



# Massachusetts Psychiatric Society

your information source for psychiatry in Massachusetts

Issue 144 June 2014

[www.psychiatry-mps.org](http://www.psychiatry-mps.org)

## FROM THE PRESIDENT

Gregory G. Harris, M.D, MPH



### “All Hands on Deck”

It is an honor and a privilege to begin my year serving the MPS membership as President. As psychiatrists in Massachusetts, we face day-to-day challenges of practicing within a fragmented healthcare system. We are being asked to integrate care, to provide better care, to become electronically connected, to handle increased state and federal regulations, to prevent opioid deaths and to save money for the system at large, all at the same time. In the face of transition, we risk provider demoralization and helplessness and risk substituting one series of historical systemic disparities in the care of our patients with unknown future forms of discrimination.

Though these many forces are challenging to be sure, my experience tells me that we can shape the most important outcomes if we are all actively engaged. It was regular engagement by a dedicated group of colleagues that led to the recent changes in coding. Engagement is what has increasingly brought attention to discrimination, prompting changes in legislation, legal victories and increased negotiation in the face of potential legal challenges. And hot off the presses is success reflected in the recent policy change in the ABPN Maintenance of Certification requirements. This change was a direct result of intensive member engagement locally and nationally, coordinated with our colleagues in other branches of medicine.

With these very real successes in mind, I say that it is time to bring All Hands on Deck. In the nautical and naval worlds, “All Hands on Deck” was the Captain’s signal for the entire crew to assemble, either to address an emergency or something non-routine that required everyone’s participation. As psychiatrists, we are practicing in rough waters. So, we all need to step up, collectively, if we want to have a say in our own futures. As a profession, we need to better understand the larger, system-wide changes that will increasingly influence how we practice.

Integrating mental health and primary care is currently in the forefront of discussion now. This is a great and laudable goal, but it brings risks as well as opportunities. How will our patients’ access to care be shaped and limited in these new systems? Will there be a new form of disparity or discrimination? Based on the health plan? The clinic or system? The “affordability” of having non-physician providers or “behavioral health practitioners” instead of psychiatrists? What if patients can only get consultation but not long-term treatment? Or emergency care only? And too many of our patients are cared for in the legal system already.

We need to learn where we, as individuals, fit into the larger healthcare delivery system. We need to describe the kind of work we do, paint a picture of what we see

around us. We know that payment, authorization and process differences discriminate against our patients, limit patient parity and access to care. So we need to keep track of what we see and share information with one another. Who are the patients around us who are getting treatment? Who is not getting treatment? What do the systems look like in our sphere of influence? What do we get paid for? What don’t we get paid for? And how does our local environment connect with the “system” as a whole? We need to work on our tiny corner of the picture in order to collectively paint a larger picture. Unless we are all actively engaged in the transformation of our healthcare system, we risk limitations in our abilities to provide good care to our patients.

This is not as overwhelming as it might seem and MPS is a great facilitator. I’d like to outline some of my thoughts about how MPS can help us as members and what we all need to do as individual members to help MPS achieve its goals. My plan is to work to elaborate these goals over the coming year and help to ensure that the work of MPS is aligned with the needs of the members and hopefully help encourage engagement of individual members in active participation in the work of the organization. Our organization is manned by volunteer colleagues and is only as effective as the concerted efforts of these volunteers.

Some issues MPS will be tracking and I  
*(continued on page 3)*

**INSIDE**

From the President .....	1	MPS Classifieds .....	8
Resident Fellow Member .....	2	APA 2014 Distinguished Fellows .....	12
Miriam Bonita Dushman Mazor, MD .....	3	MPS New Members .....	14
2014 MPS Outstanding Psychiatrist Awardees .....	4	MPS Calendar .....	16
Presidential Awards .....	7		

EXECUTIVE COMMITTEE

Gregory G. Harris, M.D., MPH  
President

Rohn Friedman, M.D.  
President-Elect

Janet E. Osterman, M.D., M.S.  
Immediate Past-President

Laura Bajor, D.O.  
Secretary

Bruce Black, M.D.  
Treasurer

Manuel Pacheco, M.D.  
Sr. APA Representative 2013-2016

APA REPRESENTATIVES

Gary Chinman, M.D.  
APA Representative 2013-2016

Marshall Forstein, M.D.  
APA Representative 2014-2017

Carlene MacMillan, M.D.  
APA Representative 2014-2017

MPS COUNCILORS

Gwyn Cattell, M.D.  
2013-2016

M. Cornelia Cremens, M.D., MPH  
2012–2015

Astrid Desrosiers, M.D.  
2014-2017

David Gitlin, M.D.  
2014-2017

Arthur Papas, M.D.  
2013-2016

Councilor - TBD

RESIDENT FELLOW MEMBERS

Auralyd Padilla, M.D.  
2013-2015

SOUTHEASTERN MASS. CHAPTER

Marc A. Whaley, M.D.  
President

WESTERN MASS. CHAPTER

Donald A. Smith, M.D.  
President

EDITOR

M. Cornelia Cremens, M.D., MPH

MPS STAFF

Beverly Sheehan Dupuis  
Executive Director

Mayuri Patel  
Executive Office and  
Membership Administrator

Julie Kealey  
Continuing Medical  
Education Coordinator



## RESIDENT FELLOW MEMBER CORNER

Auralyd Padilla, M.D.

Working with patients who suffer from mental illness can be unpredictable and at times even scary because of some of the risks associated with our line of work. The potential for violence between patients, or even toward providers can sometimes be “the elephant in the room”—we acknowledge it, but we could address the topic more.

Although nothing can really predict or prepare us for the experience of being attacked by a patient or witnessing serious violent acts, accepting it as a possibility is crucial for our ability to act promptly if we are ever in this kind of situation.

We have all heard stories about someone who has been assaulted while on duty, but sometimes it may be difficult to think it can happen to us. We, as doctors, are trained to be strong, prove ourselves, and want to push through hard situations. This attitude can lead to self-criticism and doubt in an event in which we feel vulnerable. In addition, as trainees, we can be especially concerned with appearing weak or incapable in our supervisor’s eyes.

Even though these attacks and other acts of violence do not seem overwhelmingly common, they do happen. In March 2011, Psychiatric Times reported that 40% of psychiatrists are attacked at some point in their career. The article noted that surveys of psychiatric residents found an assault rate ranging from 19% to 64% with rates of repeated assaults ranging from 10% to 31%. For this reason, it is important to know that if the occasion arises, we should seek help immediately, even if we believe it to be a minor incident. Processing of events could be truly beneficial for all parties involved. Discussing and examining an incident with the staff could be extremely helpful for them, as well as for us. It can also foster skills, that as psychiatrists, we will need to help our patients. Although this may seem intimidating for some, discussing the event with the supervisors can enhance the learning value, and hearing their own experiences could be surprisingly encouraging. In a similar manner, if the opportunity presents itself, processing the event afterwards with the patient in a safe environment, can have

a strong impact in regaining our comfort level and empathy for future experiences.

Despite what the media sometimes portrays, psychiatric patients are not inherently violent. As a matter of fact, it is far more common for people with mental illness to be victims of violence rather than perpetrators. Many patients are struggling with a distorted reality, a sense of vulnerability, or impaired judgment. As providers attempting to understand and help them, we also need to take care of ourselves in order to offer good care. We learn during our training that the ability to identify our own feelings evoked by a patient is a powerful therapeutic tool. When faced with a situation that triggers our gut feeling to feel alarmed, we must feel comfortable acknowledging it and stepping away for a moment. Chances are, if we are feeling distressed; the patient might be as well. If we are unable to recognize and respond to our own emotions in distressing and even dangerous situations, our ability to provide effective care for our patients can be compromised and we risk putting ourselves in greater harm due to unawareness or fear of these events.

*You* and the  
American Psychiatric  
Association—A  
Career-long Partnership

Pay Your Dues in Installments!

KNOW THE FACTS ABOUT APA MEMBERSHIP

Members don't have to pay their membership dues all at once.

APA members can elect to enroll in the *APA Scheduled Payment Plan* to have current APA and District Branch dues automatically charged to their credit card in monthly, quarterly, biannual, or annual installments.

Benefits:

- Pay your membership dues in installments.
- No interest or service fee.
- Automatic renewal in the Scheduled Payment Plan until you choose to cancel.
- Obtain member discount for Annual Meeting without full dues payment prior to the meeting.

Download the enrollment form online at [www.psychiatry.org/join](http://www.psychiatry.org/join) under *Payment Options*.

Not a member? Join at [www.psychiatry.org/join](http://www.psychiatry.org/join).

For more information, call 703.907.7300 or email [membership@psych.org](mailto:membership@psych.org).

(continued from page 1)

will be writing about over the year include:

1. Parity & discrimination  
Local and national inequities in parity and ACA rollout
2. Legislation (local)  
RN prescribing, gun control, psychotropic prescribing, PA and CPT fairness
3. Legislation & regulation (national)  
ACOs, parity, coding, working with national insurers
4. Payment and coding

My plans for the upcoming year include connecting with all areas of active work by MPS. I will be meeting with all of the committees over the course of the year, hearing about their active work and helping MPS staff connect each committee with the new MPS website. The work of each committee will become more transparent and MPS members will eventually be able to subscribe and join in on committees with which they share interest and expertise. We will be working with the CME committee to make sure that more committee talks and lectures grant CME credits for modest cost and are recorded and made available for online purchase as well. I will be working to make sure that active committees meet

MPS member priorities and concerns. We will continue to publish this column and other articles you have in your hands as a paper newsletter, provided as a core member benefit. But we will also be publishing these articles as searchable content on the website and hope to offer more and varied articles in the more fluid space of the web. We will have space for single issue articles as well as less frequent columns and articles on content areas that members may want to reference over time. I hope that this also encourages broader member participation.

The website will also be a locus for MPS to ask for help in areas of membership-wide and legislative urgency and in areas of individual member interest and concern. Upcoming areas of urgency and risk that have already had extensive member involvement and will require the individual actions of as many MPS members as possible include the following issues for debate by the state legislation: psychotropic prescribing restrictions in the elderly population, unrestricted prescriptive authority of advanced practice nurses and continued parity restrictions regarding prior authorizations in emergency departments and CPT

coding. And hot off the presses, upcoming gun control legislation. Stay tuned.

I'd like to close this column and ask that every MPS member consider doing something that acknowledges that there is a world outside of their day-to-day practice. It's not lost on me that we just celebrated MPS' 50th anniversary as a district branch of the APA at the JFK library. We all know JFK's famous quote; "Ask not what your country can do for you, ask what you can do for your country." My version of this for the upcoming year is; "All Hands on Deck." Over the next year I will try to make the ongoing work of your colleagues in MPS much more transparent and I invite you to participate in any way you can. Come join us!



Gregory G. Harris, MD, MPH  
President  
Mass Psychiatric Society

## Miriam Bonita Dushman Mazor, MD May 11, 1940 - April 4, 2014

Dr. Miriam Bonita Dushman Mazor of Brookline, MA passed on Friday, April 4, 2014. Born May 11, 1940 in New York City, Dr. Mazor was the beloved wife of Dr. Baruch H.S. Mazor, devoted mother to Rachel Mazor of Brooklyn, NY and Raphael Mazor of Long Beach, CA. Cherished grandmother of Elijah and Naomi Edmonds, she was the daughter of the late Sidney and Isabelle Dushman and sister to the late Daniel Dushman.

Dr. Mazor entered Barnard College at 15 and received a Masters in Biochemistry from MIT before earning her medical degree from Harvard University. She interned and trained in child psychiatry at Beth Israel Hospital and trained in adult psychiatry at Mass Mental Health. She was board certified in adult and in child psychiatry. As a clinical instructor at Harvard Medical School, she taught child psychiatry to residents and medical students. She organized a symposium on Infertility and later co-authored the book with Harriet F. Simons, *Infertility: Medical, Emotional and Social Considerations*. She was a Life Fellow of APA and longstanding member of MPS, AACAP and NECCAP.

Over the years, she worked in private practice, developing warm relationships with many of her patients. She also worked with college students and in residential and outpatient treatment centers, finding a special fulfillment in her work with troubled children and adolescents and devoting much energy to her work and her learning, even in her later years.

While her professional accomplishments highlight her intellectual gifts, she also pursued a wide variety of creative talents: hand crafts, mastering Photoshop before it became popular, singing in a Yiddish chorus and creating unique and meaningful itineraries worldwide for family vacations and "road trips" with friends.

She enjoyed recounting that during her surgical rotation, her attending physician invited her to close on a surgical patient, upon seeing her crewelwork. Her crocheting, photos and other masterpieces were both beautiful and whimsical, transforming her beloved grandchildren into pumpkins or tomatoes or her friends via Photoshop into Jedi knights, vampire slayers, or Time Magazine's person of the year. She even memorialized deceased pets. All of this was done tirelessly with characteristic patience for the people she loved.

Everywhere she worked she embraced people and touched them on a personal level, generously bestowing on them note cards and memory books, some of them with soundtracks.

Her writing was no less a reflection of her artistic talents, and brilliance. In her last few months, she was working to revise a collection of fictionalized memoirs that she had written in the 1980s. In this novella, written by a woman of letters who was also a child psychiatrist to the core, she managed to miraculously recreate the mind of a four-year-old child.

Described by friends as "generous to a fault" with her time and her talents, she gave freely of her own gifts and was truly at her happiest when doing so with imagination and heart. She will be greatly missed.

## 2014 MPS OUTSTANDING PSYCHIATRIST AWARDS

### PSYCHIATRIC EDUCATION AWARD

**Kathy Sanders, MD**



It gives me great pleasure to be asked to present this MPS award for education to Dr. Kathy Sanders who was a fellow training director and is a fellow native of western Pennsylvania.

Dr. Sanders was graduated cum laude from the University of Pennsylvania with a

bachelor degree in Biochemistry and Women's studies. She attended medical school at the Medical College of Pennsylvania and pursued an internship in internal medicine at the US Public Health Hospital on Staten Island. Dr. Sanders served for several years as a general practitioner in the US Federal Prison System. She then completed a psychiatry residency at Michigan State University followed by a fellowship in Psychosomatic Medicine at the Massachusetts General Hospital. Dr. Sanders stayed on at the MGH where she held a number of clinical and administrative positions including Director of the Acute Psychiatry Service and Consultant on the Psychosomatic Service. She was appointed Associate Director and then Residency Training Director for the MGH/McLean Adult Psychiatry Residency

Program and also Program Director of the Center for Psychoanalytic Studies at MGH.

Dr. Sanders was especially interested in residency training and curriculum development and taught many courses and seminars. She has mentored more than 33 psychiatry residents who have become leaders in the field. She developed a curriculum for training psychiatric chief residents which was later adopted by the APA for their Chief Resident Training Program. She served on the Harvard Medical School Task Force on Psychiatric Training and also on the Partners Education Committee. She held several positions including Chair of the Program Committee for the American Association of Directors of Psychiatry Residency Training annual meeting and she was elected President of the AADPRT for the 2012-2013 term. She is actively engaged in the Psychiatry Milestones Work Group of the Accreditation Council for Graduate Medical Education. This group is developing a more accurate and sensitive system for assessment of resident competency. She is also a member of the Association of Academic Psychiatrists where she chaired the Residents and Fellows Committee. She has received many awards including five Partners in Excellence Awards and is an ad hoc reviewer for seven psychiatric journals.

Dr. Sanders worked with Roger Pitman on an NIMH RO1 grant for the study of PTSD and has mentored and supervised the recipients of multiple other grants. She was co-investigator on an NIH grant to

foster research mentorship and training during psychiatric residency. She has been the invited speaker at many local, national, and international conferences speaking most often on aspects of academic career development for psychiatrists, residency training director issues, and other topics in psychiatric education. She has authored 17 peer reviewed articles and 26 other articles and book chapters.

In November, 2012 while keeping her Harvard faculty appointment and a part-time clinical position at the MGH, Dr. Sanders joined the Commonwealth of Massachusetts Department of Mental Health as Deputy Commissioner for Clinical and Professional Services (State Medical Director). In addition to her many other administrative duties, Dr. Sanders has oversight of the training of residents in state facilities and of those residents in private facilities who are funded by the state to perform services for Massachusetts DMH clients. She is also establishing interesting and helpful educational opportunities for front-line staff psychiatrists who work in the Massachusetts State Mental Health facilities.

For her dedication to improving psychiatric education and evaluation its effectiveness, the Massachusetts Psychiatric Society is pleased to honor Dr. Kathy Sanders with the 2014 Outstanding Psychiatrist Award for Psychiatric Education.

### RESEARCH

**Jerrold Rosenbaum, MD**



Jerrold Rosenbaum, MD The Massachusetts Psychiatric 2014 Outstanding Psychiatrist Award is presented to Jerrold Rosenbaum, MD.

Dr. Rosenbaum, Psychiatrist-in-Chief at the Massachusetts General Hospital and Stanley Cobb Professor of Psychiatry at Harvard Medical School, is recognized as one of the world's authorities on mood and anxiety disorders, with a special emphasis on pharmacotherapy of those conditions. His research contributions include extensive leadership in the development of new therapies, the design and implementation of trials to develop innovative treatments for major depression, treatment resistant depression, and panic disorder, studies of psychopathology including comorbidity and subtypes, and studies of longitudinal course and outcomes of those disorders.

Dr. Rosenbaum has authored more than 400 original articles and reviews and has authored or edited 20 books. He currently serves on 12 editorial boards of professional journals or newsletters. A particular research focus has been ongoing studies of children at risk for anxiety disorders and depression, which examine behavioral differences, risk factors, longitudinal

outcomes, treatment, genetics, and brain structure and function of children of parents with mood and anxiety disorders.

At Mass General, Dr. Rosenbaum directs a department of more than 600 clinicians, researchers, and trainees, named by U.S. News and World Report as the #1 Department of Psychiatry in the United States for 16 of the last 18 years. Also at Mass General – the largest hospital based research institution in the world, with over 700 million dollars per year of research funding – he served as Chair of the hospital's Executive Committee on Research. His clinical and consulting practice specializes in treatment resistant mood and anxiety disorders, and he consults extensively to colleagues on management of these conditions.

Dr. Rosenbaum led the development of the Mass General outpatient service into a world leading clinical and clinical research center, with 45 specialty clinical and clinical research programs and over \$60 million of annual external research funding. Dr. Rosenbaum was the 2007 recipient of the C. Charles Burlingame Award given annually for lifetime achievement in psychiatric research and education by the Institute of Living in Hartford, CT, and the 2011 Massachusetts Association of Mental Health Friend and Leader Award. He served as President and the Chairman of the Board of the Anxiety and Depression Association of America and is Chair of the Scientific Council and on the Board of Directors for the American Foundation for Suicide Prevention. He also serves on the MGH Board of Trustees. He and colleagues have recently founded a venture, PsyBrain, for the discovery

and development of novel therapeutics for psychiatric disorders.

One of Dr. Rosenbaum's colleagues remarked that "he is an outstanding pioneer in psychopharmacology research, particularly in his work on treatment refractory depression, lithium, and other critical areas. His heart and mind have always focused on clinically relevant and acutely needed advances in taking care of patients. He represents the best of clinical research in our wonderful field and, it should also be noted that he has fostered the careers of many talented individuals who have also expanded our knowledge and enhanced our practices".

Dr. Rosenbaum received his undergraduate degree from Yale College and his medical degree from Yale School of Medicine. He completed his residency and fellowship in Psychiatry at Mass General, Harvard Medical School.

Dr. Rosenbaum is married for 42 years to his beautiful wife Lidia and they have three grown children. Before issues with his knees which decrease his competitiveness, Dr. Rosenbaum was an avid tennis player who has now switched his interest to golf where he predicts that this year will be his "breakout" year – although there is "zero evidence" that this is going to happen.

Your colleagues of the Massachusetts Psychiatric Society are pleased and honored to present the 2014 Outstanding Psychiatrist Award to Dr. Jerrold Rosenbaum.

## 2014 MPS OUTSTANDING PSYCHIATRIST AWARDS

### PUBLIC SECTOR AWARD James C. Beck, MD



Jim, your peers have selected you for recognition based on outstanding achievements as a master clinician, teacher, administrator, consultant, and leader in public sector psychiatry. After graduating from Harvard College, Yale University (PhD in Psychology) and Harvard Medical School,

you completed your training in adult psychiatry at Massachusetts Mental Health Center. In 1969, you joined the psychiatry faculty at Harvard Medical School where you have worked continuously with patients involved in the public sector system, becoming a full Professor of Psychiatry in 1999. Your extensive career spanned early work at NIMH developing CMHC programs; service as Medical Director at Metropolitan State Hospital; chief of forensic psychiatry at Cambridge Hospital, and director of the Cambridge Court Clinic. From 1996-2001, you served with dedication as

Associate Chair at Cambridge, and from 2002-04, you were Acting Chair of your alma mater department of psychiatry at Mass Mental. Your scholarship includes important work in violence assessment and duty to protect, earning you the APA's Guttmacher Prize in 1991 and AAPL's Golden Apple Award in 2009. Your current activities include consultation and teaching in palliative care and ethics. Throughout your career, you have brought great integrity, acumen, and wisdom to complex forensic issues, and continue to be a valued consultant in Massachusetts and nationally.

We can offer no more articulate praise than the accolades from those who work closest with you. Your close colleague Dr. Prudence Baxter notes: "While Jim always had a (very) health regard for his own opinions, one among many things about him that was unique was his willingness to be corrected and to change his opinion, be corrected, or learn something new—without ever getting defensive. He had a genuine caring for a lot of really difficult patients. He always thought that he could help them...and even when he couldn't, as was often the case, he never stopped trying. I always admired his commitment to the public sector and the Cambridge community." Another longtime colleague, Dr. Ken Appelbaum summarizes it well:

"An always accessible colleague with a special talent for combining scholarship and expertise with a healthy dose of common sense." Dr. Deb Pinals of DMH adds: "His contributions related to work in the public sector, his years of service at the Cambridge Court Clinic, and his risk management consultations on Tarasoff type cases helped advance the field of psychiatry in meaningful ways. He has been a mentor to many over the years."

In recognition of outstanding leadership and dedication to your profession, your community and the people we serve, the Massachusetts Psychiatric Society is proud to honor you with the 2014 Outstanding Psychiatrist Award for Public Sector Psychiatry.

### CLINICAL PSYCHIATRY John Bradley, MD



Dr. John C. Bradley, born in Taunton, MA, received his medical education at the Uniformed Services University School of Medicine and completed his Psychiatry residency training at Letterman Army Medical Center in San Francisco, California.

Dr. Bradley is a retired Colonel from the U.S. Army Medical Corps where he served as Chair of the Department of Psychiatry at Walter Reed National Military Medical Center, and Clinical Professor of Psychiatry and Vice Chair at Uniformed Services University. His military career included operational assignments for peacekeeping, stability and support operations, and combat operations in Operation Iraqi Freedom. Shortly after retirement from the U.S. Army, he moved back to Massachusetts in 2011 and currently serves as the Chief of Psychiatry & Deputy Director of the Mental Health Service of the VA Boston Healthcare System.

Dr. Bradley's outstanding clinical contributions have been focused on a public-health and wellness approach to the prevention and treatment of psychiatric illness and associated conditions. He spent the vast majority of his career working on healthcare

policy and systems of care for the Department of Defense which led to the development of his interests in trauma recovery and the prevention of suicide and violence. His extensive clinical experience in combat and operational settings was used to inform the Department of Defense's strategy for the management of Combat Operation Stress, serving on the task force to revise and publish a cohesive tri-service Combat Operational Stress Control doctrine which served as the template for all NATO forces. He also used this experience to inform public policy through Congressional Testimony and Joint Operational collaboration. He served on numerous national committees focusing on improving the well-being of military service members and their families through his contributions to the work of the Institute of Medicine and the Defense Health Board.

His contributions to the Clinical Practice Guidelines on Post-traumatic Stress Disorder, Depression, Suicide, and Combat Stress stand out among his numerous accomplishments as these have helped not just clinicians but also the general public. He was co-chair of the VA/Department of Defense (DoD) Clinical Practice Guideline for the Management of Suicidal Behavior; served as the clinical subcommittee chair and Army representative for the DoD Task Force for the Prevention of Suicide by Members of the Armed Forces; and was co-investigator for the Army Study To Assess Risk and Resilience in Service members (ArmySTARRS). He has published extensively on the treatment of combat trauma and PTSD, the management of Suicide, and on the American Revolution.

During his last 6 years with the Department of Defense, he successfully led the consolidation of the

Psychiatry services of the Walter Reed Army Medical Center and the Bethesda Naval Medical Center into the Walter Reed National Military Medical Center in his role as Chair of the Department of Psychiatry. This was the largest health care reorganization in the history of the Department of Defense. He developed systems of care within combat and operationally-austere environments and focused on designing a patient-centered system of care that was built upon the best practices among the disparate Army, Navy, and Air Force healthcare systems.

He has received several awards for his military service including the Bronze Star Medal and numerous Teacher of the Year awards that the National Capital Consortium Psychiatry Residency Program renamed their Teacher of the Year award as the "John Bradley Award". He is a Fellow of the APA and is Lecturer on Psychiatry at Harvard Medical School.

Now that he has transitioned to a civilian career, he is permanently settled in Hingham, MA with his wife, Erin, and 2 children. Dr. Bradley continues to excel as a clinician, leader and mentor with ongoing focus on the evaluation and treatment of stress-related and substance-induced mood disorders and the assessment and prevention of suicide. His efforts at the national and international level are to promulgate the best possible clinical practices to ease the suffering of those who are ill.

The Massachusetts Psychiatric Society is pleased to honor Dr. John C. Bradley with the 2014 Outstanding Psychiatrist award for Clinical Psychiatry.

## 2014 MPS OUTSTANDING PSYCHIATRIST AWARDS

### ADVANCEMENT OF THE PROFESSION AWARD James Ellison, MD, MPH



I'm deeply honored to have the privilege of presenting this Award to Dr. James Ellison. It is well-deserved, and long overdue. It is not easy to enumerate his accomplishments, there being so many of them. A summary barely conveys the contributions he has made in research, teaching,

clinical work, administration, community outreach, promotion of the profession, and professional collegiality. That about covers all the things we do as psychiatrists.

Jim received his MD from UCSF in 1978 and then trained in Psychiatry at MGH. He returned later to the Harvard School of Public Health and received his MPH. He developed and led the Emergency Psychiatry Service at Tufts New England Medical Center, and later developed the Somatic Therapies

Program at Cambridge Hospital. He has worked in the areas of substance abuse, was Chief of Psychiatry at Boston Regional Mental Health Center, and Chief of Mental Health Services at Harvard Vanguard Associates in Burlington, MA, all before his current position as Director of Geriatric Psychiatry at Mclean Hospital, a position he has held for 15 years. His clinical and research work covers the areas of mood disorders and cognitive impairment, as well as the non-cognitive aspects of dementia. He is as well a site investigator in trials testing anti-amyloid immunotherapies for Alzheimer's Disease.

Dr. Ellison serves in an active role in many professional organizations, however there is no room to list them all here. I will therefore highlight just those that have honored him with awards – previous to ours. He is a member of the American Association for Geriatric Psychiatry (which named him Educator of the Year in 2010), is a Distinguished Fellow of the American Psychiatric Association, Associate Professor of Psychiatry at Harvard Medical School, and former President of Massachusetts Psychiatric Society (2003-04). Besides his research, teaching and clinical activities, he is a reviewer for several journals, and the author of many papers in emergency psychiatry, clinical psychopharmacology and geriatric psychiatry, as

well as having edited many books on various mental health topics. The latest of these is titled *Mood Disorders in Later Life*.

In the words of a colleague who asked Dr. Ellison to help consult on a family member with a dementing illness: "Think of what this requires. Confidence that the colleague is at the forefront of technical medical expertise. Confidence that the colleague can straddle the roles of friend and physician. Be privy to personal family matters beyond what friends and colleagues share. Give support while sharing the news that minimal help can be offered. Stick with you. Jim did this for me and my family. He does it for many colleagues, even when his practice is more than full."

This confirms what many of us know about Jim's reputation. I can echo that same confidence in praising him as creative, dedicated, energetic, thoroughly professional, empathic – a psychiatrist's psychiatrist. With characteristic modesty, Jim wrote to me that he is a little baffled at being chosen for this award, given the many outstanding psychiatrists in the MPS. However, we are not at all baffled, and it with great pleasure that the MPS confers this Award for Advancement of the Profession to Dr. James Ellison.

### LIFETIME ACHIEVEMENT AWARD Jerome Rogoff, MD



Dr. Rogoff, a Detroit, Michigan native, got his first taste of the Northeast in 1960 as an undergraduate at Harvard College. He returned to the Midwest for medical school at Western Reserve University in Cleveland, but soon set his roots in the Boston area where he has contributed mightily as a

mentoring psychiatrist for the past 40+ years.

In reflecting back over his long illustrious career Dr. Rogoff singles out what he hopes has been a major contribution to the field: teaching the principles of psychodynamic psychotherapy and psychoanalysis, and demonstrating how to utilize these tools in the practice of Forensic Psychiatry in multiple treatment and evaluative settings: Inpatient, Outpatient and Consultative. He fondly recalls being on the ground floor in helping to develop the Faulkner Hospital Adams House psychotherapy Fellowship, and teaching more than two generations of residents at Mass Mental Health Center, and Westwood Lodge Hospital as a faculty member at Harvard and Tufts Medical Schools.

Equally important has been his work within organized

psychiatry as a member of the Massachusetts Psychiatric Society, the American Psychiatric Association, the American Psychoanalytic Association, the Boston Psychoanalytic Society, and the American Academy of Psychiatry and the Law. He has been extremely active in each of the above organizations by holding office, participating in committees, and helping to set policy for the organizations. He has also been vocal on their behalf at critical moments during public discussions.

The Massachusetts Psychiatric Society has had the great fortune of having Dr. Rogoff's contributions as President, Councilor, Committee Chair of the Nominating, Public / Private Hospital Interface, Inpatient Directors, and Awards Committees. He was elected to be a Representative to the Assembly of the APA. Within the American Psychiatric Association he has been an Area 1 ( New England and Eastern Canada ) Deputy Representative and Representative as well as member, Executive Committee of the Assembly. Other APA offices include Chair, Corresponding Committee on Confidentiality, and Member, Task Force to Revise Ethics Annotations. He is a Distinguished Life Fellow.

He has served as Forensic specialist at the City, County, State and Federal levels. He has been a regular reviewer for the American Journal of Psychiatry.

Dr. Rogoff takes pleasure in having been a Founding Member and Director of the Law and Psychiatry Resource Center, P.C., Boston. He is equally pleased to have contributed to the community as a member of the Combined Jewish Philanthropies, Boston, Psychiatry Team for many years. Additionally, he has been very active on the National Innocence Project that works

to exonerate innocent individuals by providing DNA evidence and proper representation upon appeal. He is also very active on the National Center for Prosecutor Integrity, which helps to insure that those charged receive fairer treatment by those who prosecute the case.

One of his colleagues describes Dr. Rogoff as follows: "His work has spanned multiple crucial roles: clinical and administrative; he has created a vastly popular Inpatient clinical service of the highest quality and caliber. He has also contributed to outpatient psychiatry by offering brilliant and sophisticated treatment to a wide range of psychiatric patients. He has been a gifted consultant to medical and psychiatric colleagues on extremely difficult cases... In addition, as Chair of the MPS Committee on Public Relations, he spearheaded the idea of the very awards that we now bestow upon our deserving fellow workers".

As a counterweight to his professional involvement, he is passionate in his role as husband to his wife Erika, and father to his two children and 1 stepson. He is grandfather to 5 grandchildren. He uses his interest in gourmet cooking and woodworking to divert the tensions developed in his formal work related activities. He is transported above the fray when cooking or molding a piece of wood into a piece of beautiful furniture.

Dr. Rogoff and his wife are residents of the City of Newton, and spend downtime in a more rural section of Vermont.

Your colleagues at the Massachusetts Psychiatric Society are pleased to present the 2014 Lifetime Achievement Award to Jerome H. Rogoff, M.D.

## PRESIDENTIAL AWARDS

The following Presidential Awards were presented by the 2013-2014 MPS President, Janet Osterman, MD, MS at the MPS 50th Anniversary and Annual Meeting on April 30, 2014.

- **Orlando B. Lightfoot, MD** for your many years of service as a Member of the Awards Committee and past three years serving as Chair of this vital committee are highly valued by the membership and leadership of MPS. Given that there are so many deserving members, I know that your role is one that takes a great deal of thought and effort, which you do with grace and wisdom.
- **Anthony Rothschild, MD** for your many years of service first as Councilor followed with six years as the Senior APA Representative and member of the Executive Committee are highly valued by the membership and leadership of MPS. The APA Representative is a position that demands dedication as well as travel. The linkage between MPS and APA is only achieved by a Representative that actively participates in both groups as you have so skillfully done to the benefit of both the MPS and APA.
- **John Renner, MD** for your many years of service as Chair of the Alcohol and Addiction Committee, giving vital testimony to provide expert education to legislators, mentoring of and offering leadership opportunities to members-in-training, and service on the CME committee are highly valued by the membership and leadership of MPS. Your national role in the APA serves to tie MPS closer to its parent organization to ensure recognition of addiction treatment as vital to the health and well-being of the person, family, and society. It is with great wisdom and grace that you have led the MPS in all areas that are relevant to addictions and helped so many in our community understand the need for compassion and treatment for these serious illnesses.
- **Donald Gair, MD** for your many years of service with two terms as President and six years on the Executive Committee are highly valued by MPS.
- **Mark Hauser, MD** for your many years of service as Treasurer and member of the Executive Committee, Councilor, Chair of the Forensics Committee, and on the CME Committee for Risk Management are highly valued by the membership and leadership of MPS.
- **David Harnett, MD** for your many years of service as Chair of the Geriatric Psychiatry Committee, giving vital testimony to provide expert education to legislators, mentoring members-in-training, and your prior service on the CME committee are highly valued by the membership and leadership of MPS.
- **Marie Hobart, MD** for your many years of service as both President and Treasurer with the accompanying terms on the Executive Committee and as Chair of the Public Sector Committee, and providing expert education to legislators are highly valued by the membership and leadership of MPS
- **Alex Sabo, MD** for your years of service as President and three years on the Executive Committee are highly valued by MPS, impressed that you were able to not only drive vast distances to serve as President, but to arrive to each meeting with grace, wisdom, and enthusiasm to meet the demands of this position. Testimony given to support MPS positions in legislative action was critical in helping us defeat proposed bills. I know that this was an extra demand upon you for the many hours of travel each visit to Capitol Hill entailed. Personally, I thoroughly enjoyed serving as your President-elect and having your guidance in your role as Immediate Past President. We all value the time and effort of being Chair of the Nominating Committee to develop an outstanding slate with so many positions meeting the By-laws goal of being contested.
- **Nasir Khan, MD** for many years of service to Psychiatry through your work as a Massachusetts Medical Society member and Trustee are highly valued by MPS. The linkage between psychiatry and medicine that you have provided has allowed MPS leadership, particularly in this past year, to join in support of all physicians as we work together to ensure that patients with mental illness and substance use disorders have access to expert physician care. In addition, your efforts to maintain MMS focus on provisions of Chapter 224 that would adversely affect the practice of the vast majority of our membership through new Board of Registration in Medicine regulations in regards to EHR are deeply appreciated. MPS, its leaders and members have benefited from the grace and wisdom you bring to both organizations in service of psychiatry. (This award was presented post humously to his children, Tira Khan and Alex Khan.)

## Psychiatrist Openings in Primary Care


Beth Israel Deaconess Healthcare's Affiliated Physicians Group & Psychological Care Associates are partnering to integrate Behavioral Health Care into Family Medicine & Internal Medicine practices. A Part-time opening is currently available, based at 1101 Beacon Street, Brookline.

### & Private Group Practice

We also have an opening in our Stoneham office, whether alone, or combined with work in our BIDHC primary care affiliation in Brookline.

- Founded in 1994
- Great colleagues, low turnover:
  - 11 MD, 4 NP, 50 Psychologists,
  - 12 Masters Level Therapists
- No administrative responsibilities
- Reputation for high quality patient care
- Close collaboration with 500+ PCP's
- Stay busy from the start
- Excellent reimbursement rates
- Health plan, 401k available
- EMR
- High quality office space
- Clinical, administrative & clerical support

**Practice information at: [www.psyicare.info](http://www.psyicare.info). Send CV with letter of interest to: Michael F. Jacques, Ph.D., Director, at: [mjacques@psyicare.info](mailto:mjacques@psyicare.info).**



MASSACHUSETTS INSTITUTE OF TECHNOLOGY

## Staff Psychiatrist

MIT Medical is a multidisciplinary group practice located on the MIT campus in Cambridge, Massachusetts. Our mission is to provide personalized medical care and health promotion to the entire MIT Community including students, faculty, staff, dependents, and retirees. The MIT Mental Health and Counseling Service provides comprehensive mental health services to this same community. The service has a multidisciplinary staff of psychiatrists, psychologists, social workers, and nurse clinicians. There is a small training program including psychology interns and psychiatric residents.

We are seeking a Staff Psychiatrist, preferably with ten-plus years' experience post-residency. Ideal candidates will have expertise in and a commitment to working with an ethnoculturally diverse population; comfort working with people with severe problems such as suicidality and major mental illness; knowledge of and interest in the psychological and developmental issues of a college population; and the ability to effectively work within a multispecialty medical service and engage with the university community. An interest in measuring outcomes and new modalities such as online depression screening is desirable. MD degree and board certification are required.

**Skills and responsibilities include:**


- providing direct clinical services such as psychiatric evaluations, crisis intervention, individual and group psychotherapy, psychopharmacology, and referrals to off-campus agencies and professionals
- providing training for professional and paraprofessional staff
- consulting with other faculty and staff
- participating in outreach and campus activities

MIT is an equal opportunity/affirmative action employer. Applications from women, minorities, veterans, older workers, and individuals with disabilities are strongly encouraged.


Interested candidates may apply online at: <http://jobs.mit.edu>

Please reference job number 11120 and indicate where you saw this posting.


MIT Medical Department  
77 Massachusetts Avenue  
Cambridge, MA 02139-4307  
[medweb.mit.edu](http://medweb.mit.edu)



**MIT Medical**  
Care for our community



## Outpatient Psychiatrist



**BRIGHAM AND WOMEN'S HOSPITAL**

Brigham Psychiatric Specialties, the outpatient service of the vibrant BWH Department of Psychiatry, is expanding, with new practices opening in Chestnut Hill (Fall 2013) and at Brigham and Women's Faulkner Hospital (early 2014). Successful candidates will be exceptionally skilled at complex diagnostic assessment, psychopharmacologic management, focused psychotherapy and collaboration with other medical and behavioral health providers. We will give preference to those who prescribe buprenorphine. The department has numerous specialty programs, including Women's Mental Health, Addiction Psychiatry and Neuropsychiatry, and provides care to a diverse population with high medical co-morbidity. We are a major training site for the Harvard Longwood Residency Training Program. There will be opportunities to participate in teaching and clinical research.

Academic rank at Harvard Medical School will be commensurate with experience, training and achievements.

**If interested, please send CV to: Jay Baer, MD, Director of Outpatient Services, Department of Psychiatry, Brigham and Women's Hospital, 221 Longwood Ave., 4th floor, Boston, MA 02115; [jbaer1@partners.org](mailto:jbaer1@partners.org)**

*Harvard Medical School and Brigham and Women's Hospital are Affirmative Action/Equal Opportunity Employers. We strongly encourage applications from women and minorities.*



**ARBOUR-HRI HOSPITAL SEEKS FULL-TIME ATTENDING PSYCHIATRISTS** to care for patients in our Adult Inpatient and Partial Hospitalization Programs. Duties include admission evaluations, treatment team leadership and daily care of patients. All patient care is provided in a multidisciplinary treatment setting with a treatment team comprised of psychiatrists, nurses, social workers, mental health counselors, other therapists. The ideal candidate will have experience caring for patients who have psychiatric and co-occurring addictions disorders.

Monday through Friday work schedule **with no calls or weekends required**; however voluntary scheduled weeknight and weekend calls receive additional compensation. Competitive compensation, a generous benefit package and bonus opportunity offered. Candidates must be either board-certified or board-eligible in General Psychiatry.

**Interested candidates should send CV to: Andree Paige, In-house Physician Recruiter, at [andree.paige@uhsinc.com](mailto:andree.paige@uhsinc.com) or call 617.429.4240 for more information.**

Arbour-HRI Hospital is a 66-bed licensed private psychiatric facility located in Brookline, Massachusetts. There are four inpatient units designed to treat adults with general psychiatric disorders, dual diagnosis and women's issues and three distinct partial hospitalization programs onsite. The hospital is licensed by the Massachusetts Department of Mental Health (DMH) and the Department of Public Health Bureau of Substance Abuse Services. Arbour-HRI is accredited by The Joint Commission (TJC).

Arbour-HRI Hospital • 227 Babcock Street • Brookline, MA • 02446 • [www.arbourhealth.com](http://www.arbourhealth.com)

INSURANCE COVERAGE **DESIGNED FOR PSYCHIATRISTS**

WHAT YOUR CURRENT POLICY MIGHT BE LACKING:

## A STRONG DEFENSE

Of course we hope you'll never need our claims expertise, but if you ever report a claim we are with you every step of the way, whether it's simply an adverse event for which you need legal guidance or a lawsuit requiring a robust full-court defense.

Take comfort that you will have our full support working closely with you, your defense counsel, and experts to vigorously protect and defend you.

View our 2013 claims results at [www.PsychProgram.com/Claims](http://www.PsychProgram.com/Claims) and see for yourself how our strong defense can work for you.

**Dave Torrans, II**  
Senior Litigation Specialist

Call us (800) 245-3333  
[TheProgram@prms.com](mailto:TheProgram@prms.com)  
[LinkedIn.com/company/PRMSprograms](https://www.linkedin.com/company/PRMSprograms)



**More** than just medical  
professional liability insurance.

Fair American Insurance and Reinsurance Company - New York, NY  
In California, d/b/a Transatlantic Professional Risk Management and Insurance Services.



Massachusetts Psychiatric Society ♦ 40 Washington Street, Suite 201 ♦ Wellesley, MA 02481-1802  
781-237-8100 ♦ Fax: 781-237-7625 ♦ Email: [mps@psychiatry-mps.org](mailto:mps@psychiatry-mps.org) ♦ [www.psychiatry-mps.org](http://www.psychiatry-mps.org)

## BUSINESS SERVICES

### LEGAL ADVICE FOR PSYCHIATRISTS

Milton L. Kerstein, Esq.  
Andrew L. Hyams, Esq.

Mr. Hyams, former General Counsel to the Bd. of Reg. in Medicine, and Mr. Kerstein provide legal services to psychiatrists and other health professionals in the following areas:

- Licensing Board Complaints and Applications
- Medicare/Medicaid Audits
- Patient Confidentiality
- Provider and Employer Contracts
- Civil/Criminal Litigation

As a service to Bulletin readers, we offer one free 15-minute consultation to discuss any general legal concerns.

**Kerstein, Coren & Lichtenstein, LLP**  
60 Walnut Street, Wellesley, MA 02481  
[www.KCL-law.com](http://www.KCL-law.com)  
(617) 969-7139



### SPECIALIZED BILLING SERVICES PSYCHIATRIC BILLING SPECIALISTS

- ◆ EXCELLENT COLLECTION RATES
- ◆ UNDERSTANDABLE REPORTING AND MANAGEMENT TOOLS
- ◆ STATE-OF-THE ART BILLING SOFTWARE
- ◆ BANKING SERVICES
- ◆ CREDENTIALING CONSULTATION AND ASSISTANCE
- ◆ CUSTOMER SERVICE, CUSTOMER SERVICE, CUSTOMER SERVICE !!

**Practice Medicine and We'll Do the Rest.**

Call us for more information at  
(617) 244-3322

Ask about our discount program



[www.specializedbillingservices.com](http://www.specializedbillingservices.com)

THE DEADLINE FOR THE  
JULY/AUGUST 2014  
MPS NEWSLETTER IS  
JUNE 20, 2014. FOR ADDITIONAL  
ADVERTISING INFORMATION,  
PLEASE CONTACT THE MPS OFFICE  
AT (781) 237-8100  
OR  
[MPS@PSYCHIATRY-MPS.ORG](mailto:MPS@PSYCHIATRY-MPS.ORG)



### Healthcare Billing Specialists, Inc.

Providing Billing Services to the Mental Health Community

Billing. . .

**It's what we do.  
Every mental health  
professional needs a great  
billing service. For over 15  
years, Healthcare Billing  
Specialists has been  
providing exceptional  
service to over 100 practices  
in Massachusetts.**

**Contact us for more information!**

**Office: (781) 784-4123**

**Fax: (781) 784-0996**

**Email: [info@hcbilling.com](mailto:info@hcbilling.com)**

**Web: [www.hcbilling.com](http://www.hcbilling.com)**

### SPECIALIZED CREDENTIALING SERVICES MEDICAL CREDENTIALING SPECIALISTS

- ◆ PROVIDER CREDENTIALING
- ◆ APPLICATION PROCESS
- ◆ HEALTH PLAN ENROLLMENT AND LINKAGE
- ◆ NPI AND PROVIDER NUMBERS
- ◆ NATIONAL AND MULTI-STATE SERVICES
- ◆ CAQH REGISTRY MAINTENANCE
- ◆ STATE OF THE ART SOFTWARE

Please call us to discuss fee arrangements. Credentialing Services are priced either by application or on a monthly flat fee basis depending on the scope of services requested.

IN ADDITION TO OUR CREDENTIALING SERVICES, WE OFFER MEDICAL BILLING SERVICES TO PHYSICIANS, HOSPITALS, GROUP PRACTICES, CLINICS, ETC. FOR CLIENTS WHO PURCHASE OUR MEDICAL BILLING SERVICES, WE OFFER CREDENTIALING AS PART OF THAT PACKAGE.

PRACTICE MEDICINE, WE DO THE REST.

**CALL US FOR MORE INFORMATION AT  
(617) 244-3322  
[www.sbcsincorporated.com/](http://www.sbcsincorporated.com/)**

## OFFICE SPACE

### North Shore / Hamilton MA

Beautiful Furnished Office in quiet area, in private, shared, Psychiatric Suite. All amenities. Kitchen, Waiting room. Conference room.

Walk to transportation, restaurants, etc.

Easy highway access.

Full time or Part time

Call Ken or Jay @ 978-468-7880

**Framingham:** Contemporary, fully furnished Office with a view, for part time-block sublets (Thursdays and Fridays). Located on the top floor in a secure executive building, just one minute from Massachusetts Turnpike exit 13. Ample parking space, waiting room. Contact ma an psytrastevere@yahoo.com or 508.740.7687

**Back Bay (Boston):** Part-time furnished or full-time unfurnished psychotherapy office on high floor of Back Bay building with amazing view. 4-hour block sublets @ \$12+/hour. Full-time office @ \$1300/month. Parking available for fee (part-time office only). Referral opportunities. 617-230-3002; back-bayalliance@gmail.com

**Harvard Square (Cambridge):** Furnished psychotherapy office sublet in beautiful Victorian house. Shared waiting area, bathrooms and kitchen with wonderful group of multidisciplinary clinicians. Referral opportunities available. Rent: \$176/month per 4-hour/week block. Contact harvardsquarealliance@gmail.com or 617-230-3002.

## PSYCHIATRIST

### Cambridge Psychiatric Services

**PSYCHIATRISTS:** Interested in flexible hours, competitive pay rates, and a schedule that fits your needs?

Qualified psychiatrists needed to provide overnight, weekend, and holiday moonlighting coverage at area hospitals, clinics, and other psychiatric facilities. For more information please call Jessica D'Angio at (617)864-7452 or at [jdangio@northcharles.org](mailto:jdangio@northcharles.org)

Unique setting to practice C/L Psychiatry with the support of an educated multidisciplinary team and experienced colleagues. Diverse and interesting patient population. Collaborative environment. Board Certified/Board Eligible. No C/L fellowship required. Hours are flexible up to 20 hours a week. No after-hours call. Hourly rate to be negotiated.

Contact: Kathleen Brady, MD, PhD, Director of Behavioral Health Services 978-851-7321 x2545

**Tewksbury Hospital** - Unique full time opportunity for psychiatrist comfortable with treating medically complex behaviorally challenged DMH patients on the Medically Enhanced Unit (MEU) of Tewksbury Hospital. This unit draws medically compromised psychiatric patients from throughout Massachusetts, bringing together in one place enhanced medical coverage (one full time internist and a half time medical nurse practitioner), with enriched and specialized PT/OT, psychology, and nursing resources to promote recovery and discharge to the community. Specialty consultation available (endocrinology, pulmonology, respiratory therapy, neurology, etc) on site. Opportunity for clinical leadership. Send CV to Linda.Bishop@dmh.state.ma.us or contact Anthony Vagnucci, MD, chief of psychiatry, at 978-851-7321, ext. 2863.

**Tewksbury Hospital** is looking for a full time inpatient psychiatrist. The position is on a DMH intermediate care unit working with a wide variety of patients with severe and persistent mental illness. No managed care or after-hours on-call. Median LOS about 200 days. Competitive compensation. Work with an excellent and personable group of psychiatrists. For information contact Anthony Vagnucci, MD, Chief of Psychiatry, Tewksbury Hospital, 978-851-7321 x2863, anthony.vagnucci@state.ma.us.

**STAFF PSYCHIATRIST POSITIONS.** Full and part-time positions are available for ADULT PSYCHIATRISTS in our outpatient clinics in Framingham, Marlboro and satel-

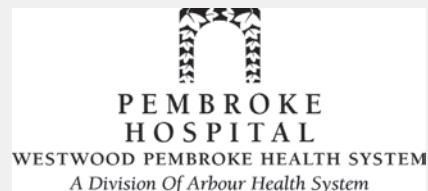
ites. Advocates Inc is a full-service, non-profit system serving individuals with psychiatric and developmental disabilities and other challenges in a strength-based, person-centered and multi-disciplinary setting. Excellent physicians are honored, and we offer a warm, friendly practice environment. Compensation is competitive and benefits are available for 20 hours +. Contact in confidence Chris Gordon, MD, Medical Director at 508.628.6652 or at chrisgordon@advocatesinc.org.

**Mount Auburn Hospital**, affiliated with Harvard Medical School, is recruiting for a consultation-liaison psychiatrist to join our existing consultation service. Responsibilities include consultation to medical and surgical inpatient units and to the emergency department, furthering the development of psychiatric services in primary care settings, and participation in the teaching activities of the Department. Fellowship training in psychosomatic medicine preferred. Appointment to the clinical faculty at Harvard Medical School is anticipated. Please send letter of interest and cv to: Joseph D'Afflitti, M.D., Chair, Department of Psychiatry, Mount Auburn Hospital, 330 Mount Auburn Street, Cambridge, MA 02138; Tel: 617 499-5054; email: jdafflit@mah.harvard.edu.

**PSYCHIATRIST** - Full-time position available for an ADULT PSYCHIATRIST at the Carson Center for Human Services in the

foothills of the Berkshires in western Massachusetts. The Carson Center provides comprehensive behavioral health and substance abuse services to individuals from small urban settings as well as from quiet rural settings. Psychiatrists serve on inter-disciplinary teams in a warm, friendly practice environment. A less than full-time position may be negotiated. Competitive compensation. Contact in confidence, Emad Eskander, MD, Medical Director at 413-568-6141 x128 or eeskander@carsoncenter.org  
Equal Opportunity Employer  
EOE/AA

**Harbor Health Services, Inc** is seeking a part time Psychiatrist to provide psychiatric services at Neponset Health Center and Geiger Gibson Community Health Center, 20 hours weekly and offered with a full benefits package. Current MA license, BE/BC in Psychiatry, experience with adults and children, and Suboxone certification required. Interested candidates please apply online at <http://careers.hhsi.us/careers/> or forward your CV to: Harbor Health Services, Inc., 1135 Morton Street, Mattapan, MA 02126 Attn: Human Resources; email to [jtranford@hhsi.us](mailto:jtranford@hhsi.us). For more info, please call J. Tranford at 617-533-2342. Equal Opportunity Employer



**PEMBROKE HOSPITAL SEEKS FULL-TIME ATTENDING PSYCHIATRISTS** to care for patients in our Adult, Adolescent and/or Partial Hospitalization Programs. Duties include admission evaluations, treatment team leadership and daily care of patients. All patient care is provided in a multidisciplinary treatment setting with a team comprised of psychiatrists, nurses, social workers mental health counselors and other therapists.

Monday through Friday work schedule **with no calls or weekends required**; however, voluntary scheduled weeknight or weekend calls receive additional compensation. Competitive compensation, a generous benefit package and bonus opportunity offered. Candidates must be either board-certified or board-eligible in General Psychiatry. **Ideal opportunity for graduating residents as it provides 6 months of formal mentoring/proctorship with the Medical Director.**

**Interested candidates should send CV to: Andree Paige, In-house Physician Recruiter, at [andree.paige@uhsinc.com](mailto:andree.paige@uhsinc.com) or call 617.429.4240 for more information.**

Pembroke Hospital is a 115-bed private psychiatric hospital conveniently located in an attractive suburban community in the South Shore area approximately 25 miles southeast of Boston on the gateway to Cape Cod and next to historic Plymouth. The hospital is licensed by the Massachusetts Department of Mental Health (DMH) and the Department of Public Health Bureau of Substance Abuse Services. Pembroke Hospital is accredited by The Joint Commission (TJC).

Pembroke Hospital • 199 Oak Street • Pembroke, MA • 02359 • [www.arbourhealth.com](http://www.arbourhealth.com)

## APA 2014 DISTINGUISHED FELLOWS

### Manuel Pacheco, MD



I am honored to have been nominated for Distinguished Fellow of the APA by our MPS.

Currently I serve on Council as the Senior Rep to the APA Assembly for our MPS. I am also Chief of the Psychiatric Consulta-

tion and Emergency Services at Tufts Medical Center. I hold an appointment as Assistant Professor of Psychiatry at Tufts University School of Medicine (TUSM) and Adjunct Clinical Instructor in Psychiatry at BU School of Medicine. Previous appointments have included Clinical Instructor in Psychiatry at Harvard Medical School.

One of my many blessings is being awarded Excellence in Teaching Awards by those TUSM students I have had the great pleasure to teach.

Yes, I have finally infiltrated the medical education system from the inside and am co-opting it from within.

I would be remiss in not paying tribute to those who have guided me throughout the arduous journey.

As the son of immigrants it is essential to acknowledge my parents Albert and Leontina Pacheco for their courage to come to America and make everything I am possible.

Hazel Samilowitz, MD was the attending during my first Psychiatry rotation. Although only being a locums doc on a closing inpatient unit she took the time to patiently answer all questions regardless of their merit.

Janet Osterman, MD definitively proved during my residency at Boston Medical Center that you do not have to raise your voice to get your point across.

My late mentor George Bradshaw Murray, SJ, MD cemented my conviction to intrepidly enter into C/L. I simply will never be able to repay my infinite debt of honor to him for turning my numerous flaws into a positive force for my patients. I miss him immensely.

Paul Summergrad, MD my Chairman has adroitly demonstrated how to lead others and maximize their potential.

Lastly my wife and CEO Heather Pacheco, AIA, LEED taught me to see the wonder and beauty in all things. As the Bard was known to say she is my ever fixed mark without which I would be adrift.

Undoubtedly many others have been left out who deserve mention.

I have been asked if there was anything I could share with our early career colleagues and members in training. Recently during the great Nasir A. Khan, MD's eulogy he was quoted as often reminding us that anything one thinks is impossible to attain only takes longer to achieve. Also don't be afraid to get your hands dirty and be involved in something—anything— you feel passionate about. It makes all the difference in life.

Again thank you all.

I am excited to continue to serve MPS.

### Donald Condie, MD



It is an honor to be called a Distinguished Fellow of APA and I would like to thank all those who wrote letters on my behalf. Looking back, the path that brought me here started in 1970 when I worked as an orderly on the psychiatric ward in New Orleans Charity Hospital. Known sim-

ply as the "Third Floor", it was a place to be avoided by other medical personnel if possible. Stigma was much more palpable than today, but fear and misunderstanding remain.

As an orderly, I did not have to have a physician's order to put any patient in restraints, there were no requirements for any physician or nurse to observe the patient. Patients were often afraid of staff who were also fearful of patients since assaults were a common reason for commitment. Families applied to have a person "put away", and coroner untrained in psychiatry could authorize a 90 day involuntary stay. Patients sat in restraints for weeks at a time with unchanged sheets and worse.

Physicians occasionally spoke to the patients but sometimes did not bother to come to the ward. They received a report from nurses, who received it from orderlies since the nurses did not often leave the glassed in nurses station. On one academic service, psychotic and violent patients could not be medicated since their blood was being studied by an eccentric attending who hoped to find the cure for schizophrenia. Assaults and restraints were much higher on that ward and the cause of schizophrenia was not found, despite publications claiming it had been.

Things have gotten better for our patients since that time, and despite, or perhaps because of, those daunting early experiences I have kept some connection to the public mental health system all these years. Training as I did at MMHC, first as a medical student and then resident, felt a lot like the best parts of the old Charity system in Louisiana. I learned from students of Semrad that patients were the best teachers, but had wonderful teachers who were not patients. I hope I have returned that favor.

Psychotic illness is better understood now as a brain disease, but stigma continues to be a major barrier to parity for our patients. As integration of "behavioral" disorders and medical disorders becomes the latest innovation, ["the greatest thing since sliced bread" as my grandmother used to say] we also see patients who

do not want their psychiatric records comingled lest their medical care be skewed and privacy invaded.

As the Medical Director for Vinfen, my current job, I see people who are almost exclusively what we used to call "public sector patients". Their needs are the greatest of all --- they are often young but disabled and living in residential settings or even homeless. Although they use private psychiatric hospitals for acute care [not like the old days at MMHC when we admitted several people a night on an acute basis], many are referred after long stays in DMH "continuing care" beds. In my opinion, the state needs more of those beds than the 626 they plan to keep. I like to think that advocacy for such things as more DMH inpatient beds, better treatment for the most severely ill of our patients, more understanding of the origins [fear and ignorance] and effects [isolation and shame] of stigma are making progress. A wise supervisor of mine once pointed me to "The Hedgehog and the Fox" when as a medical student I wanted more definitive answers. The constant dialectic between simplistic solutions and the complexity of the real world still seems a good way to spend time.

## APA 2014 DISTINGUISHED FELLOWS

### Oliver Freudenreich, MD



I am honored to be recognized as a Distinguished Fellow of the American Psychiatric Association, and I am particularly grateful to those members who wrote letters of support on my behalf. I thank my own department of psychiatry at MGH for their incredible collective wisdom and collegial support as well as many other colleagues in Massachusetts, wherever they are practicing.

An immigrant from a small village in Swabia near Stuttgart in (West) Germany, I came to the US on a fiancé visa during medical school. My successful professional career in this country is testament to the strength of a free society and also the generosity of individual Americans, including my teachers and mentors in psychiatry: Joe McEvoy (an alienist par excellence who introduced me to the neuroleptic threshold), the late George Murray (the last of the giants in clinical psychiatry), and Don Goff (the founder

of the MGH Schizophrenia Program).

My career has always been and continues to be divided among patient care, teaching, and research. Early on, I worked as a clinical research fellow at Duke University with Joe McEvoy, whom I had visited on a field trip with Duke psychiatry residents. His work with patients with serious mental illness at the affiliated Butner State Hospital in rural North Carolina, with his evidence-based and dignified approach, inspired me to seek out an academic career in psychiatry. As his fellow, I entered the field when clozapine was still fairly new, and I continue to appreciate its relevance for patients today (I know that our psychiatry residents think I put everybody on clozapine). As a research fellow, I learned about the ins-and-outs of clinical trials, which remain the final arbiter of any treatment in medicine. Following residency at UMDNJ (now again Rutgers University), I came to MGH for a consultation fellowship to train with the late George Murray, who exemplified the mentor-apprenticeship model like few do today. Fifteen years later, I have continued my career as both an alienist and a consultation psychiatrist in Boston, as my wife has refused to move further North than Boston. I am currently the medical director of the MGH Schizophrenia Program, located in the Erich Lindemann Mental Health Center, and I am also the director of the MGH Infectious Disease

Psychiatry Consultation Service.

As a psychiatrist, I am of course leery about dishing out advice including advice to younger colleagues. Upon reflecting on my own path, however, I think trying to be actually helpful to those people around you (i.e., patients, colleagues, and support staff) and not forgetting Victor Frankl's admonition (that you can choose your attitude toward any situation) will get you far. Even in the days of population-based medicine, you and your judgment matter to the one patient who is right in front of you: dare to care.

The greatest achievement in the past 20 years has not been a cure for serious mental illness but a refinement of available treatments to the point that many patients benefit from treatment. It is also no small societal achievement that patients with psychotic disorders are increasingly seen as having rights, including a say in their own treatment. A true appreciation of the role of mental illness in any medical illness and the creation of integrated care models are evidence of progress that we can rightly celebrate as a discipline.

Last, I need to mention two psychiatrist friends and Think Tank members, John Querques and Nick Kontos, whose camaraderie in the past 15 years has made all the difference.

### Alex Nicholas Sabo, MD



First, I would like to express my gratitude for being selected as a Distinguished Fellow of the American Psychiatric Association. I am indebted to all who have taught me, and I am especially grateful to my colleagues who extended themselves to write letters of support

for me to receive this honor. I am also deeply indebted to my patients, medical students, residents and colleagues who continue to deepen my understanding and who have enriched my life every day as we share in the challenging work we do.

I became interested in psychiatry as an undergraduate taking my pre-medical courses while majoring in English and American Literature. I was intrigued by the collision of intuitive knowing with scientific knowing. The British Romantic Poets, especially William Blake, and the pioneers of unconscious exploration, Freud and Jung, caught my imagination. After college I was teaching middle school English, and the mother of one of my students died tragically. My student, her daughter, became quite depressed, and this once-animated young girl, drifted away so profoundly, that nei-

ther her father, nor I, nor our school counselor could reach her. It tore my heart to witness this. I knew I needed more knowledge and skill to help someone in this situation. The pain and awe of that experience convinced me to take up the career in psychiatry that I had earlier contemplated.

From my residency training at Cambridge Hospital, to my Fellowship at the Austen Riggs Center, through my five years at McLean Hospital, and now for the past 20 years here at Berkshire Medical Center, I have never regretted that decision. Psychiatry is a puzzle of such great interest and complexity, I never tire of it. Every day I can help someone, and there is always more to learn.

I am also indebted to the American Psychiatric Association and the Massachusetts Psychiatric Society for the roles they played during the course of my career to advocate for the mentally ill and those with substance use disorders, to educate, and to support our profession. For the past three years I have served on the Executive Committee and as President (2012-2013) of the MPS, and I have come to appreciate even more the importance of the APA and MPS. Amidst national and statewide turmoil connected with health care reform it is more important than ever that individually and collectively we stay committed to those three tasks. The camaraderie and pleasure in working with the many talented and dedicated people who make up the membership, the committees, the Council and the Executive leadership group of the MPS are very special.

When asked what I would most recommend to young psychiatrists today, it would be to follow the advice my mentor, Leston Havens gave me. Havens advocated a pluralistic approach to psychiatry. He described four schools of healing in psychiatry; biologic-descriptive, psychodynamic, interpersonal and existential. He advised us to identify our natural strength(s) and then develop skills in the other three schools. This multi-dimensional approach to perceiving and intervening on behalf of our patients, makes clinical psychiatry so interesting and effective. Our evidence-based knowledge of today will be largely overturned two or three decades hence. Our ability to form a deep relationship with a patient and to perceive the information passing between us at these four levels will last forever. Working this way makes each relationship and each case a qualitative research project that continually advances our knowledge.

When asked to pick out the single greatest advance in the field of psychiatry during the past thirty years, I believe it has been the integration of psychological and neurobiological frameworks for conceptualizing what we do. Paul MacLean's triune mammalian brain, Bowlby's and Insel's work on attachment, Post's "Transduction of Psychosocial Stress into the Neurobiology of Recurrent Affective Disorders" and Leslie Greenberg's Emotion-Focused Therapy for Depression have had profound effects on the way I understand and practice psychiatry.

## APA 2014 DISTINGUISHED FELLOWS

### Mark Abraham Schechter, MD



I want to start by expressing my appreciation for the honor of becoming a Distinguished Fellow of the Massachusetts Psychiatric Society, and the American Psychiatric Association. I am indebted to many, many people. Some have been formal teachers, supervisors, and bosses; others

have been colleagues and friends who have provided me with essential mentoring and support. I wish that there were space to list and discuss each of them, but that would make for an exceptionally long essay. I will have to trust that at least some of them know who they are.

I feel very fortunate that psychiatry has given me the chance to do a variety of things that I find satisfying: clinical work, clinical/administrative leadership, writing, and teaching. Some people tell me that my professional life sounds discontinuous, that psychoanalytically oriented

psychotherapy and psychoanalysis are completely different than the hospital based leadership has been my major occupation. But for me they are intimately linked, more on a continuum than dichotomous.

One link is that I feel I am on a continuous journey of personal and professional growth. From my own analysis, to my clinical and psychotherapeutic work, to my role as a physician leader, I have felt regularly challenged by things that do not come easily to me - that “push my buttons” - and that require both an honest evaluation of myself and a genuine responsiveness to others. In fact, most of what I worked on in my own analysis, and what I think of as the essential ingredients of successful psychotherapy, are also integral to leadership. My analysis helped me to become a better listener, and to expand my capacity for empathy – critical skills as both a clinician and as a leader. I became more aware of how my own thoughts, ideas, and reactions could crowd out my capacity to really listen. I also work continuously on my honesty with myself about my own biases and reactions – “countertransference” in psychotherapy terms, but essential in leadership as well – and try to be as open about them as possible. In psychotherapy, as in leadership, I find that I look for and try to enhance the strengths of others, even

when also needing to focus on change. I think about the concept of validation a lot: that everyone - our family, our friends, our colleagues and our patients – needs to feel that they are truly seen, heard, and understood from their own perspective, even when there is also disagreement. Affect management, both my own and helping others, feels like an essential part of my job description in every arena. And finally, in both psychotherapy and in leadership I try to hold onto and articulate a vision of what the future can bring, of where we can go if we persevere, of the “something more” that we can become. I am not saying that I get all of this right; but these are the things that I value, and this is my ongoing struggle.

One of the things I love about psychiatry is that it is a blend of art and science. In my clinical work, writing, and teaching, I have tried to integrate both, while not losing the essential and irreplaceable focus on subjective experience. This needs to be our ongoing focus as we train young psychiatrists, and as we grapple with changing clinical models and payment methodologies. Let’s not ever lose the “art” – there will never be enough science to make up for it.

### Paul E. Noroian, MD



I am greatly honored to have been recognized by my colleagues as a Distinguished Fellow of the APA. I thank all those in MPS who supported my nomination. I take pride in my membership in MPS and have enjoyed my participation in the organization and appreciate the opportunities it has given me in helping advance the care of our patients.

Psychiatry became a natural career choice for me following my medical school clerkship at Worcester State Hospital. I was inspired by supervisors who combined a passion for teaching with a commitment to helping the underserved. My residency training at UMass got me most interested in the care of those individuals with chronic and persistent mental illness. Public sector psychiatry brings together so many interesting aspects of our field: patient care, public policy issues, challenging psychopharmacology, and the interface with the legal system. I

especially like the team approach to care. I have since dedicated my own career to working in the public sector.

After practicing for several years, I decided to return to training and completed a fellowship in forensic psychiatry at UMass. It wasn’t easy going back to being a trainee, but I think that having worked in the field made it a richer experience. Forensic psychiatry has also become an important part of my career. Serving as a supervisor to forensic psychiatry fellows has been one of the real high points of my career. I feel privileged in having trained others to care for and advocate for patients involved in the criminal justice system.

Psychiatry has never ceased to be rewarding and challenging. Every day brings something new: in patient care, teaching residents, working with colleagues. As much as I have enjoyed the teaching and academic aspects of the field, I find that patient care is still the most gratifying part of my work. I appreciate the trust placed in me by patients, families, and colleagues throughout the span of my career. Thanks to all.

I must also thank my wife, family for their support and inspiration over the years. This couldn’t have been accomplished without you.

### MPS IS PLEASED TO WELCOME THE FOLLOWING NEW MEMBERS

#### General Member:

Peter Theodore Choras, MD  
Jeffrey D. Rediger, MD  
Nicoleta Coconcea, MD  
Jean Rankin Butterfield, MD  
Michael Tsappis, MD

#### Resident Fellow Membe:

Wayel Alyahya, MD  
Husnain Ashraf, MD  
Hermioni Lokko, MD  
Perihan Guvenek-Cokol, MD  
Simrun Kalra, MD

#### Transfer In:

Carl R. Saviano, MD  
Raena Khorram, MD  
Timothy Hsu, MD  
Allison L. Werner, MD

#### Advancement: RFM to GM

Joanna Maclean, MD

## APA 2014 DISTINGUISHED FELLOWS

### Barry Sarvet, MD



I am honored and grateful to be awarded the status of Distinguished Fellow by the American Psychiatric Association and truly appreciate the support of my colleagues in the Massachusetts Psychiatric Society in nominating me.

We are all very fortunate to have this wonderful profession of ours, giving us the opportunity to help others in meaningful ways, and to learn and grow throughout our work. Since my first exposure to the field of psychiatry as a medical student at Northwestern University, and later as a psychiatry resident and child psychiatry fellow at Yale, I was exposed to a broad and expansive version of psychiatry, drawing in strands of knowledge from fields as diverse as neurobiology, cognitive neuroscience, sociology, psychology, anthropology, history, literature, philosophy, and more. I was taught to mistrust not only biological, but any kind of reductionism in understanding our patients, and the importance of resisting the process, already begun in the name of cost containment, to restrict the role of a psychiatrist to prescribing psychiatric medications. Donald Cohen, then Director of the Yale Child Study Center, frequently reminded us that one of our most important jobs as psychiatrists was to strive to understand the "inner lives" of our patients. I imagined carefully guarded, richly appointed, infinitely spacious rooms, from which one could truly understand the subjective experience and motives of patients. I was taught that being invited into these spaces was a great privilege, truly rewarding and enriching to our professional lives.

Although I continue to believe that a fully

trained psychiatrist must be an expert in providing the best possible treatment for individual patients, including psychotherapy, psychiatrists must also be engaged in addressing unmet mental health needs at the level of populations. In many communities in the US there is a significant shortage of psychiatrists, especially child psychiatrists. When I came to MA in 1999 to develop the child psychiatry division at Baystate Medical Center, a Tufts-affiliated regional tertiary care health system in western MA, I was the only full time child psychiatrist within a large regional children's hospital and network of physician practices. I was directly exposed to the frustration of parents unable to access child psychiatry services in a timely manner, and the resentment of medical colleagues who regarded psychiatrists as working within a black box, inaccessible to collaboration, and out of touch with the unmet needs of the community. Since that time, I have been interested in models and solutions that address problems in access to care for people with mental health conditions, particularly those that are based on the development of partnerships between psychiatry and primary care providers.

Thanks to the efforts of a coalition of advocates representing a broad array of disciplines and organizations, there was a surge of interest in the development of creative solutions to improve access to care. One of these groups was the Governor's Mental Health Commission for Children, formed in 2001 by legislation sponsored by Representative Ellen Story, on which I jointly represented MPS and the New England Council for Child and Adolescent Psychiatry. Another important group with which I have had the pleasure to be involved is the Mental Health Task Force of the MA Chapter of the American Academy of Pediatrics, a diverse and highly effective coalition pushing for solutions to unmet community children's mental health needs. With the help of these advocacy efforts, the MA Child Psychiatry Access Project (MCPAP) was launched in 2004 and has become a model program for improving access to children's mental

health care.

Helping to lead MCPAP with my colleagues across the state over the past decade has been a joy. We have learned a great deal about how to leverage our knowledge and skills as psychiatrists towards helping primary care providers to become primary mental healthcare providers. By providing collaborative consultation, real-time case-based educational encounters, and care coordination services, MCPAP has become indispensable to many pediatric primary care providers, and has demonstrated an efficient and scalable model for specialists to partner with their primary care colleagues to address a significant public health need.

For some, psychiatry is a relatively solitary profession. Of course, given the rich clinical partnerships we develop with our patients, we never truly work in solitude. But, it has become clear to me that there is a significant need for psychiatrists to become "networked". In addition to the collegiality, professional and scientific discourse, and support we have among ourselves within MPS, it is important to recognize that we have many potential allies in fighting mental illness outside of our own profession including other physical and mental health professionals, human service providers, educators, parent and consumer advocates, paraprofessionals, civic leaders, public officials, and philanthropists. I believe that ongoing cultivation of these partnerships is as important to our profession and our organization in the coming era of healthcare reform as it has been to my own professional satisfaction and growth in my career.



**The MPS Executive Committee, Council & Staff**

Wishing you a safe and happy summer!!!

### SAVE THE DATE

**Saturday, November 22, 2014**

**25th Annual  
Psychopharmacology Update**

**8:30AM - 3:30 PM  
MMS, Waltham MA**



**MASSACHUSETTS  
PSYCHIATRIC SOCIETY**

40 Washington Street, Suite 201  
Wellesley Hills, MA 02481

Non-Profit  
Organization  
U.S. Postage  
**PAID**  
Permit #51544  
Boston, MA

ADDRESS SERVICE REQUESTED

<b>MPS Calendar of Events</b>		
Consultation-Liaison Committee Meeting	June 3, 2014 at 6:30 PM at BU in Boston	<a href="mailto:bdupuis@psychiatry-mps.org">bdupuis@psychiatry-mps.org</a>
Council	June 10, 2014 at 7:00 PM at MPS	<a href="mailto:bdupuis@psychiatry-mps.org">bdupuis@psychiatry-mps.org</a>
Managed Care	June 17, 2014 at 7:00 PM at MPS	<a href="mailto:bdupuis@psychiatry-mps.org">bdupuis@psychiatry-mps.org</a>
WMPS - Battlefront to the Homefront with John Bradley, MD	June 18, 2014 at 6:15 at Delaney House, Holyoke	<a href="mailto:bdupuis@psychiatry-mps.org">bdupuis@psychiatry-mps.org</a>
Executive Committee	June 24, 2014 at 7:00 PM at MPS	<a href="mailto:bdupuis@psychiatry-mps.org">bdupuis@psychiatry-mps.org</a>
Council	July 8, 2014 at 7:00 PM at MPS	<a href="mailto:bdupuis@psychiatry-mps.org">bdupuis@psychiatry-mps.org</a>
Managed Care	July 15, 2014 at 7:00 PM at MPS	<a href="mailto:bdupuis@psychiatry-mps.org">bdupuis@psychiatry-mps.org</a>
Executive Committee	July 22, 2014 at 7:00 PM at MPS	<a href="mailto:bdupuis@psychiatry-mps.org">bdupuis@psychiatry-mps.org</a>