



Massachusetts Psychiatric Society

your information source for psychiatry in Massachusetts

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PSYCHIATRY as a COTTAGE INDUSTRY...

Several forces coming together in the next few years will greatly alter the way psychiatry and all of medicine is practiced in Massachusetts and eventually the nation. Governor Patrick signed legislation in 2010 that requires physicians to be competent in the use of electronic health records (EHR) by January 1, 2015. In order to obtain a Massachusetts medical license – or to renew an existing license – physicians must demonstrate competence in EHR to the Board. The recent federal health care reform law contains additional EHR requirements for Medicare and Medicaid reimbursement eligibility.

The governor has also filed a “global payments” proposal that would cover all physicians [and presumably mental health providers of all disciplines] and the legislature is currently considering this proposed law.

A large proportion of our members currently practice either solo or in small groups unconnected with any larger entity, either by affiliation or electronic medical record. [It is hard to know just how many because only 15% of our members return surveys asking about their practice patterns.]

Many of our members [and other psychiatrists] do not accept insurance directly for payment and may bill patients at any rate they choose and that the patient can afford to pay. This way of working is similar to a custom tailor whose work may be very individualized and quite finely done but is too expensive for most people to afford.

Some tailors may make quite a good living even now, but when ready to wear suits and mass production came on the scene, a great many tailors and seamstresses were forced into other lines of work. Cottage industries cannot compete with mass production on price or availability.

At a time when there are major concerns raised in the press and by state agencies about access to psychiatric care, psychiatry faces several difficult choices. Because the practice of our members is so variable, it can be difficult to reach a consensus about what choices MPS should advocate for with the legislature and what will best serve our patients and the profession.

Those psychiatrists who work in the public sector with the most severely ill patients see a very different population and advocate very different protections for that population compared to private practitioners who by the nature of their practice do not encounter patients typical of the public mental health group. Child psychiatrists are in short supply and high demand and are the most difficult to access—and the most likely not to take any insurance.



Donald B. Condie, MD

Visit the MPS Website

www.psychiatry-mps.org

Inside this issue:

Secretary's Report	Page 3
Treasurer's Report	Pages 3-4
MPS Outstanding Psychiatrist Awards	Pages 5-7
APA 2011 Distinguished Life Fellows	Pages 7-11
Election Results	Page 11
Calendar of Events	Page 12

(Continued on page 2)

(President's Message—Continued from page 1)

Our recent member survey [organized by the managed care committee and Greg Harris] dealt primarily with issues about reimbursement and relationships with various payors. We will continue to discuss the results and use them to guide our advocacy, but there are many other challenges ahead where we need to know the thoughts of members.

The upcoming year for MPS presents several major issues. First are the already noted plans by the governor and Massachusetts legislature that could fundamentally change the way all of medicine is practiced and perhaps have even greater impact upon psychiatry. If some legislators have their way, no one would be able to practice medicine in Massachusetts without accepting insurance. For many members of MPS who do not directly take insurance, this would be a major and unwelcome change. It is not likely to happen in the next year but advocacy is essential to explain why this would be harmful to patients and not accomplish the hoped for goals.

That anyone would consider such a fundamental shift is driven in part by frustration about difficult access and — I would argue—also driven by what is now called “implicit cognition”—what Freud called the unconscious. Frustration about access leads to hasty attempts to find answers that may not work and public concerns about violent behavior by presumed psychiatric patients—whether the recent deaths in Massachusetts or nationally—perpetuate stigma which also contributes to ill conceived remedies.

Closure of DMH beds and the impact upon both access to care and safety, misconceptions about psychiatry in the media and how to address them effectively, and massive proposed changes for mental health services in Massachusetts for children are also in need of our attention.

At the same time that psychiatry speaks less and less about unconscious processes, other disciplines such as experimental psychology and even management consulting have become quite interested in how unconscious biases might lead to major mistakes in judgment and financial loss.

Elaborate experiments are done to detect unconscious biases and brain regions are mapped to differentiate this process.

Unconscious motivation and even irrationality have been discovered by mainstream media. In a recent lecture at Harvard, David Brooks, a conservative columnist for the New York Times, spoke about “learning to love the irrational mind.” He summarized a great deal of research about how unconscious processes affect decision-making in everyday life but also in the political arena.

The new jargon of accountable care organizations and “bending the cost curve”, the requirements that we demonstrate “competence” with electronics to renew a medical license, may seem foreign and irrational to us but as psychiatrists we must listen not only to the words of the debate but also how those words are said.

One of the reasons that a personal analysis was once considered to be essential for any psychiatrist was that better understanding of one's own unconscious motivations was

considered to be necessary for good work as a psychiatrist. We must also understand the motivations and concerns of families who cannot find treatment for loved ones and state agencies that hope to find a simple answer to such problems, if we are to gain any real understanding from them for our own positions.

Not participating in this public debate would be a mistake and in order to represent the thoughts and opinions of MPS, your elected leaders need to hear your ideas and how they could be implemented in the current swirl of conflicting needs and interests. Marie Hobart has started and we will continue a media committee to keep open dialogue with those who write and speak about psychiatry and counteract misconceptions and over simplifications but a great deal of work must be done.

All of these issues bring us back to the question of irrationality in public policy and for that matter in life. My grandmother used to say, “if you want people to see things your way, don't start by poking them in the eye.” Good advocacy cannot be strident or hastily accomplished.

MPS must advocate for patients and for professionalism in an environment which has become increasingly acrimonious and uncivil. To do so effectively requires many of the same skills in building relationships that any good psychiatrist knows are essential for working in alliance with patients and families. Personal contact with other physician groups and legislators remains the best mechanism for increasing understanding of the issues faced by our patients and our profession, as well as decreasing stigma that still attaches to us both.

No one person or small group of people can hope to make as many personal contacts as will be necessary for legislators and their staffs to understand and take into account the needs of those whom we treat and of the profession itself. I hope you will all take the time when MPS sends an e-mail request for comments to be sent to legislators to send those comments since only through that mechanism will our voices and the voices of our patients be heard.



Donald B. Condie, MD
President

The MPS staff congratulates all newly elected officers and looks forward to working with the Executive Committee, Council and all our members in the coming year!

MPS Secretary—2010/2011 Membership Report

As secretary of the Massachusetts Psychiatric Society I would like to formally thank all of our members for their participation and support.

In 2010, membership in the society remained stable given a nationwide trend for membership reduction. More than 74 members in training joined the society, 11 new general members were added and 18 members reinstated after significant time away. There were 17 transfers into the Massachusetts district branch from across the country. Massachusetts continues to be the second largest district branch in the APA by a margin of 7 members. As of December 31, 2010, we totaled 1660 members.

Transfers out from our district branch continued to be primarily due to members in training who are moving to different parts of the country. We continue to do outreach to all training programs to encourage them to join MPS and to encourage APA membership as well. Any professional society must continue to renew itself as well as its policies and ideas by adding new generations of psychiatrists and recruitment of new members will continue to be a priority.

This year, as a result of our recent election we are pleased to welcome several new Early Career Psychiatrists to our Council and Executive Committee.

Retaining our current members by making the society's activities and conferences relevant for the largest number continues to be a priority. Those of you attending tonight hopefully see the value of associating with colleagues, and supporting the society as it advocates for patients and our members, especially in these difficult financial times for the Commonwealth.

We continue to use regular e-mails to nearly 1,400 of our members who can be reached in this fashion and the newsletter and other mailings of a more old-fashioned kind are other ways of reaching out. We will be updating our website over the summer and I encourage you to check it out. In case, you didn't know, there is the opportunity to find referrals and to locate colleagues through the membership on-line directory in the member's only section.

A society such as ours only remains strong when its members feel that the actions of the society are relevant to its member's values, members concerns and members needs. A number of MPS committees meet regularly with insurance companies, representatives of the Department of Mental Health as well as other organizations and regulatory bodies. MPS also joins with the Massachusetts Medical Society and other physicians' organizations to advocate for members with the Board of Registration in Medicine whose policies ultimately affect us all. MPS maintains a strong lobbying presence with the legislature in Massachusetts through our Lobbyist, Lisa Simonetti, who makes known to lawmakers the effects that proposed legislation will have on patient care and physician practice.

All of these activities are complex and time-consuming and we are very fortunate to have many talented members who donate considerable amounts of their time to these matters. For those of you who have not been involved with these

activities or committees of the society, I'd like to encourage you to join your colleagues in this rewarding work.

Finally I would like to thank you for the opportunity to serve the MPS as secretary for the past year and look forward to the coming year to serve. Through our concerted actions as a society we can advocate for policies that are equitable for our patients and our professional practice.



M. Cornelia Cremens, MD
Secretary, MPS

Treasurer's 2010/2011 Report

MPS Operating Budget

This report encompasses the MPS financial accounts including our affiliated chapters in Western Mass. and Southeastern Mass. Our accounts for 2010 have been fully audited. We had operating income in 2010 of \$444,118 (compared to 2009=\$442,029). Our expenses totaled \$470,509, (compared to 2009=\$505,415). resulting in our year end position in a negative operating balance of approximately \$26,391 (compared to 2009=\$63,386). . Our investment portfolio netted an increase of \$45,350 (compared to 2009=\$52,502).

Our expenses are generally on par with previous years, with the exception of decreased legal costs which had been higher in 2007 and 2008 and fortunately holding steady in 2009 and 2010. Other areas performed close to budget, and operational savings of \$34,444 compared to 2009 expenses were made by closely watching venue costs and consultant usage. We continue to watch our costs closely for the CME programs and show a positive balance for these programs. We are dependent on dues revenue providing income of \$337,777 up \$9,489 from 2009. This is due in part to the increase in dues for 2010. In addition, revenues from advertising were \$42,911, up slightly from 2009. Revenue from CME programs is another source of income. This year we decided to maintain the dues for 2011 at the same rate as 2010. We have 1,661 active members.

The MPS Council and Executive Committee in concert with the MPS staff monitor expenses and revenue to ensure that our resources are spent responsibly and in the best interest of the MPS membership.

MPS Investments

For the calendar year 2010, our investment accounts were up 8.62%. This is not as robust as in 2009 due to the sluggish economy. Our investment account balance on January 1 was \$515,378 and at year end was \$559,815, representing an increase of \$44,437. The investment funds are in a diversified portfolio of Exchange Traded Funds at Merrill Lynch a division of the Bank of America. We maintain a relatively conservative allocation strategy spread across diverse sectors of the economy. In particular, the 35% equity portion is invested in Value and Growth Funds, in Large Caps, Mid Caps, Small Caps, and International positions. The 65% allocation to fixed income is in bond funds.

Overall outlook for 2011 and beyond

We remain on track for a successful year maintaining continuity of the robust level of member services and benefits. Our operating budget reflects a deficit which we tolerate by using a portion of our investment income to balance the books. We continue to watch our expenses with an eye toward providing value and services to our membership while ensuring responsible fiscal management. The Executive Committee and Council continue to review our fiscal situation to seek additional efficiencies and manage our priorities and we debate the advisability of cuts. In 2009, our Council determined that a small increase in dues for 2010 would allow us to approach a balanced budget. This proved itself this year, where we were able to reduce our operating deficit to \$26,391. We will continue to monitor our fiscal situation to ensure that income and expenses are appropriate.

I would like to take this opportunity to thank our accountant, Michelle Arsenault of the firm Tankel and Rosenberg, and our Auditor Kathy Hughes, for their continued efforts on our behalf.

I would also like to praise our office staff, Beverly, Mayuri and Julie, who have been doing a great job supporting the Society and its members.



Mark J. Hauser, MD

MPS 2011 Outstanding Psychiatrist Awards

Advancement of the Profession Award



Paul Summergrad, MD

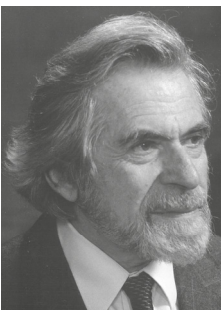
Paul, your peers have selected you for recognition based on outstanding achievements as a master clinician, teacher, administrator, and leader. After graduating SUNY-Buffalo for both undergraduate and medical education, you completed a residency in medicine at Boston City, a second residency in adult psychiatry at Massachusetts General Hospital, and completed training in psychoanalysis at BPSI. You have achieved board certification in internal medicine, psychiatry, psychosomatic medicine, and geriatric psychiatry. After 17 years of accomplished service in various capacities at MGH and the Partners HealthCare System, in 2004 you joined Tufts University School of Medicine where you are currently the Dr. Frances S. Arkin Professor and Chairman of Psychiatry, and Psychiatrist in Chief of the Tufts Medical Center. Your outstanding clinical, academic, and administrative leadership has been felt widely throughout your hospital, medical school, state, and professional organizations—including your dedicated service to the Massachusetts Psychiatric Society (President, 1998-1999), the American Psychiatric Association, the American Association of General

Hospital Psychiatrists (President, 1997-1999), and the American Association of Chairman of Departments of Psychiatry (President-elect, 2010).

We can offer no more articulate praise than the accolades from those who work closest with you. In nominating you for this award, Gene Fierman detailed your many accomplishments and then added: "These enormous contributions, which I have tried to summarize, can be seen from review of Dr. Summergrad's CV. What cannot be gleaned so easily in the personal side of the equation. Dr. Summergrad is a warm, thoughtful, wise and temperate individual and leader... I could always count on him to provide sensible and thoughtful advice. In discussion with faculty members at Tufts, it is clear that the Department has benefited greatly from his leadership. Despite his busy schedule and great accomplishments, he has retained his humanity, humility, and sense of humor. He is devoted to his wife and children. This can be summarized by the Yiddish expression that he is a mensch, a real honest human being." Jon Borus noted "Paul is a multifaceted psychiatric teacher, clinician and leader who has made major contributions to our profession which I believe make him a superb candidate for this important award." Your Tufts colleague Edward Silberman noted "Paul is an ideal candidate for this award, because he daily advances our profession in ways that few psychiatrists are able to do.....He is a consummate physician, an astute psychiatrist, a skilled and knowledgeable administrator, and a sensitive and humane person. He is an ideal representative of psychiatry and an ideal candidate for this award." David Adler commented that over his 34 year career at Tufts, "working under all the Chairs this Department has had I can say without hesitation that Paul is by far the most outstanding Chairman I have had the privilege to serve."

In recognition of outstanding leadership and dedication to your profession and the patients we serve, the Massachusetts Psychiatric Society is proud to honor you with the 2011 Outstanding Psychiatrist Award for Advancement of the Profession.

Clinical Psychiatry Award



Arnold Modell, MD

Arnold Modell, you have been a part of the warp and weft of psychiatry and psychoanalysis in Massachusetts and in the world. Your influence on both has been tremendous.

Born in New York City, you attended Columbia University followed by Medical School at SUNY Downstate. From your internship at Kings County Hospital and residencies at Worcester State Hospital and at Yale, your career has spanned more than 60 years and changed the lives of thousands of patients. You have been a leader in most of the institutions that have shaped psychiatry in New England: Yale, Mass Mental, Beth Israel, and Harvard. Your work in the Boston Psychoanalytic Institute, serving as chairman of the faculty for four years and

MPS 2011 Outstanding Psychiatrist Awards

as a training analyst for 40, has brought forth generations of analysts imprinted with your own kindness, empathy, and quest to truly understand the meanings the patient has given his world. You have written over one hundred publications that have spread your wisdom well beyond the region and have established you as an enduring core of psychoanalysis. Milton Eber's praise for your recent book, *The Private Self*, says much about you: "Modell's clarity of thought and generosity of spirit are admirable, and he is neither formulaic nor contentious. It is a carefully reasoned, restrained, and respectful approach to unresolved theoretical issues." A picture emerges of a man who can sit quietly with a patient or a trainee and wonder together at the subtleties of the human mind.

For having touched so many lives, for being the man to ask, for your myriad contributions to clinical psychiatry, The Massachusetts Psychiatric Society is pleased to honor you with 2011 Outstanding Psychiatrist Award for Clinical Psychiatry.

Psychiatric Education Award



David Osser, MD

David, you are truly an outstanding psychiatric educator and the residents very much appreciate your teaching as evidenced by their electing you to receive the 1995 teaching award by the Harvard Longwood Psychiatry Residents and the Outstanding Teacher Award for seven years between 1996-2010 by the Harvard South Shore psychiatry residents. You have also gained national recognition by the American Psychiatric Association in your receipt of the Irma Bland, M.D. Award for Excellence in Teaching Psychiatry Residents.

You received your medical degree from the State University of New York at Syracuse and did your internship at LA County-University of Southern California Medical Center. You were a resident at the Harvard Medical School, Massachusetts Mental Health Center residency and served as Chief Resident in the Somatic Therapy Program where you began your teaching career. To balance your training in psychopharmacology, you then did the Adams House, Faulkner Hospital, now Brigham and Women's-Faulkner, Psychotherapy Fellowship. You served as President of the Massachusetts Psychiatric Society and you are a Distinguished Life Fellow of the American Psychiatric Association. You have received the Exemplary Psychiatrist Award from NAMI and were cited for compassionate and dedicated care of the seriously mentally ill by the Alliance for the Mentally Ill of Massachusetts.

You have been recognized academically by Tufts Medical School where you served as Assistant Clinical Professor of Psychiatry from 1978-1991 and thereafter, as Lecturer in Psychiatry. You also attained the status of Assistant Professor of Psychiatry and then Associate Professor of Psychiatry at Harvard Medical School. You have been consulting

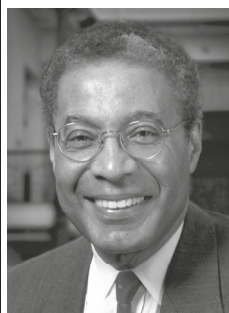
psychiatrist on psychopharmacology at MMHC, Faulkner Hospital, Taunton State Hospital, Westwood Lodge Hospital, Dorchester Mental Health Center, Charles River Hospital. From 1984-2004 were Senior Associate in Psychiatry at Beth Israel/Deaconess Medical Center and in charge of training in psychopharmacology there. Currently you are on the Active Staff in psychiatry at Taunton State Hospital and are Staff Psychiatrist at the VA Boston Healthcare System. You have advised both the Veterans Affairs Administration and the State of Massachusetts Department of Mental Health in matters of psychopharmacology. You have organized the annual MPS conferences of psychopharmacology for the last 10 years.

Among many other prestigious positions you have served on the Harvard Medical School Subcommittee on Informatics and Decision Support and most significantly you have been the champion of evidence based treatment and have worked on the International Psychopharmacology Algorithm Project and along with Dr. Robert Patterson have developed a Website where the evidence-based algorithms are available. You have served on many editorial boards and have written extensively as well as preparing numerous educational materials in both print and software. You have prepared several syllabi for training modules in psychopharmacology and contributed algorithms, courses and special topics to the American Society of Clinical Psychopharmacology's Model Psychopharmacology Curriculum.

Not only are you known and loved by the residents for your mentoring but your lovely, ceramic artist wife and dance partner is also beloved by the residents. Your generosity in conducting evening seminars in your home is much appreciated by all who have attended.

Your colleagues in the Massachusetts Psychiatric Society are pleased to honor you with the 2011 Outstanding Psychiatrist Award for Psychiatric Education.

Lifetime Achievement



Alvin Poussaint, MD

From your birth in Harlem to your Professor and Associate Deanship for Student Affairs at Harvard Medical School, you have been a tireless force in psychiatry attending to the needs of minorities in multicultural America. Your expertise on race relations in America, the dynamics of prejudice, and issues of diversity as our society becomes increasingly multicultural has guided generations through the ever changing social and psychological realities of our nation.

After your undergraduate work at Columbia and medical school at Cornell, you continued your training at the UCLA Neuropsychiatric Institute, but the east coast lured you back to Tufts Medical School. Joining Harvard as Faculty Associate Dean for Student Affairs, you also became the Director, Office of Recruitment and Multicultural Affairs.

Your contributions extend widely internationally as well as nationally. You have participated in delegations to China, Cuba, and have consulted to the White House on mental health care, with particular focus on the unmet mental health needs of African Americans.

You have served as National Treasurer, Medical Committee for Human Rights, as a Member of the International Psychiatry Committee, American Psychiatric Association, as a Member of the National Citizens Board of Inquiry into Health Care in America and as a Member, Television and Media Committee, American Academy of Child and Adolescent Psychiatry, to name only a very few of the contributions you have made. You have been a forceful advocate for children and families, and made the public at large informed and concerned about the importance of parenting and the mental health needs of families all over America.

Your expertise, writing, teaching and mentoring is impossible to capture in so few words. We have been fortunate to be able to count you as a colleague, teacher, mentor and leader in the field of psychiatry, and the Massachusetts Psychiatric Society is proud to award you the Lifetime Achievement Award for 2011.

Public Sector

Deborah Field, MD



The country of Spain, the state of Minnesota, and the vocation of Architecture have all played a part in molding you into the person we honor today: born in Spain to a local mom, and an American dad, attending public schools in Minnesota, and dreaming about becoming an architect who focused on the most appropriate use of public space.

Growing up in a family of modest financial means helped sensitize you to the need to help those less fortunate. As a young person who worked as a personal care attendant, and nursing assistant, you were impressed by the strength and resiliency demonstrated by the individuals you assisted. The patient's fundamental "personhood" remained intact despite adversity. You discovered medicine as a career, and psychiatry as a specific vehicle for caring for those often considered the least valued in society, the homeless and disenfranchised.

Your current affiliations, appointments and positions are:

Assistant Professor of Psychiatry, University of Massachusetts Medical School

Staff Psychiatrist and Director of Homeless Psychiatry Services / Homeless Outreach and Advocacy Project, Community Healthlink, Inc. Worcester, MA.

In your work with medical students and psychiatry residents you have consistently focused on helping them recognize, appreciate, and foster the essential "personhood" underlying the illness and economic circumstance with which the patient presents. This concern to educate future physicians in all

medical specialties to open their hearts and minds to perceiving the value of human worth and to avoid the stigmatization and denigration of those who are ill, less educated, not as financially secure, and may have no permanent residence is exemplary.

Your family, close colleagues, and friends laud you in a number of ways, including:

"She is selfless, and has an enormous capacity to give"

"She has helped instill in me the value of being responsible and giving back to the community"

"She is a terrific parent and actively involves all her children"

"She is THE psychiatrist to Worcester's homeless mentally ill population. Her reputation for compassionate care is known in shelters, under bridges, and on the streets"

"Within the UMass medical school she is known for her leadership in medical education"

"She does not talk about her ideals, she lives them"

"She has an amazing ability to take a thoughtful, holistic view of each person's individual challenges which she couples with a detailed understanding of a complicated set of social service and medical systems"

"Her laughter and humor brighten the darkest days for her patients and staff"

"She never gives up on a person, or a situation- there is always another way to try"

It is important to state that you are a dedicated parent to three children, and a well rounded, fun loving person, who enjoys yoga, watching mindless TV programs, and hiking.

The members of the Massachusetts Psychiatric Society are pleased to honor and bestow upon you the 2011 Outstanding Psychiatrist Award for Public Sector Service.

Clinical Research

Robert Waldinger, MD



Throughout your career you have been an inspiration to your colleagues and students. From Omaha, Nebraska you traveled east, graduating summa cum laude from Harvard College. When you were a Harvard Medical Student I was proud to be your teacher and to learn from you. After your residency in psychiatry at McLean Hospital you became a fellow in Psychosocial Research, a pioneering choice that would define your life's work. It was a path that few psychiatrists and fewer psychoanalysts had taken.

In addition to your tireless dedication to teaching students and residents and your extensive and innovative clinical work as a psychoanalyst and psychodynamic psychotherapist, your contributions to psychosocial research led to our greater understanding of the life cycle. Your early interest in

Borderline Personality Disorder, especially its interpersonal aspects stimulated you to learn empirical methods to study developmental and psychosocial processes underlying interpersonal relationships in adulthood. After receiving an NIMH Career Development Award (1997-2002) you focused on studying the regulation of negative emotional arousal in intimate adult relationships, especially when there was a history of child abuse and/or domestic violence. Your intensive study of couples incorporated laboratory observation, psychophysiological measures and computerized assessments. Together with George Vallant you studied links between marital functioning and physical health in elderly men, who had been followed since adolescence. You have continued to study adult development including cognition and emotional regulation in later life, collaborating with colleagues in disparate disciplines. This work has resulted in the receipt of a coveted R01 research grant from the National Institute of Aging.

You have presented your influential work nationally and internationally, and you have written extensively in all of the areas of your work and expertise. As an Associate Professor at Harvard Medical School, you have recently assumed the Directorship of the Center for Psychodynamic Therapy and Research at MGH.

The Massachusetts Psychiatric Society is honored to acknowledge your creativity and contributions by presenting its 2011 Clinical Research Award to you.

50 Year Members

MPS is pleased to recognize the following members who have achieved 50 years of APA Membership and thank them for their continued support:

- Sanford Bloomberg, MD
- Paul Rich Dinsmore, MD
- Don R Lipsitt, MD
- Armand Mayo Nicholi, MD
- Silvio J. Onesti, MD
- Max P Pepper, MD
- William D Temby, MD
- Joae Brooks Walker, MD

APA 2011 Distinguished Fellows

Fe Erlita Diolazo Festin, MD



Thanks to the Massachusetts Psychiatric Society, the American Psychiatric Association and my colleagues for this recognition.

How did you choose psychiatry as your specialty?

I was in OB-GYN when I decided to pursue psychiatry training, as the prospect of listening to and understanding our patients, providing education, investing time and patience, and providing evidence-based care to improve outcome was attractive to me. I was also inspired by the advancements in psychiatry and the breadth and depth of psychiatric care available to mental health patients. It was becoming evident to me that I could be a strong advocate for my patients. It brings me great personal satisfaction to be able to offer the best possible care, support, education, and treatment to our patients who are in such distress so they could return to a functioning level again.

How has MPS helped you to achieve your career goals?

I am grateful to MPS for its advocacy towards achieving parity for mental health patients, for its efforts in de-stigmatizing psychiatric illness, and for its leadership in setting and maintaining standards for psychiatric care.

What advice would you like to share with early career psychiatrists?

For our early career psychiatrists, it is important to be passionate about your work, to continue your education, and to advocate for our patients who are quite vulnerable. Providing the best psychiatric care and attempting to make a difference for our patients should be our ultimate goals with respect to clinical care. Keep learning and do not hesitate to share your knowledge. Be available to trainees, colleagues and other healthcare professionals. As far as professional goals, there is so much dynamism in the field that identifying your focus or your interest becomes essential, so you could align the course of your professional career along your interest. It is important to be proactive and to keep up with policy issues and changes.

And finally, what do you think is the single greatest advancement in psychiatry in the past 20 – 30 years?

Psychiatry has come a long way. Having spent most of my career in inpatient psychiatry, I have seen how lengths of hospital stay have been shortened due to advances in understanding the neurobiology of psychiatric illnesses, the emergence of more effective psychotropic agents and the use of more sophisticated means of communication. Advances in research and information technology have contributed immensely to providing evidence-based care and more effective collaboration among providers. As telemental health advances to become a standard of delivering care, I can foresee a positive impact on access to care, early intervention, and ultimately, better outcome for our patients.

APA 2011 Distinguished Fellows



Brent P. Forester, MD

I would like to thank the Massachusetts Psychiatric Society, the American Psychiatric Association and my colleagues for this tremendous honor. I also owe a debt of gratitude to my mentors who have guided me through my years of training and early career psychiatry transitions at Dartmouth

Medical School and McLean Hospital. The geriatric interest group of the Massachusetts Psychiatric Society has been a welcoming home to discuss challenging clinical, administrative and policy issues. Finally, as a third generation psychiatrist with a grandfather who practiced in Brooklyn, NY and a father in Manhattan, I am also well aware of the important influence and positive impact of family on my career direction.

My primary identity as a psychiatrist rests firmly within the field of geriatric psychiatry. Although not on my radar screen when entering psychiatry, I soon recognized the two primary factors contributing to my motivation for choosing this rapidly developing subspecialty of psychiatry: my curiosity for history and aging and my interest in the interface between psychiatry and medicine. I was often found at family gatherings listening to the fascinating stories of my grandmothers who lived through most of the 20th century. After debating between a career in internal medicine or psychiatry, I eventually realized that geriatric psychiatry requires an in-depth understanding of the interaction between medical illness, neurological disorders, medication side effects and psychiatric symptoms. I most enjoy trying to understand the complex biopsychosocial factors influencing psychiatric problems in older adults. Helping to educate and negotiate with the families of those suffering mood disorders and dementia is one of the most rewarding and challenging aspects of my clinical work and requires psychotherapy skills with careful attention to family dynamics.

I have been very lucky to strike a balance in my professional life amongst clinical care, education and clinical research. Each of these informs the other and allows for diverse days and rewarding professional experiences. My clinical research ideas have come from working with an aging population of adults with mood disorders who present with clinical symptoms and functional impairments that are quite different from their younger adult selves. I have also appreciated the creativity, teamwork and ability to handle repeated rejection and delayed gratification that is required to survive in a clinical research career!

Over the past few years, I have had the distinct pleasure of being involved in two opportunities that have given me incredible hope for the future of medicine, in general, and our field of psychiatry, in particular. At Harvard Medical School I have the privilege of working with third year medical students who are struggling with their developing identities as future physicians, but who have tremendous idealism and energy for the evolving health care field they are entering. On a national level, I have helped develop a Scholars program at the American Association for Geriatric Psychiatry that brings talented medical students and residents to our national

meeting and pairs them up with a faculty mentor. Our goal is to increase the awareness of the tremendous opportunities a career in psychiatry affords and help support career development during this important time of professional identity development.

We all need to be mindful that our trainees and students represent the future of our profession in a vastly changing healthcare landscape. I would challenge us all to dedicate at least part of our professional efforts in training the next generation to ensure the bright future of our incredible field. Thanks again for the honor of being selected a Distinguished Fellow of the APA.



Marlene Picus Freeman, MD

I am honored to have been recognized as a Distinguished Fellow of the APA and MPS. I have had the pleasure of working with my colleagues in the APA on several collaborative initiatives. I was given the opportunity to chair the APA's Subcommittee on Omega-3 fatty acids and its

task force on Complementary and Alternative Medicine (CAM). I was also honored to be part of the workgroup that recently revised the treatment guidelines for Major Depressive Disorder. I am grateful to the leadership at the APA, and particularly its research and treatment guidelines leadership, for giving me the opportunities to serve in these groups.

The ability to connect and collaborate with colleagues from across the country has profoundly affected my career. The ability to lead a subcommittee and a task force was a privilege and a challenge that allowed me to learn more about the APA, and how seriously its leadership takes its responsibility to serve its members. The documents that resulted from the omega-3 subcommittee, the CAM task force, and the MDD treatment guideline work group were carefully drafted and revised, with input from many levels of peer review. The rigorousness and team work found in the APA are a testament to the organization's commitment to the field.

I appreciate the opportunities to develop leadership skills, interact with esteemed colleagues, and contribute to what I hope have been useful reports to the field of psychiatry. I would like early career psychiatrists to know that they can become involved in the APA at local and national levels. The future of psychiatry depends on the up-and-coming early career psychiatrists. An involved, diverse pool of early career psychiatrists is necessary to keep our field and each of its organizations vitalized. It should be among APA's highest priorities to meet the needs of early career psychiatrists so that our field continues to have an APA that is relevant and charged with a voice for the field. I will always be thankful to those who opened doors for me to be an active member of the APA, and I am honored to have been entrusted to work on behalf of the APA.

APA 2011 Distinguished Fellows



Mark Joseph Goldblatt, MD

Thank you for the honor of becoming a Distinguished Fellow of the Massachusetts Psychiatric Society, and the American Psychiatric Association. All I ever wanted to do was to become a psychiatrist and psychoanalyst. I wanted to understand how the human mind functions,

and I thought being a psychiatrist would help me explore this field of thoughts and feelings, wishes and fears, behaviors and relationships. I am very glad that I chose this path, and I feel greatly indebted to those who helped me to become the psychiatrist I am today.

In particular, I am very grateful to all my teachers and supervisors who encouraged a deepening involvement in understanding patients; to colleagues and friends who shared clinical and research questions and students who have stimulated greater clarity with challenging questions and perceptive minds.

I feel fortunate to have trained and practiced as a psychiatrist in Massachusetts where our work is supported by institutions that value good clinical care and thorough research into our patients' suffering. Psychiatric therapies are complicated and often involve difficult decisions and complex reactions. I'm thankful for the many colleagues who undertake similar work and share their experiences. It's been connections like this that have sustained my work.

When I started out as a psychiatrist I learned about the importance of the therapeutic relationship in the treatment of severe mental illness. I became interested in those patients who attack and kill themselves. Much has been written about suicidal patients in the past thirty years, and our understanding of these kinds of patients continues to improve. However, the patients' subjective experience and relationships continue to be critical features of our understanding and treatment of these severe pathologies. Relating to our patients is fundamental to treatment. Pharmacological advances have helped enormously. However, compliance with pharmacological treatments still depends on the therapeutic relationship. Psychiatry and psychoanalysis have been essential to my understanding of pathology and play a unitary role in my clinical approach. I don't think I could be one without the other.

In this era of Managed Care and treatment restrictions, psychiatrists are called on to do more with less. In a way this reflects how our patients are called on in their lives to do more with less. Treating patients with severe mental illnesses is challenging on account of the nature of the pathology and the intimidating threat of violence. Yet, there are ways to safely approach these difficulties. I hope early career psychiatrists will continue to work with such patients, and find them intellectually and affectively engaging. Finding an area that holds you captivated in the day-to-day work and over the long term is priceless. Of course, I think it depends on relationships. So I underscore the thanks I feel for those who have

helped me along. And I hope that in turn, I am able to assist others in expanding the field.

Even though I wanted to be a psychiatrist from a very early age, I really did not know what it involved. I feel very fortunate that it turned out to be exactly right for me – providing intellectual fulfillment, affective engagement and relational support.



Mark Jeffrey Hauser, MD

I am honored to be selected as a Distinguished Fellow by the American Psychiatric Association and the Massachusetts Psychiatric Society. Spanning 27 years of professional practice, my life and career has been enriched by my association with these important and worthwhile organizations. I have thoroughly enjoyed the relationships with my teachers, mentors, colleagues and friends in Massachusetts and nationally.

I take pleasure in fulfilling the responsibilities that arise from a broad range of volunteer activities. Even though I chose some areas of subspecialty practice that are less popular I flourished in large part because of the opportunity to collaborate with wonderful colleagues who share similar interests brought together at the MPS and the APA.

Beginning with the superb supervisors and teachers at my residency at Beth Israel Hospital and then through my participation in the Program in Psychiatry and the Law at Mass. Mental Health Center I received a tremendous education. My exposure to the interface of Psychiatry and Law was further enriched by my involvement with the American Academy of Psychiatry and the Law. The MPS Risk Management CME activities expose me to a world of wonderful people. I decided upon a subspecialty in the psychiatric care of persons with intellectual disability (then called mental retardation) and found camaraderie with other psychiatrists on a national level with the same interests. In the area of physician management I have enjoyed working with the staff at dozens of hospitals and hundreds of doctors serving as moonlighters.

In the spirit of mentoring I offer a bit of advice to my colleagues: get involved and take advantage of vast array of opportunities, including the committees and interest groups, and the continuing education events. The resulting relationships that develop within the MPS and the APA will promote a sense of fulfillment while nurturing your interests and advancing your career.

I would like to end by expressing thanks to my family, my wife and sons, who have been unwaveringly supportive of my activities within the APA and the MPS.

APA 2011 Distinguished Fellows



Helen Hisae Kyomen, MD

Thank you to the Massachusetts Psychiatric Society, the American Psychiatric Association, and my colleagues for this recognition. I would also like to extend my deepest gratitude to my family, friends, and teachers throughout life, for their ongoing support and presence that guide me.

Cross-cultural and geriatric psychiatry have been my main professional interests. My interests in cross-cultural concerns started early in life. At home, my parents fostered an open-minded joy and respect for learning. This certainly helped me when I started kindergarten—then, I mostly spoke Japanese. Imagine the challenges faced by an impressionable child entering school surrounded by native English speakers. My early school days were a comical struggle at first, but my curiosity and excitement for learning, and the keen support from respected grade school teachers helped me to overcome any obstacles. By the second grade, I was reading English at a high school level. I became fascinated by how language and culture framed our thinking, influenced social interaction, and impacted the ability to express emotions.

In college, mentors steered me towards psychiatry because they believed that in this field, I could combine my interests in medicine, science and cross-cultural issues. In my residency training which focused on cross-cultural psychiatry, I took care of many elderly patients. The integral closeness of the “mind-body connection” in the elderly intrigued me, and I wanted to learn more. Mentors in geriatric psychiatry, geriatric medicine and gerontology led me to seek additional training in the clinical and research aspects of cross-cultural and geriatric psychiatry.

Surrounded by illness and anxiety in my geriatric patients, I remembered how my grandmother in Japan, who was older than many of my patients, healthily outran me when trying to flag down a taxi. She has passed on, but I can still hear her laughter. She reminds me that helping a patient even to smile is to bring them to greater health for that moment. My grandmother continues to inspire me and stoke my interest in discovering what keeps one youthful and vibrant in the process of aging.

To early career psychiatrists, I offer these thoughts:

- When choosing your life’s work: Find your passion, make it happen, and share it with as many people as you can.
- Align yourself with good people and good mentors, and act upon the good advice that they offer.
- While pursuing your chosen path, remember to cherish and nurture those who sustain you from day to day. Your professional successes, as well as mental, physical and spiritual well-being, may be influenced significantly by these individuals.

What might be the single greatest advancement in psychiatry in the past 20-30 years?

Applying an empiric approach and scientific method to psychiatric conditions, using ever sophisticated technologies and techniques, continue to advance our field immensely in broad scientific fashion. But I think that the greatest advancement in psychiatry, as applies to patient care, isn’t a modern advancement at all but is an old yet seminal concept: Erudite study, careful consideration of phenotype (despite the rage about genes and genotype!), and thoughtful application of “n of 1” study methods combined with compassion and continuity of care, can help to bring hope, meaning and quality of life to many patients whose journeys happen to overlap with ours.

We are truly blessed to be able to have these journeys!

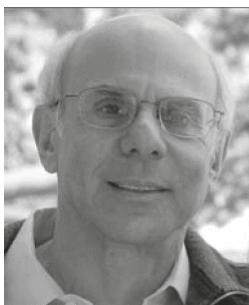
Thank you all so much!



Donna M. Moores, MD

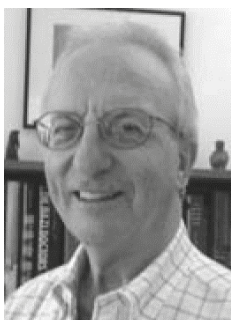
I feel quite honored to receive the designation of Distinguished Fellow by the American Psychiatric Association. I certainly hope over the years I have given as much as I have received in my practice as a psychiatrist. The work I fell in love with during medical school continues to be a remarkable source of satisfaction, fascination and reward. It has been my privilege to work with patients in many settings – hospitals, clinics, emergency rooms, private offices. The work we do together continually gives evidence to the resilience, creativity and strength of those who seek our help. I have had the opportunity to teach and mentor many students and residents. Their enthusiasm, curiosity and respect for our profession are considerable and inspire me to continue to learn and grow as well. For many years I have led a senior resident seminar at Cambridge Hospital entitled “Transition to Practice”. This has been a most gratifying way to pass on what I’ve seen and learned and to help new generations of psychiatrists go out into the world with greater confidence and practical skills. My colleagues have always been generous with their time, wisdom and good humor. I am appreciative of their willingness to share experiences and offer support both professional and personal. I also have been fortunate to have mentors who believed in me and encouraged my taking a risk to move outside my comfort zone. My clinical work and teaching in emergency psychiatry have been a satisfying, tangible process. I was able to participate in this field’s development from merely a burdensome “night-on-call” to a recognized area of specialty psychiatry. And now I work to integrate priorities and data-based information generated by public sector managed care with the accessible, reliable, and ethical provision of behavioral health services. I have struggled always to find balance in my life. It continues to be an elusive goal but my perspective has altered. I now understand that the search for balance is a constant generative process and gives us the opportunity to create a life with such disparate parts – psychiatrist, mother, wife, teacher, friend. What other profession can afford us the opportunity to touch so many lives in such helpful ways and be so touched in return?

APA 2011 Distinguished Fellows



Richard S. Schwartz, MD

I stumbled into psychiatry. It's certainly not where anyone who knew me a few years before would have thought I was headed. I suppose that's just another way of saying that a lot of different strands of luck (both good and bad) and motivations (also both good and bad) happened to get tangled up together at a particular moment in time and there I was, doing a residency in psychiatry. Which really was lucky, because working as a psychiatrist has been (mainly) a delight and a privilege. Most remarkably, it has allowed me to engage with such a wide variety of interests and activities and fascinating people, all while still "doing psychiatry." And still trying, as always, to sort out the tangle of luck and motivations and other forces that get people stuck in darker places than a psychiatry residency and trying to help them slip the knot, whether directly by treating patients, or indirectly by teaching residents and colleagues, or (perhaps only in our imagination) by writing with my wife, Jacqueline Olds, about loneliness, marriage, and other questions of connection. She, by the way, was rightfully declared distinguished long ago.



Marc Alan Whaley, MD

Seeing your own struggles in those of your patients is something that goes with the territory of our work. There is one aspect of suffering that my profession isolates me from personally — that of having a drudgery of a job to face each day. Our field is anything but that, in that there are so many fascinating aspects of human life to be mindful of every moment of the day. That doesn't mean that I am free from boredom, frustration, or fatigue, but that when I stop to take stock in my life's work, I am grateful for my good fortune in being able to become part of the psychiatric profession. This is what the application process for this honor has provided; an opportunity to myself in the process of daily efforts. I have said, sarcastically, that D.L.F. will look good in my obituary, but that is merely in the service of keeping me humble and from broadcasting this accomplishment, for which I have been recognized. Actually, I should be proud of it and am at the age beyond adolescence where I felt compelled to quiet my mother from talking too much about some early academic successes. I can now own what my professional organization has provided.

I was drawn to psychiatry/psychology rather early in life. I remember when paperback books first began to be published and sold in stores specifically for them, and I found one entitled: "Psychology Made Easy". I read it with fascination around 9 – 10 years of age or so and was captivated by the idea of "You mean there is a science that tries to make sense

of this stuff?" This "stuff" was then the struggles of a late latency age boy trying to develop a sense of self, secure enough in some rough family seas. I was hooked! The rest became history, as I committed myself to pursuing this goal in the subsequent years. Now, looking back, I can claim with certainty that this profession has provided a most fertile environment for developing just that secure enough sense of self to negotiate the vagaries of being alive; for that I am most grateful.

I would like to thank MPS/APA for providing the avenue for this honor and, of course, for granting me travel access. Many thanks to those colleagues who supported my application, to those who taught and mentored my development, and to the MPS staff who ushered this process competently.



Massachusetts Psychiatric Society

Elections 2011/12 Results

I certify that the following have been successful in the recent MPS elections for Officers and Committee positions as noted below. Ballots closed as of 05/03/11.

President-Elect	Alex Sabo, MD
Secretary	Sarah Langenfeld, MD
Councilors	Sheldon Benjamin, MD Mark J. Hauser, MD
APA Representative	John Palmieri, MD Anthony J. Rothschild, MD
Nominating Committee	Stuart Anfang, MD Rebecca Brendel, MD, JD Alan Brown, MD Peggy Johnson, MD
Member-in-Training Councilor	Isis Burgos Chapman, MD

Respectfully Submitted,
M. Cornelia Cremens, MD
Secretary
Massachusetts Psychiatric Society

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MPS extends its appreciation to departing Executive Committee Officers:
Immediate Past President - Theo Manschreck, MD
APA Representative—Yael Dvir, MD
Council Members - Sara Bolton, MD , Amy Lisser, MD
Member In Training Representative— Kate Knutson, MD

MPS Calendar of Events

APA Annual Meeting	May 14-18, 2011 Honolulu, HI	www.psych.org 1-888-357-7924
Women's Committee	May 20 at 12 Noon to 2 PM at MPS	mpatel@psychiatry-mps.org
Executive Committee	May 24 at 7 PM at MPS	bdupuis@psychiatry-mps.org
Geriatric Committee	May 25 at 7 PM at MPS	mpatel@psychiatry-mps.org
Media Communications Task Force	May 30 at 7 PM at MPS	bdupuis@psychiatry-mps.org
Council	June 14 at 7 PM at MPS	bdupuis@psychiatry-mps.org
Distinguished Fellowship Committee	June 15 at 7 PM at MPS	mpatel@psychiatry-mps.org
Public Sector	June 16 at 6:30 PM at 26 Queen Street, 5th Floor, Worcester	bdupuis@psychiatry-mps.org
Managed Care Committee	June 21 at 7 PM at MPS	bdupuis@psychiatry-mps.org
Veterans Affairs Committee	June 22 at 7 PM at MPS	bdupuis@psychiatry-mps.org
Executive Committee	June 28 at 7 PM at MPS	bdupuis@psychiatry-mps.org
Council	July 12 at 7 PM at MPS	bdupuis@psychiatry-mps.org