the elections for APA President, Early Career Psychiatrist (ECP) Trustee, and Member-in-training (MIT). I encourage you to read about each candidate on the linked document to formulate your own vote. Please just ask for personal anecdotes gleaned from interactions at the Assembly.

<https://sites.google.com/site/apamitarea4/assembly>

If interested in any of the above, please consider looking into attending the WPA's Spring meeting this March in Milwaukee as well as the APA's Annual Meeting this May in Philadelphia, PA. Both are great educationally, but also serve as great opportunities to connect to the greater psychiatric community and issues affecting our future profession.

Hoping that this rant may shed a bit of light on this aspect of the APA. Please do not hesitate in the least to contact me for further information or advice in navigating the channels of organized medicine.

Jake Behrens
PG-3 Psychiatry,
W-MadisonAPA Area 4 Deputy Representative
APA Representative to the AMA's Resident Fellow Section
behrens.jake@gmail.com

Luther Midelfort

Mayo Health System

Eau Claire, Wisconsin: Luther Midelfort – Mayo Health System, seeks two BC/BE Adult Psychiatrists.

One position requires interest in Addictions and includes Medical Directorship of outpatient addictions program and general adult psychiatry. The ideal physicians will be collaborative and engaging in their approach to patients and non-physician team members. Upon completion of recruitment, call will be 1:7. Outpatient unit is attached to a newly renovated 20 bed inpatient unit. Luther Midelfort - Mayo Health System is a vertically integrated, physician directed hospital and multi-specialty clinic of 250 physicians owned by Mayo Clinic. Eau Claire is a university community with a metro area of 95,000, located 90 minutes east of Minneapolis. Outstanding schools, a family oriented community, a state with a favorable malpractice climate, and a strong compensation and benefits package may be expected. For more information, contact Cyndi Edwards 800-573-2580, fax 715-838-6192, or e-mail edwards.cyndi@mayo.edu.

You may also visit our website at
www.luthermidelfort.org EOE

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Give an Hour Foundation Supports Returning Troops

Give an Hour™ is a nonprofit 501(c)(3), founded in September 2005 by Dr. Barbara Van Dahlen, a psychologist in the Washington, D.C., area. The organization's mission is to develop national networks of volunteers capable of responding to both acute and chronic conditions that arise within our society.

GAH has been featured and Dr. Van Dahlen has been interviewed in countless articles, television segments, and radio casts in the last few months, as the mental health needs of the troops have become strikingly apparent.

You may be interested in our general brochure, our military brochure, our press kit, or a recent video about GAH. We also produce a bimonthly newsletter: to get on our mailing list, please write us at info@giveanhour.org.

An Opportunity to Prevent a National Tragedy

Large numbers of our veterans are returning home from Iraq and Afghanistan finding that they must cope with a wide range of psychological difficulties. Many are struggling with severe physical injuries or traumatic brain injuries (TBIs). We have both the opportunity to prevent a national tragedy and the obligation and resources to do so.

Our Knowledge

Fortunately, we are more capable of responding to this potential tragedy than ever before. We have more knowledge about the psychological impact of war than any prior generation has ever had. We know that at least 12 percent of the returning soldiers will come back with a serious mental disorder. Some reports have identified as many as one-third returning with psychiatric symptoms. In addition, we anticipate that as many as 20 percent will suffer a TBI. We know that family members are also severely affected by a soldier's experience of trauma. Indeed, we now refer to "secondary trauma" as a significant mental health consequence of war. We know that children who grow up in families where post-traumatic stress disorder is not treated often become severely impaired themselves. Luckily, we also

know that early treatment of mental health symptoms is the best way to prevent long-term consequences.

Our Resources

The U.S. military is clearly trying to stay in front of this issue. Studies conducted by the military community provide information that was not available during prior wars. In addition, the military is making an unprecedented attempt to encourage personnel to seek treatment. Unfortunately, limited resources are available to provide the needed mental health care, and, while the inevitable budget debates are important and necessary for future policies, they will not help the soldier disabled today by his or her psychological or physical injuries.

The conflicts in Iraq and Afghanistan give us all a chance to reach out to those in need to ensure that they can continue to function as productive members of our society. Some of us have specific skills that can and should be tapped. There are over 400,000 mental health professionals in the U.S. We represent a tremendous resource. As mental health professionals, we now have the opportunity, through the volunteer network established by the nonprofit organization Give an Hour™, to respond to this clear and obvious need. As we continue to build our national network, our efforts will provide much needed assistance to the military's efforts to care for its own.

Our Mission

Give an Hour™ is a nonprofit organization whose mission is to develop a national network of volunteers capable of responding to both acute and chronic conditions that arise in our society. We are currently establishing a national network of mental health professionals to reach out to the U.S. troops and families affected by the current military conflicts in Afghanistan and Iraq.

Thus far, over 6,000 professionals from the mental health community have registered to participate in this critical effort. These mental health professionals sign on to give an hour of their time each week to provide free mental health

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services to military personnel and their families. Professionals are being asked to provide the type of services they currently provide in their offices. They may also have the opportunity to engage in public education or to consult to other agencies and organizations tasked with responding to the needs of our military community. In fact, since we began providing services in July 2007, our providers have donated nearly 46,000 total hours in direct counseling, education, and outreach.

While no additional training is required, we offer a variety of training opportunities to those individuals interested in increasing their knowledge of military culture and the specifics of combat stress. In addition, our participants will have the opportunity to interact with each other, to share information about their experience, and to seek feedback and additional resources.

We ask our providers to participate in our network for one year in order to offer continuity of care for these deserving families. Over the past three years, we have started to match members of the military community in need with members of our network. Indeed, we are now hearing from military personnel and their families on a regular basis. Many of these men and women share their stories and express their gratitude. They are so thankful that members of the mental health community have stepped up to join this effort. Those individuals who receive services from the Give an Hour™ network will be given specific ways to give back to their own communities.

Our Partners

We have developed important relationships with DoD, the VA, and many Veterans Service Organizations including the American Legion Auxiliary, TAPS (Tragedy Assistance Program for Survivors), the USO, Blue Star Families, and Vets 4 Vets. As a result of these relationships, our mental health professionals will have opportunities to work with individuals from a number of organizations to co-lead support groups and participate in community events.

We have also developed important relationships within the mental health community. In February of 2008 the American Psychiatric Association officially endorsed Give an Hour™ and began encouraging its 38,000 members to join our network of providers. In partnership with the American Psychiatric Foundation, we were awarded a \$1 million grant from the Eli Lilly and Company Foundation to assist in our public education efforts. In November of 2008 we announced the support of the National Association of Social Workers, the American Psychological Association, the American Association of Pastoral Counselors, the American Association for Marriage

and Family Therapy, and the Anxiety Disorders Association of America. In addition, we have recently joined forces with Mental Health America and the American Psychiatric Nurses Association.

We have also developed cooperative relationships with such noteworthy organizations as the Red Cross, Student Veterans of America, Big Brothers Big Sisters, and Postpartum Support International. We are proud of our efforts to bring the military and mental health communities together as we strive to provide critical services to these deserving men, women, and families.

Your Help

We are asking all mental health professionals to join in this critical effort. If you are currently licensed, please visit our Web site at www.giveanhour.org to sign up for our national network and to learn more about our organization. We also welcome volunteers who want to join us in developing and implementing this project. Please share our Web site with your colleagues. Thank you.

(reprinted with permission from Give an Hour Foundation. Additional information, including a directory of volunteer providers, is available on their website at <http://www.giveanhour.org>)

Other Resources to Support Returning Troops

www.suicidepreventionlifeline.org/veterans

www.woundedwarriorproject.org

www.nextgenvets.org/contact.html

www.operationshomeandhealing.org

www.militartysourceone.org

www.homebaseprogram.org

<http://dva.state.wi.us/>

www.nvf.org

<http://www.whitehouse.gov/joiningforces/resources>

<https://www.hrc.army.mil/site/active/tagd/acap/>

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American Psychiatric Association to Recognize Newest Distinguished Fellows

Congratulations to these WPA members who were recently elected to the status of Distinguished Fellow of the American Psychiatric Association:

Ruth Myra Benca, MD	Michael Miller Kaplan, MD	Maria I Mas, MD
Brian C Christenson, MD	Cary J Kohlenberg, MD	Srikrishna Mylavarapu, MD
Sylvia Jean Dennison, MD	Joseph Bernard Layde, MD JD	Shehzad K Niazi, MD
Kory A Frey, MD	Lauri G Lowenbraun, DO	Richard Carl Schramm, MD
Melvin A Haggart, MD		

They will be honored at the 2012 Convocation of Distinguished Fellows, during the Annual Meeting in Philadelphia, PA. The ceremony will be held on Monday, May 7, from 5:30 – 6:30 p.m., in the Pennsylvania Convention Center.

The Wisconsin Psychiatric Association would also like to recognize its members who have previously achieved APA status of Distinguished Fellow or Distinguished Life Fellow:

<u>Distinguished Fellow</u>	Frederick A Fosdal, MD	Steven Hillard Moffic, MD
Carlyle Hung-Lun Chan, MD	Ralph D Froelich, MD	Kambiz Pahlavan, MD
Clarence Paul Chou, MD	Russell Gardner, MD	Harry Prosen, MD
Robert Neal Golden, MD	Jack E Geist, MD	Kenneth H Rusch, MD
Daniel Ralph Hanson, MD PhD	John Huth Greist, MD	Robert Jules Salinger, MD
Richard Edward Immmler, MD	Jon E Gudeman, MD	Gregory Linn Schmidt, MD
Christina C Keppel, MD	Edward Emil Houfek, MD	Robert B Shapiro, MD
Jan Cornelius Van Schaik, MD	Basil Jackson, MD PhD	David L Sovine, MD
	James Walter Jefferson, MD	Leonard Thomas Sperry, MD
<u>Distinguished Life Fellow</u>	Lloyd F Jenk, MD	Herzl Robert Spiro, MD PhD
Richard Paul Barthel, MD	Earl Jochimsen, MD	Edgar C Stuntz, MD
Ashok R Bedi, MD	Ikar Jakska Kalogjera, MD	Ervin Teplin, MD
Mary C Berg, MD	David Allen Kasuboski, MD	Richard J Thurrell, MD
William M Buzogany, MD	Keith M Keane, MD	Darold A Treffert, MD
Charles Adams Cahill, MD	Joseph G Kepecs, MD	Chandra Sheila Unni, MD
Harry J Colgan, MD	Robert E Linden, MD	Jack C Westman, MD
LeRoy Alfred Ecklund, MD	Rudolf W Link, MD	Edward A Wolpert, MD PhD
Denton P Engstrom, MD	William L Lorton, MD	Laurens Dolan Young, MD
Donald Lee Feinsilver, MD	Edward David Meyer, MD	

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*I'm not recovering
from a bipolar
disorder only to
die of lung cancer.*

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UPCOMING EVENTS

March 1-3, 2012

Annual Meeting
InterContinental, Milwaukee

March 16-17, 2012

Spring 2012 Psychiatric Update
UW School of Medicine and Public
Health and Madison Institute of
Medicine, Inc.