You did save the date!

We had a very nice turnout for the April 18th MPA meeting held in conjunction with the Missouri State Medical Association Annual Meeting. The weather tried not to cooperate, but MPA folks came out anyway, and each part of the state was well represented by psychiatrists and also physicians from other specialties. Drs. Stuart Munro, Bob Batterson, Todd Hill, and Steve Segraves each hit the ball out of the park with exceptionally cogent presentations on First Responders, News Media, and maintaining safety in psychiatric facilities. A significant portion of physicians remained afterwards for continued questions and discussion: I believe this spoke well for the effectiveness and relevance of the presentations.

I personally also appreciated the May 17th Social Get Together held at the Fairmont during the APA Annual Meeting. I learned about some ongoing changes in practice arrangements that MPA Psychiatrists are effectively adapting to stay ahead of economic and insurance developments. I find the informal discussions with other physicians very helpful for me.

While in Toronto, I also attended the ISEN (International Society for ECT and Neurostimulation) Annual Meeting. The scientific presentations were helpful and relevant. Major emphasis was devoted to the anesthesia issues related to ECT. However I found the informal discussions with other psychiatrists to be equally as helpful.

I am troubled by the current momentum in Missouri toward the legalization of marijuana. A very significant portion of the hospital inpatients I see present with drug screens positive for THC. Legalization appears to make little or no sense, but it appears to be inevitable. I wonder if there is some role for MPA psychiatrists in this debate.

We should feel very good indeed with the increasing success of the MPA. This spring our membership reached over 470. This is a very nice improvement compared with the membership total of less than 400 a few months ago.

We can credit our Executive Director, Sandy Boeckman, with much of the solid MPA success. Sandy has not only helped restore financial stability and solid processes and procedures for the MPA, but she has some very good ideas for future planning. Again, hats off for Sandy and the S and J Management folks. They have really helped us out.

Sherman
The 2015 legislative session was adjourned per the constitution on May 15 at 6:00 p.m. Approximately 2113 bills had been introduced but only 120 or so were passed and sent to the Governor and, well over 200 bills died on the House and Senate calendars without final debate or action being taken on them. The Republican majority declared the session a success, the Democrats not so much.

The Republicans point to the passage of several of their priority items as the reason they feel 2015 was a productive year at the Capitol. Those include: passage of the 2016 $26 billion dollar budget; bonding for state building projects, HB’s 17-19; medical malpractice reform, SB239; municipal court reform, SB5; student transfer overhaul, HB42; unemployment benefits on term reform, HB150; welfare benefits reform, SB24; right to work, HB116. Some that failed were: ethics reform; deadly force reform; prescription drug monitoring; transportation funding; voter ID; Medicaid reform/expansion.

The final week of session was marred by two incidents which could have long term implications on Missouri politics. One was the “interngate” sexting scandal which resulted in the resignation of Speaker of the House John Diehl and the election of new Speaker Rep. Todd Richardson. The other was the implementation of a seldom used parliamentary procedure by Senate leadership called “previous question.” This effectively stops debate and forces a vote on a bill, in this case HB 116 “right to work.” Following this maneuver the Senate Democrats declared the session over and began filibustering every motion, issue and bill brought up. The Senate shut down and for all practical purposes so did the House. The First Regular Session of the 98th General Assembly was over. Many believe the Senate Republicans call for the “previous question” on May 14, 2015 could have a negative effect on 2016’s session. Stay tuned, only time will tell.

Mo McCullough

Mo McCullough
American Psychiatric Association: Advocacy at Work

APA's Department of Government Relations (DGR) is the association's main conduit to public policymakers at the state and federal level. DGR's mission is to leverage our expert psychiatric membership, in addition to the best scientifically-driven policy understanding, in order to influence government action on mental health and physician practice for the best interests of our patients, our members, and the association. 2015 has brought a set of opportunities and accomplishments in the area of mental health and physician practice policy that will have significant implications for the strategic priorities of the association. These include priorities in the areas of healthcare financing, parity, research promotion, patients' safety, workforce enhancement, quality improvement, veterans' health, and serving the needs of diverse and underrepresented populations, among other priorities. In general, they are framed by the changing environment of healthcare delivery after passage of the Affordable Care Act, treatment access demands, national conversations in the wake of high profile violent events committed unto self or others as a result of mental illness, and long term budgetary questions. We would like to highlight the following examples of APA Advocacy at work.

Veterans' Psychiatric Workforce Legislation Passed by Congress
On February 12th of this year, President Obama signed the Clay Hunt Suicide Prevention for American Veterans (SAV) Act into law. The SAV Act will increase access to much-needed mental health care for America's veterans by improving the ability of the Veterans Health Administration to attract and retain psychiatrists. APA was very supportive of this effort and worked with allied mental health advocacy associations and veterans' service organizations to lobby for its passage. The legislation was named in honor of Clay Hunt, an Iraq and Afghanistan War veteran and suicide prevention advocate who tragically took his own life in 2011. The SAV Act would establish a pilot project encouraging more psychiatrists to choose a career with the VHA by offering medical school loan repayments on par with other government agencies and private practices. Current policy makes it difficult for the VHA to compete with employers that offer employment incentives, such as medical school loan repayment. “This is wonderful news for our veterans, for psychiatry and for the treatment of mental health,” remarked APA CEO and Medical Director Saul Levin, M.D., M.P.A, upon passage. “This legislation will help veterans with mental health diagnoses get the care that they have not received in the past because there were simply not enough psychiatrists to care for them.” APA's Department of Government Relations will be monitoring the VHA's implementation of the Clay Hunt SAV Act.

SGR Repealed and Replaced After a Decade of Advocacy
The flawed Medicare Sustainable Growth Rate (SGR), a budget cap that was passed into law in 1997 as an attempt to control federal spending on physician services, has been repealed and replaced by Congress after more than a decade of physician advocacy. As you know, since 2003 Congress has routinely delayed devastating cuts that would have jeopardized beneficiary access to psychiatric and other medical services in the Medicare program through “patches” to scheduled SGR reductions, causing significant instability and administrative burden for physician practices. In March and April of 2015, Congressional leadership conducted breakthrough negotiations based on recent bipartisan work to bring an end to the flawed Medicare Sustainable Growth Rate formula once and for all. Congress has laid the groundwork for significant changes to Medicare physician reimbursement over the next decade and beyond with the passage of H.R. 2, the Medicare Access and CHIP Reauthorization Act (MACRA). APA has proactively lobbied on repeal and replacement of SGR for over a decade with the assistance of thousands of APA members, and passage of H.R. 2 is historic action that will stabilize payment and improve access to psychiatric care for Medicare beneficiaries.

Details on the legislation and future of the mental health system can be found at www.psychiatry.org/advocacy.

Comprehensive Mental Health Reform Driving Forward
At the time of the writing of this document, Representative Tim Murphy (R-PA), Chairman of the powerful House Energy and Commerce Subcommittee on Oversight and Investigations, is working with his lead Democratic co-sponsor, Representative Eddie Bernice Johnson (TX), to refine comprehensive mental health reform legislation—the Helping Families in Mental Health Crisis Act—for planned reintroduction within weeks. This legislation is the result of a yearlong committee investigation into the national mental health system in the wake of the Newtown shooting tragedy. The reforms proposed in Chairman Murphy's Helping Families in Mental Health Crisis Act touch on a multitude of issues, including coordination of federal mental health resources, access to inpatient psychiatric beds, coverage of needed medication, and boosting mental health research among other policy areas. At an event honoring (Continued on page 4)
Advocacy at Work continued

Murphy earlier this year, APA President Paul Summergrad, M.D. stated that “it is our hope that Congress can send this comprehensive mental health reform legislation to the President’s desk for signature... I pledge that the American Psychiatric Association and our physicians will be there every step of the way to get this legislation passed and this task accomplished.” The APA Administration is expecting modifications to the bill on a number of provisions, in addition to other potential modifications that address the psychiatric workforce shortage as well as improved enforcement of parity laws. Members of the Senate, which was minimally active on comprehensive mental health reform in the 113th Congress (2013-2014), have shown recent increased interest in this new 114th Congress (2015-2016). These include Senators Chris Murphy (D-CT) and Bill Cassidy (R-LA) who are working together on expected legislation. APA has devoted significant lobbying and grassroots resources to the enactment of bipartisan comprehensive mental health reform over the last two years, and the effort is gaining renewed traction and attention both on and off the Hill. More details on this effort can be found at www.psychiatry.org/Cmhr

Release of Medicaid Mental Health Parity Proposed Rule
In April, the Centers for Medicare and Medicaid Services (CMS) proposed regulations that would apply requirements of the Mental Health Parity and Addiction Equity Act of 2008 to Medicaid managed care plans and the Children’s Health Insurance program. The proposed rule follows significant advocacy from APA and allied mental health community stakeholders. It would create greater consistency between the commercial and Medicaid markets and would help ensure that beneficiaries who receive services through Medicaid or CHIP will have access to mental health and substance use disorder benefits. The proposed rule does not apply to Medicaid fee-for-service plans, but it does encourage states that run such plans to adopt mental health parity rules. As you may know, the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) requires that mental health benefits be treated on the same level, in parity, with medical and surgical benefits under health plans that offer behavioral health care. The heart of the Mental Health Parity Act is the recognition that treatment for mental disorders should be equivalent to treatment provided for all other medical conditions under an insurance coverage plan. The Mental Health Parity Act originally applied to group health insurance coverage and was amended by the Affordable Care Act to also apply to individual health insurance coverage. APA is reviewing the proposed rule in detail and will submit public comments.

Non-Physician Scope of Practice
In the early months of the 2015, the District Branches (DBs) and State Associations (SAs) have worked closely with DGR in successful opposition to renewed legislative and regulatory efforts by psychologists to gain prescriptive authority in several states.
- Iowa legislation died in the Senate Human Resources subcommittee
- In Hawaii, legislation passed the House chamber only to be refused a hearing by the Senate Health Committee thereby dying upon adjournment
- Idaho legislation passed the Senate but was refused a hearing by the House Health Committee resulting in its death upon adjournment on April 11
- North Dakota legislation was transformed in the House Committee of jurisdiction into a study bill; the modified bill passed the House and passed the Senate Health Committee but was then defeated resoundingly on the Senate floor by a vote of 41-6
- Nebraska fought a regulatory petition to grant prescriptive authority to psychologists through the 407 Technical Committee Process. They were defeated in early March when the supporters withdrew their application after a face-to-face meeting between the Nebraska Psychiatric Society and the representatives of the local psychologists association
- The New Jersey Psychiatric Association continues to hold AB 2892/SB 1864 at bay in the legislature. AB 2892 passed the House Regulated Professions Committee and has been poised to go on the House floor since June 2014. NJPA continues to work to ensure that the legislation does not move. However, these bills remain active until the legislature goes out of session at the end of the year

Other APA activity in the States
- Collaboration with a number of states including Maryland, Nevada, and Oregon on mental health parity implementation and network adequacy efforts
- Significant work with Kansas Psychiatric Society in opposition to legislation that would have eliminated references to the Diagnostic and Statistical Manual under state law
- Served as a resource on privacy

(Continued on page 13)
Governor Signs MSMA’s Tort Reform Bill

On May 7, Governor Jay Nixon signed into law SB 239, MSMA’s tort reform bill. His signature brought to an end three years of a hard-fought offensive to restore limits on non-economic damage awards in lawsuits alleging medical negligence. SB 239 creates two caps on non-economic damages: a primary limit of $400,000, and a higher cap of $700,000 for “catastrophic” injuries (which are tightly defined). Both are subject to an annual index of 1.7% for inflation.

The result? Improved access to care, more physicians practicing in Missouri, and better protection against frivolous lawsuits and high premiums.

The Missouri State Medical Association expresses deep gratitude to bill sponsors Senator Dan Brown and Representative Eric Burlison, and to our four physician legislators Senators Rob Schaaf, MD, and Bob Onder, MD, and Representatives Keith Frederick, DO, and Jim Neely, DO.

THANK YOU to the extraordinary grassroots efforts from you and your physician colleagues across the state. Not a member? Join NOW with your MSMA colleagues to be the best physician you can be. www.MSMA.org/JoinRenew

www.MSMA.org
Renee Binder, MD, Takes Office as APA President

ARLINGTON, Va. May 21, 2015 — Renée Binder, M.D., began her one-year term as President of the American Psychiatric Association (APA) at the conclusion of the APA Annual Meeting in Toronto on May 20, and María A. Oquendo, M.D., began her term as President-elect.

At the APA Annual Meeting Opening Ceremony, Binder said that the theme of her presidency of the world’s largest psychiatry organization will be ‘Claiming Our Future.’ “As psychiatrists, we are the experts in mental health,” Binder said. “We have the responsibility to ensure that psychiatrists of the future continue to deliver high quality care to our patients and have professionally satisfying lives.”

She continued: "What type of practice will the psychiatrist of the future have? How will we fit into the new models of care? How will we integrate new research findings into our clinical practices? We must claim our future roles in all of this progress; otherwise, others will define our roles for us."

Binder is Associate Dean of Academic Affairs, School of Medicine, University of California, San Francisco (UCSF) and Forensic Psychiatry Fellowship Director. Her leadership positions in APA have included Board of Trustees (Trustee-at-Large), Committee on Judicial Action, chair of the Committee on Advocacy and Litigation Funding, and chair of the Council on Psychiatry and the Law.

Looking to her year as president, Binder outlined five areas of focus:

- Psychiatric care in the general health care system, including continued efforts to make fair and equal insurance coverage of mental health a reality
- Improving availability and quality of services for people with serious mental illness, working to end disparities in mental health care and meet the needs of diverse, underserved populations
- Leadership in advocacy and ethics, including examining our code of ethics and ensuring that it is continuing to serve as the standard for practicing psychiatrists
- Determining quality standards and serving as a source of reliable information about mental health for the public
- Research and diagnosis, including continuing work on treatment guidelines, determining the most effective treatments and guiding the practice of psychiatry

Binder concluded: "It is clear that we have our work cut out for us. ... Let us look to the future and claim our roles in the care of our patients and in enhancing the mental health care of our society."

Other APA leaders who took office after the Annual Meeting include:
Secretary, Altha J. Stewart, M.D.
Early Career Psychiatrist Trustee-at-Large, Lama Bazzi, M.D.
Minority/Underrepresented Representative Trustee, Gail Erlick Robinson, M.D., D.Psych.
Area 1 Trustee, Jeffrey L. Geller, M.D., M.P.H.
Area 4 Trustee, Ronald M. Burd, M.D.
Area 7 Trustee, Jeffrey Akaka, M.D.
Resident-Fellow Member Trustee-Elect, Stella Cai, M.D.
APA Assembly Speaker, Glenn Martin, M.D.

The American Psychiatric Association is a national medical specialty society whose more than 36,000 physician members specialize in the diagnosis, treatment, prevention, and research of mental illnesses, including substance use disorders. Visit the APA at www.psychiatry.org.

Amanda Davis
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Internet Use and Adolescents: How Much is Too Much?

Balkozar Adam, MD

Internet use has become an engrained part of adolescent culture. With the increased use of the Internet comes a global rise in Internet addiction among adolescents. The result is a disorder that impacts adolescents long after they've logged off their laptops and smartphones.

Internet Addiction, sometimes called Internet Use Disorder or Pathological Internet Use, is believed to come from similar pathology as obsessive-compulsive disorder and is linked to impulse control disorder.

Adolescents who are involved in such behaviors have problems with time distortion. They are unsuccessful at controlling the time they spend online and may use the Internet to escape from problems. They often spend more than 35 hours a week on the Internet, longer than they intended or planned. Even when they're offline, they are preoccupied with when they will be able to get back online.

Research shows that they tend to spend their time online surfing the web, gaming, shopping, gambling or exploring pornographic sites. Much of their time is spent on social media, in chat rooms or corresponding by email. Any effort to cut back Internet use is frequently met with increasing irritability.

Another reason some adolescents spend such a large part of their days and nights on the Internet is because of the comfort they find there. They're able to use the Internet for mood modification. The Internet serves to transport them to another world, and each visit ends in a greater longing. They feel they need to spend more time online to achieve the same level that had previously satisfied them. When they're cut off from the Internet, they often develop withdrawal symptoms. They can become sad, socially isolated and engage in conflicts with those around them. These are the same adolescents who may already be predisposed to substance abuse, which may lead to them resorting to drugs or alcohol.

Over the course of several years, adolescents suffering from Internet Addiction can experience depression and loneliness. Other long-term negative consequences include disrupted interpersonal relationships, increased delinquent or criminal behavior, poor work and school performance, greater social isolation and difficulty coping with adversity.

The adolescent becomes more vulnerable to the inherent risks of the Internet such as cyber bullying and suicide. In fact, several studies found significant correlation between Internet Addiction and suicidal ideation and non-suicidal self-injury. Suicidal behaviors, depression, anxiety, conduct problems and hyperactivity/inattention were reported to be significant and independent predictors of Internet Addiction. Depression, anxiety and peer relationship problems were stronger among the males. Conduct problems and hyperactivity/inattention were stronger among females.

As in pathologic gambling, there is a male preponderance for Internet Addiction in adolescents. Boys tend to engage in computer activities associated with stronger emotional-motivational states and are more likely to take part in online gaming, cybersex and gambling. Although DSM-5 does not identify diagnostic criteria for Internet Addiction, it does identify Internet gaming disorder under conditions for further study.

Identifying and treating Internet Addiction can be difficult. There is a high comorbidity with psychiatric disorders and Internet Addiction cases. Therefore, unless the mental health provider is specifically looking for Internet Addiction, it is unlikely to be detected.

What's more, because there is not enough research on Internet Addiction, few intervention programs have been identified. Those that have been recognized include: Intervention with family and close friends, increase monitoring, motivational interviewing and increased communication. In addition, group counseling appears to be the most common method of treatment. Three different drugs have been tested, including Escitalopram, Bupropion and Methylphenidate.

Setting limits on Internet use, while it may seem like a small step, has also shown to be effective. For example, parents can require that all electronic be used in common areas of the home (i.e. living room or dining room) and in the presence of an adult. Just like adolescents are subjected to curfews, they can also be expected to check in their devices at an agreed upon hour every evening.
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- Dr. Stephen F. Huss, President and CEO
School-Based Mental Health Programs in the Aftermath of the Massacre in Peshawar, Pakistan

Syed Arshad Husain, MD

**Background**

On December 16, 2014, seven gunmen belonging to the Tehrik-e-Taliban launched a terrorist assault on the Army Public School located in the historic northwestern city of Peshawar. None of the terrorists were Pakistani Nationals. Three were Arabs, two were Afghans and one was Chechen. They were disguised in the uniforms of Pakistani Frontier Force and were able to pass three check points on their way to the school. They entered the premises from the back through a cemetery adjacent to the school by climbing over the walls surrounding the school. The attackers carried automatic weapons and some wore suicide vests. They rushed straight to the school auditorium located in the center of the school complex where a large number of students were gathered for a school function. The terrorists began their carnage by firing at the children indiscriminately, their aim was to kill as many children and staff as possible and to take no hostages. The children ranging in age from eight to eighteen, were made to watch the killing execution style of their teachers including their principal. This attack lasted for several hours, killed 150 mostly children and teachers and injured as many if not more students. One attacker blew himself up and the others were killed during the rescue efforts that began within 15 minutes of the attack.

**Aftermath**

This was by far the most barbarous and heinous terrorist act by the Taliban in a series of numerous attacks on schools and students in Pakistan, leaving the nation and the rest of the world in a state of shock, disbelief and dismay. Some observers compared the nature and preparation of this massacre to that of the attack in Beslan, Russia, where 186 children were killed in 2004. Others declared this attack as Pakistani 9/11. The government announced to observe three days of mourning throughout Pakistan. Classes in all schools across the nation were suspended until January 12, 2015 for security reasons. Eye witness accounts of the children who survived this horrific ordeal began to surface in the media. The nationwide reaction of the children was one of confusion and fear. The parents who lost their children in this mayhem were understandably stricken with severe grief and many expressed rage at this beastly act by the Taliban. Other parents worried about the safety and security of their children and many kept them home. The government of Pakistan decreed that all schools in the nation must take extra security measures and deploy armed guards outside the schools. Some school authorities offered their teachers training to use fire arms. The Pakistan government established a Psychosocial Resource Center (PSRC) under the direction of an army psychiatrist, to develop programs to meet the immediate psychological needs of the surviving children and for the bereaved families.

On December 16, I was visiting the elementary school of 400 children age 5-11 years that I founded ten years ago in Karachi. The academic council of the school held a meeting with the school teachers and the parents to assess the impact of this crisis on our students and to develop an appropriate response to this national tragedy. Most parents reported that their children had mixed reactions. In general they were concerned about their safety but none refused to go to school. The parents agreed with the academic council’s decision to, henceforth, drop and pick their children to and from the school personally. We conducted a course in trauma psychology for our teachers that utilized mental health first aid principles.

**Visit to Peshawar**

The UMC International Center for Psychosocial Trauma has a long history of working with the local psychiatrists and psychologists in Peshawar. During the Afghan war, a team of psychiatrists and psychologists lead by this author visited Peshawar numerous times to train local mental health professionals and teachers to help Afghan refugees sheltered in Peshawar. We also established a counseling center in an Afghan refugee camp in Akhora Khatak, a small town north of Peshawar. That center is still in operation.

The director of PSRC invited our team to train local psychiatrists, psychologists and teachers to help the affected children and their families. Because of the security concerns, we restricted our training team to the Psychiatrists of Pakistani origin-me and Dr. Asad Khan, a child psychiatrist who grew up in Peshawar and now practices in Arkansas. We proposed and the PSRC accepted the school-based mental health program using Teachers As Therapists® model. The psychiatric department of Lady Redding Hospital also joined hands to host this training. We put together a training manual for distribution.

**Teachers As Therapists®**

Teachers As Therapists® was developed by this author in 1994 to help the war traumatized children of Bosnia. According to this model, teachers are trained in identifying common psychological reactions to exposure to traumatic experience and (Continued on page 11)
School-Based Mental Health Programs continued

offer intervention in the school setting. A weekly mental hygiene period is added to the regular curriculum, where the teachers trained as therapists work with children by using group therapy, relaxation techniques and art and play to cope with their stress, trauma and loss. Teachers were selected for this training because by the nature of their training as teacher, they become child psychologists. They are familiar with the normal age dependent behaviors, readily recognize abnormal behaviors and have tools to normalize it. In addition, teachers spend more time with children than anyone else and most children trust them. We conducted an outcome study to assess the effectiveness of teachers as therapists. The results supported the view that teachers can be very effective therapists to help traumatized children. Since it’s successful implementation in Bosnia, we have used Teachers As Therapists model trained in eighty war zones and disaster areas in eighteen different countries and have trained over six thousand teachers, mental health professionals and other indigenous professionals.

Training
For this training, we developed a three day training curriculum for psychiatrists and psychologists and separate three day program for teachers. The topics included interviewing technique with children and adolescents, identifying PTSD, Depression and Behavior Disorders and intervention techniques such as group therapy, relaxation and guided imagery and psycho-pharmaceutical treatment of PTSD and Depression. Assessing and enhancing resiliency in children and recognizing and managing compassion fatigue were also taught. Forty six local psychiatrists, psychologists and social workers were trained in the first batch and one hundred and forty nine teachers from Army Public School and other schools in the neighborhood participated. The method of training in both sessions was interactive and hands on.

Need Assessment and outcome Study: In order to identify various psychological reactions amongst the exposure to trauma in children and assigning resources appropriately, the trainees were taught how to administer a battery of standardized psychological tests that includes ‘PTSD Reaction Index’, ‘Depression Inventory’ and ‘Hopelessness Scale’ to the children and adolescents. This battery of tests is to be administered before the start of the treatment in the mental hygiene period. This assessment will be repeated at following 16 weeks of treatment and the results are compared to assess the progress.

Findings
As a part of the training, we interviewed a teenage student who was severely injured during the attack and survived only by pretending to be dead. He reported nightmares, flashbacks and hyper-vigilance. The sight of a friendly uniformed and armed guard still gave him jitters. He was very saddened by the loss of his peers who were killed in front of his own eyes. He was initially reluctant to return to school, but found courage in the memory of the lost friends. He wants to join the army when he grows older.

We also met with a group of parents whose children were either killed or injured during the attack. The parents who lost their children are finding some strength and relief in their religious believes. One parent who had two children in school and one survived, was reporting lots of guilt expressed by the surviving child. Few fathers were very angry and one questioned the benefit in the mental health help claiming that none of it would bring his son back. One mother told the story of her five years old daughter who heretofore avoided sharpening her pencil, now would do that first thing each morning and would use it’s sharpened end to defend herself from the attackers. In general, both the children and their parents were determined not to be intimidated by such acts of terrorism and pledge to continue their lives.

Most trainees particularly the teachers were very enthusiastic about their training. They quickly learned the principles underlying the techniques they were being taught. They were quick learners and all were driven by a desire to help the children in the best way they could. We cautioned them about the compassion fatigue and included in the training a course on helping the helpers.

Conclusion
Our team was heart stricken by the enormity of the trauma and loss that the parents and the teachers are enduring and the challenges that lay ahead of them for a long time to come. But we were very impressed to witness the courage, the commitment and compassion that they demonstrated in support of their children. They all derive strength from their strong religious beliefs and absolute submission to the will of their creator. These characteristics underlie their resilience. Our team will stay in touch with the local team and will organize follow up visits in the future if and when asked.
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Missouri Psychiatry

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Advocacy at Work continued

- Provided assistance to states on physician assisted suicide legislation and regulation, including California, Colorado, and Maryland
- Collaboration with multiple states on medication access and formulary issues, including Arkansas and Kansas
- Provided resources and assistance on issues related to sexual orientation and gender identity conversion efforts in several states, including Maryland and Michigan

In light of the many ongoing state legislative challenges, DGRs are actively recruiting several additional state-focused professionals to support the DBs and SAs beginning in the second half of this year.

Grassroots and Advocacy Training Provided for District Branches and State Associations

DGR continues to partner with DBs and SAs to provide training on advocacy, grassroots initiatives, and coalition building to residents and doctors. DGR continues to partner with DBs and SAs to provide training in legislative strategy, advocacy methods, common legislative issues in the states, and other priority issues specific to the state associations.

2015 has been a busy and successful year for advocacy training with more to come.

Since January, APA has participated in the following training programs:
* Maryland Psychiatric Society Advocacy Training
* South Carolina Psychiatric Association Annual Meeting
* University of Minnesota Resident Advocacy Day
* Hennepin-Regions Resident Advocacy Day
* Minnesota Psychiatric Association Advocacy Training
* Mayo Clinic Resident Advocacy Training
* Southern California Psychiatric Society Advocacy Training
* Orange County Psychiatric Society Advocacy Training
* San Diego Psychiatric Society Advocacy Training
* University of Washington Resident Advocacy Training
* Michigan Psychiatric Society Resident Advocacy Training
* Michigan Psychiatric Society Annual Meeting
* Pennsylvania Psychiatric Society Advocacy Training- Philadelphia Society
* Ohio Psychiatric Physicians Association Advocacy Day

If your state would like advocacy training, please contact DGR at 703-907-7800 or email Pamela Thorburn at advocacy@psych.org. There is no cost to the District Branch or State Association for this on-site training; it is a DB/SA member benefit and we would be pleased to help.

Don’t Miss It: Physician Payments Sunshine Act Review

The Physician Payments Sunshine Act, or “Sunshine Act,” is designed to bring transparency to financial relationships among health professionals and the pharmaceutical industry. The Sunshine Act requires that manufacturers of pharmaceutical drugs, biologics, and devices who participate in any federal healthcare program report payments and transfers of value given to physicians and teaching hospitals. Physicians have until May 20 to register through the Open Payments portal operated by the Centers for Medicare and Medicaid Services (CMS) and review payment data from 2014. CMS will publish all 2014 payment data on June 30th. To assist our membership, APA has developed a comprehensive website on the Physician Payments Sunshine Act (www.psychiatry.org/sunshineact), which offers members important information on registering with CMS and disputing any erroneous data reported by manufacturers before it goes public.

American Psychiatric Association
Department of Government Relations
advocacy@psych.org
703-907-7800

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Preliminary Agenda

7:30 am  Registration, Exhibits and Continental Breakfast

7:30 - 8:30 am  MPA Executive Committee Business Meeting

7:30 - 3:30 pm  Exhibit Hall Open

8:30 - 9:00 am  “The Effects of Stressed Parents on their Children”
    Slaying Dragons theatrical presentation

9:00 - 10:15 am  “The Neurobiological Effects of Economic Disparity, Social Stress, and Racial Profiling (Poverty, Familial Depression and Trauma) on Children”
    Speaker: Deanna Barch, Ph.D.

10:15 - 10:45 am  Break to View Exhibits

10:45 - 12:00 noon  “Ferguson: How Economic Disparity, Social Stress, and Racial Profiling Lead to an Explosive Situation”
    Speaker: Dr. Marva Robinson, Licensed Clinical Psychologist, Preston & Associates Psychology Firm, LLC and President of the St. Louis Association of Black Psychologists

12:00 - 1:30 pm  Luncheon, General Membership Meeting and View Exhibits

1:30 - 2:30 pm  “The Criminal Justice System: A Racial Social Construct”
    Speakers: Karen Curls, PhD, Chair, Social Sciences Division, Kansas City Community College

2:30 - 4:30 pm  Panel Discussion: “Political Ways to Eliminate the Psychosocial Causes of Certain Mental Illnesses such as Depression, Substance Abuse, and Antisocial Behavior”
    Speakers: Dr. Roy Wilson, Resilience Coalition; State Representative Brandon Ellington, Vice Chair of the Missouri Congressional Black Caucus; Missouri State Patrol Captain Ronald S. Johnson; US Congressman Emanuel Cleaver, II, MO-05 (invited); Karen Curls, PhD, Chair, Social Sciences Division, Kansas City Community College; Deanna Barch, Ph.D.

Jointly Provided by the American Psychiatric Association and the Missouri Psychiatric Association
You and the American Psychiatric Association—A Career-long Partnership

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For more information, call 703.907.7300 or email membership@psych.org.
In Memorium

Jule P. Miller Jr., M.D.

Miller, Jule P. Jr., MD died peacefully Thursday, March 5th, 2015, just shy of 89 years-old. Until January 2014, when he moved to Biloxi, MS, Dr. Miller worked as a psychiatrist and psychoanalyst in private practice in St. Louis, MO. An important figure in American psychoanalysis, he was the first President of the International Council for Psychoanalytic Self-Psychology, a post he held for 11 years, and served as director of the St. Louis Psychoanalytic Institute. He supervised and taught many psychiatric residents and psychoanalytic candidates, wrote numerous papers and a book, and was a frequent participant on national panels. Dr. Miller was born March 14, 1926, in St. Louis, MO, the son of Jule P. Miller and Mary Belle Martin Miller. After graduating from John Burroughs School, he served in the Navy from 1944 to 1946, maintaining the radio and radar equipment on board ship during several major battles in the Pacific. He returned to St. Louis to graduate with honors from Washington University, then from Washington University Medical School, also with honors, in 1953. He trained in psychiatry at Harvard and did his psychoanalytic training in New Haven, CT. He was the chief consulting psychiatrist at William’s College from 1959 - 1964 as well as having a private practice in MA, returning to St. Louis in 1964.

Survivors include his son, Jule P. Miller III, MD, his daughter, Amanda B. Miller, DVM, his daughter-in-law, Sharon T. LaRose, MD, his son-in-law, Scott Dulaney, his grandsons Colin and Byron, his granddaughters Genevieve, Quinlan, and Larkin, and his great-grandson, Abel. He was preceded in death by his first wife and mother of his children, Alicemarie M. Miller; his parents; and his sister, Marilyn Czuﬁn.

John William Olney M.D.

John William Olney, MD died Tuesday, April 14, 2015 peacefully at home in the company of his family at 83 years of age. Surviving are his wife of 57 years, Elfriede Olney; son and daughter John Olney and Margaret Olney; and grandchildren Stephen, Theodore, Matthew, Virginia, Ulysses, and Lucas; brother of Margaret, Elizabeth, Byron, and Norris; dear uncle, cousin, and friend to many. Born and raised in Marathon, Iowa, prior to completing his undergraduate and medical degrees at University of Iowa, he served in the army for three years. He completed his residency in Psychiatry at Washington University in St. Louis School of Medicine where he went on to practice as a Professor of Psychiatry, Neuropathology, and Neuropharmacology. In 1996, he was elected to the Institute of Medicine of the National Academy of Sciences. Throughout his career, he received numerous honors, awards, and recognitions, some of which include the NIMH Research Scientist Award; Wakeman Award for Research in the Neurosciences; Dana Foundation Award for Pioneering Achievement in Health; Peter H. Raven Lifetime Award, Service & Accomplishments in Science; The Society Biological Psychiatry, Lifetime Achievements Award; International Neurotoxicology Assn, Jacob Hooisma Memorial Award; Am. Psychopathological Assn. Zubin Award – Meritorious Mental Health Research; Second Century Award – Washington University School of Medicine; and John P. Feighner Endowed Chair in Neuropsychopharmacology.

Dr. Olney made enormous contributions to the scientific community's understanding of brain injury and brain cell death with implications for both acute and chronic neurodegenerative processes. He discovered the role of one of the most important neurotransmitters involved in brain function and its toxic effects on the developing brain when abnormally elevated. He devoted his life to deciphering the workings and pathological processes of the brain and continued his research into his last days. When he wasn't attending to his research or helping mentees advance their research careers, he enjoyed spending time his wife and family, fine wine and cuisine, and being a benevolent grandfather to his six grandchildren. Memorial contributions may be the charity of one's choice.

Dr. Wayne Andrew Stillings, M.D.

Wayne Andrew Stillings, M.D. peacefully departed this earth on March 16, 2015 leaving behind his wife, Marina, daughters Nicole Rose of New York City and Stephanie Anne of Gainesville, Florida, brother Neil of Amherst, Mass, and stepson Jonathan of Port Heron, Michigan. Dr. Stillings was born on January 23, 1949 in Appleton, Wisconsin and graduated from Oberlin University. He attended Washington University School of Medicine. After completing a residency at Barnes Hospital, he went on to practice psychiatry in the St. Louis area for nearly four decades. As a founding member of the St. Louis Food and Wine Society, he was known for his excellent palate as well as his culinary creativity. Memorial donations in his name may be made to the American Cancer Society.
Missouri Psychiatry

**In Memorium**

**George A. Ulett Jr., MD**

Ulett, George A. Jr., MD passed away on February 20, in Rockville MD. He was 97. A long time St. Louis resident, Dr. Ulett was best known as the former director of the Missouri Division of Mental Diseases where, under his leadership, Missouri went from one of the worst-funded mental health programs to a national leader. He founded what is now the Missouri Institute of Mental Health. He was former medical director of St. Louis City’s Malcom Bliss Hospital. He was instrumental in setting up alcohol and drug abuse treatment programs at city and state hospitals. One of his proudest achievements was to bring racial integration to the city’s mental health system. He was a professor of psychiatry at Washington University, Directory of Psychiatry at Deaconess Hospital, and was in private practice for over three decades. Dr. Ulett was a professional magician, an early member of the International Brotherhood of Magicians. He performed under the stage name of Dr. Foo Lung Yu. He is survived by 3 children, 5 grandchildren, and 5 great-grandchildren. Memorial contributions can be made to Missouri Institute of Mental Health or Washington University School of Medicine/Department of Psychiatry.

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**Become a Fellow of the American Psychiatric Association**

The APA offers many opportunities for residents to pursue leadership fellowships and present at APA meetings. Please consider nominating your residents for these fellowships.

**APA Public Psychiatry Fellowship**

This 2-year fellowship provides experiences that will contribute to the professional development of residents who will play future leadership roles within the public sector psychiatry and heighten awareness of the public psychiatry activities and career opportunities.

**APA American Psychiatric Leadership Fellowship**

The American Psychiatric Leadership Fellowship is the oldest and most prestigious fellowship program in the APA. The two-year fellowship introduces residents to organized psychiatry at the APA by serving on a component within the governance structure of the association. Fellows also have the opportunity to attend the APA Annual Meeting and network with psychiatrists from around the world. Nomination guidelines and additional information about the fellowship program can be found online.

**APA Child & Adolescent Psychiatry Fellowship**

This 2-year fellowship is designed to promote interest among general psychiatry residents interested in pursuing careers in Child & Adolescent Psychiatry. Fellows will have the opportunity to attend and develop session submissions for the APA Annual Meeting under the guidance of an assigned mentor and network with leaders in child and adolescent psychiatry.

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**Swope Health Services** is seeking a Chief of Psychiatry to succeed Dr. James True, who will be retiring after a successful 25-year tenure. Given the solid administrative support structure that exists within the division, this position entails primarily a clinical focus, with approximate allocation of time of 90% clinical and 10% administrative.

We are seeking candidates who possess:

- A Doctor of Medicine (M.D.) or Doctor of Osteopathic Medicine (D.O.) degree along with completion of an accredited psychiatric residency training program is required.
- A current, unrestricted board license to practice psychiatry in Missouri or eligibility to apply for a Missouri license is essential.
- Telemedicine experience or interest in expanding the main campus practice along with some knowledge of open scheduling would be a plus.
- A caring, sensitive, service oriented personality with a strong focus on quality and patient/client care.
- Management style that is firm but fair, with inclusiveness, facilitation and follow through.
- Must be comfortable in an urban core setting and working with the underserved.
- Interpersonal skills should include tact and diplomacy with a solid control over ego.
- A strong personal value system that encompasses high integrity, honesty, a solid work ethic, high professional standards and strong moral character with ethics that are above reproach.

EFL Associates has been engaged for this search. For questions or referrals, please contact Nancy Huckaba at nhuckaba@eflassociates.com or 913-234-1570.
“Mental Health and Violence”
J. Stuart Munro, MD; Bob Batterson, MD; Steve Segraves, MD; Todd Hill, DO
Westin Crown Center, Kansas City, MO
Saturday, April 18, 2015
Joint Annual Meeting with Missouri State Medical Association

In a mental health crisis a variety of persons are at risk from physical violence. The most likely victim is the patient, but family members, neighbors, first responders, providers and the community at large are also at risk. There are interventions that can reduce these risks. One intervention that will be explored in depth is the training of first responders to be better prepared to handle a mental health crisis situation. We will also examine the importance of ongoing collaborative efforts between first responders and providers to reduce the risk of unwanted outcomes resulting from a mental health crisis. Objectives: List the variety of persons at risk in a mental health crisis. Describe and understand the preparation of first responders to manage a health crisis. Take measures to reduce risks arising from a mental health crisis.
Media Benefits for MPA Members

Your membership in the Missouri Psychiatric Association entitles you to several key media benefits:

1. Free ad listings on the MPA website. MPA Members can post their research studies, job listings, events or books for 6 months on the MPA website at http://missouri.psych.org. The listing can repost again after that period.

2. Reduced newsletter ad rates. MPA members may place any size ad in Missouri Psychiatry, MPA’s quarterly newsletter, for 50% off the regular rate. Missouri Psychiatry reaches nearly 500 MPA members and associated healthcare professionals in the state and appears online at the MPA website. It is the only publication dedicated to psychiatrists in the state of Missouri.

3. Free “Upcoming Events” listings. There is no charge for members to post upcoming meetings and special events of interest to the behavioral health community.

All ads must be camera ready in an electronic format and should include a link to the advertiser’s email address or website. Web ads may be submitted in color or black & white. Newsletter ads will print in black and PMS 294 Blue inks regardless of submission format.

Letters to the Editor

We invite readers to submit letters of not more than 500 words. Missouri Psychiatry reserves the right to edit letters and to publish them in all editions, print, electronic, or other media. Letters should be sent by postal mail to Missouri Psychiatry, Missouri Psychiatric Association, 1 66 E. Capitol Avenue, Jefferson City, MO 65105 or by email to donmoise@hotmail.com. Clinical opinions are not peer reviewed and thus should be verified independently.

Newsletter Submissions

We strive to offer content in Missouri Psychiatry that represents our membership and encourage members to participate in its creation. For communications regarding the newsletter or to submit articles, letters to the editor or upcoming events, please contact: Editor, Missouri Psychiatry, 722 E. Capitol Avenue, Jefferson City, MO 65101, or sandyboeckman@gmail.com.

Submit items specific to your local office to:
Central Missouri Regional Office: Hina Syed at hinasyedcmps@yahoo.com; Eastern Missouri Regional Office: Paul Simon at Ps13_99@yahoo.com; Western Missouri Regional Office: Dr. Bob Batterson at bbatterson@cmh.com

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Advertisement Information

For advertisement information, please contact Sandy Boeckman by email at sandyboeckman@gmail.com.

Mark Your Calendar

“The Psychiatric Impact of Economic Disparity, Societal Stress and Racial Profiling”

Holiday Inn Select
Columbia, MO
Saturday, September 26, 2015
Calendar of Events

Continuing Medical Education Workshops

September 26, 2015
“The Psychiatric Impact of Economic Disparity, Societal Stress and Racial Profiling”
Holiday Inn Select
Columbia, MO

Executive Council Meetings

Conference Calls Scheduled at 7:00 pm
June 10, 2015
August 12, 2015
October 14, 2015
November 18, 2015