



# Nebraska Psychiatrists Newsletter

Fall 2011

## President's Report

As we find ourselves well into the 2011 year, I would like to express how honored I am to serve as your president. Following Dr. Egbert is no easy task. He has long been one of my favorite and most respected mentors so it is hard to think of me being in the position he is exiting. I would like to take this opportunity to thank him for time and effort he has contributed on our behalf over the last year.



*Dr. Jane Theobald*

The past year has been a busy one for our society. The executive committee has taken efforts to assertively advocate for our profession and our patients. This newsletter includes reports from others to summarize much of what has been done. In addition, I would like to outline a few of the other initiatives taken:

- A letter was sent to Nebraska Health and Human Services regarding concerns about proposed licensure of Applied Behavioral Analysts. Perhaps as a result, the scope of practice of those licensed was narrowly defined.
- A scholarship of \$500 was awarded to Adam Bohan, a 2011 high school graduate, for his submission of a public service announcement directed at mental health awareness.
- NPS provided feedback to the Nebraska Medical Association concerning a proposal to include LIMHPs under the definition of "mental health professional" to allow eligibility to serve on mental health commitment boards. It was felt under certain circumstances it may be necessary, but in general we would oppose this change.
- Dr. Daniel Carlat, author of "Unhinged," gave a thought-provoking presentation at the membership meeting in October.
- A letter was sent to the American Board of Psychiatry and Neurology addressing maintenance of certification requirements. The board was asked to reconsider these to be less costly and cumbersome as well as more meaningful.
- Dr. David Wahl from Denver was brought in to present "The 5 S's of Mental Health" at the May membership meeting.
- Nebraska Psychiatric Society supported the NAMI walk with a \$500 donation to the event.
- The passing of our colleague Michelle Cassidy, M.D was acknowledged with a \$500.00 donation to the Susan G. Komen Race for the Cure foundation.

Our profession and our patients continue to face significant challenges from all angles. The Nebraska Psychiatric Society will attempt to keep abreast of these challenges and do our part to speak out on your behalf. Please feel free to contact me anytime if there is something you would like us to be aware of or take action on. My email address is [jmtheo@cox.net](mailto:jmtheo@cox.net) and my phone number is 402-354-8350. I look forward to assisting you. ■

## *Interested in serving on the NPS Executive Committee?*

**NPS is currently seeking volunteers to fill the following positions:**

***Legislative Representative  
Assembly Representative  
Early Career Psychiatrist  
Public Affairs  
Rural***

For more information or if you are interested in volunteering, please contact Jane Theobald, M.D. at [jmtheo@cox.net](mailto:jmtheo@cox.net) or (402) 354-8350.

## *Congratulations Dr. Syed Faiz Qadri*

*on taking the oath as a  
citizen of the United States  
09/11/2011*

## **HELPFUL LINKS:**

BHECN website:  
<http://www.unmc.edu/bhecn/>

National Network of  
Depression Centers  
<http://nndc.org>



## Insurance Chair Report

Rather than focus on the perpetual issues of reduced third party reimbursement, prior authorization problems, and the likely eventual insolvency of medical entitlement programs, I thought it would be interesting to shift my newsletter topic to that of our professional liability risks and what one insurance company is doing to help us reduce those risks.

As most of you are aware, the program for our annual meeting on May 26th this year was funded by COPIC, the professional liability insurer recommended by the Nebraska Medical Association. Dr. David Wahl, a psychiatrist associated with COPIC, presented a program entitled Six S's In Mental Health. He identified these risk factors as sex, suicide, SSRIs, substance abuse, stopping care, and split treatment. This report will briefly review those risks for those of you who were unable to attend.

Complaints about psychiatrists and sexual encounters with current or former patients peaked between the late 1970's and the early 1990's. This was due in part to the APA's ambiguous 1973 ethical standards that stated "sexual involvement with former patients is almost always unethical". This was clarified when the APA revised their ethics standards in 1993 to state that "sexual involvement with current or former patients is always unethical." The statutes of Nebraska and other states have further clarified the issue. As a result, the frequency of ethical complaints in this area is down markedly from the 1980's and early 1990's. Psychiatrists need to be aware that, being human, we are at greatest risk at times when we are emotionally vulnerable ourselves, such as during divorce, bereavement, or if involved in substance abuse. Dr. Wahl recommended approaching colleagues and expressing concern if they appear to be showing a pattern of increased attention to a patient.

Patient suicide is the greatest area of professional liability risk for psychiatrists. Patients with bipolar illness seem to be at the greatest risk; however, patients with intractable depression, anxiety, or psychotic symptoms also are at added risk. In spite of our best efforts, a small number of patients will complete the act. The best protection for the patient is to assess them for that risk at the outset of care and to re-review that issue as needed, particularly if patients are not responding well to treatment or appear to have some unusual added stress. One of the greatest signs of increased risk is a sense that one has lost the therapeutic alliance with the patient. It is particularly important to error on the side of safety at those times and yet often difficult to gain the patient's cooperation accepting inpatient care if they have secretly decided to end their suffering. The best protection for the psychiatrist is to document that the issue has been explored and that the risks have been assessed.

The addition of SSRIs to our treatment options starting in 1988 was considered to be a big advantage for us because they greatly lowered the risk of suicide by overdose compared to the tricyclic antidepressants. Now we regularly see television advertisements asking viewers to call the law offices of "blank and blank" if they or a loved one have had an adverse reaction to an SSRI. There are several reasons for this. Dr. Wahl mentioned the black box warning of risks associated with the increase in suicidal ideation (but not increased suicidal success) especially in adolescents and young adults. He also indicated that in any depressed patient, one needs to take a careful history to rule out latent bipolar tendencies and to be extremely cautious in giving these medications to patients with a bipolar personal or family history. More recently, some birth defects have

been associated with some of the older SSRIs. It is therefore important that psychiatrists document that they have informed the patient of the risks of these medications.

Dr. Wahl also stressed the importance of screening patients for substance abuse, particularly in view of the greater than 50% co-occurrence in patients with bipolar disorder and the relatively high incidence in patients with an anxiety disorder. It is as important to document your assessment of that potential problem as it is to document an assessment for suicidality. It is surprising how often cocaine and amphetamine abuse can complicate the treatment of bipolar illness and how often undetected long-term heavy alcohol use can complicate the general medical, as well as psychiatric, treatment of many older patients. Since denial is so common in these patients, it is important not to abandon them if they are successful in hiding their substance abuse from you for a time.

It may be necessary to stop seeing a patient because of a variety of issues including their wanting a treatment which you cannot recommend, their non-adherence to treatments which you strongly recommend, or your own illness or retirement. There was a time when a 30-day written notice was sufficient for termination. Later, a termination letter with a referral would suffice. Dr. Wahl indicated that under Nebraska law, there is now an obligation to see that the transfer is completed, i.e., that releases have been signed, clinical information has been forwarded, etc. It can be very challenging to absolutely ensure the successful transfer of a nonadherent patient. Again, documentation of the effort to do so is one's best protection. ■



John Donaldson, M.D.

## Legislative Report

~ Cheryl Buda, M.D.

I first of all would like to thank the NPS for giving me the opportunity to serve as its Legislative Representative for the last two years. Just as I said in a past NPS newsletter when I took over this position, filling Dr. Boust's shoes would be difficult. Unfortunately, due to the combination of running a busy private practice and raising three fast-growing boys, I had to resign the position of Legislative Representative this year so I could maintain my time and sanity. Serving as your Legislative Representative has opened my eyes to the issues facing Nebraska. I now feel that yes I do have a voice, and I encourage all of you to be an active voice for your patients. Otherwise, people who have no idea of the real issues confronting our patients in Nebraska will be changing the way we deliver care to them. As psychiatrists in Nebraska, if we do not share our beliefs and stand up for what we think is best for our patients, we have no right to complain about the changes that are taking place around us in our field. We need and have a responsibility to keep up to date on what is going on in behavioral health in Nebraska for our patients. In collaboration with the Nebraska Medical Association (NMA) and the National Association of Behavioral Health Organizations (NABHO), I believe NPS has made a significant impact on the 2011 legislative session.

This legislative session was focused on the state's financial situation (debt), and as we all know health care, especially behavioral health care, is where one first searches to save money. LB 374, which proposed a Medicaid provider rate cut of 5%, was reduced to 2.5%, in turn keeping more money in the Medicaid system. Nebraska's revenue has been rebounding in the last few months, so this provides us with the opportunity to work toward increasing provider rates next year and preventing any further cuts. LB 466, which was a carryover bill from last

year, was held in committee. This is good because if this bill had passed, it would have restricted access to certain antidepressant, antipsychotic, and anticonvulsant medications for our Medicaid patients. I worked with the NMA and testified in Lincoln on this bill and several consumers were there to testify as well. I have to tell you that this was a very proud moment for me in my profession to see the turnout of people concerned about mental health legislation. I called the APA and asked for a letter in opposition to the bill, and the APA president quickly sent a letter to the legislature. Again, another proud moment in my profession knowing that I belonged to such an organization. LB 111 passed this session which changed board of mental health memberships: removing psychiatric social workers from mental health boards and adding licensed mental health practitioners who are not social workers. LB 100 changed criminal statutes and will no longer allow defense based on intoxication when determining mental health at the time of a crime. Dr. Donaldson has proved to be a force to be reckoned with in regard to LB 630 which looked at licensure of Applied

Behavior Analysts, and this bill was held over in committee for continued examination.

There were many other important bills regarding mental health this year, and if I discussed them all it would fill pages. Take a minute and look at the Nebraska Legislature website at [nebraskalegislature.org](http://nebraskalegislature.org). I challenge every member of the NPS to find a bill that you think is important and make your voice heard to our president. Remember there are big shoes to fill. We as NPS members can fill these shoes but it is each of our responsibilities to take the first step. ■

**The APA will host the  
63rd Institute on  
Psychiatric Services**

**October 27-30, 2011  
in San Francisco, CA**

*Visit [www.psych.org/IPs](http://www.psych.org/IPs)  
for more information.*

AWARD WINNING TELEVISION JOURNALIST

*Jane Pauley*

OCTOBER 13, 2011  
JOSLYN ART MUSEUM - OMAHA



BREAKING THE  
SILENCE 2011

***Please join the Community Alliance  
and guest speaker Jane Pauley at the  
15th annual Breaking the Silence event***

***Thursday evening, October 13, 2011  
at Joslyn Art Museum***

***Visit [www.community-alliance.org](http://www.community-alliance.org) for complete details.***

## APA Assembly Representative Report

The meeting was held in Honolulu, Hawaii. I went as a personal sacrifice in the best interests of the NPS but did find time to enjoy myself between the meetings and educational activities. We worked diligently starting in the wee hours of the morning so we could enjoy the evening activities. Here is a summary of action papers passed or not passed. Many of the action papers focused on the ABPN MOC requirements. The membership and assembly members voiced their dissatisfaction with the requirements. Many feel that the MOC requirements are overly stringent, impractical, purposeless, and invasive to the patient physician relationship. There was a majority sentiment that the APA did not stand for the individual member and voice a strong opinion to the ABPN about the MOC requirements. The leadership of the APA felt that the MOC requirements had been directed by the ABMS and therefore, not much was debated upon or changed. I did not list the individual actions regarding MOC, but the intent was to make our voice heard by the Board of Trustees.

The following is a brief summary of action papers addressed at the Assembly meeting:

The APA bylaws were amended so that the Trustee-At-Large and M/UR Trustee will be elected in alternate election terms; they would fill the same position but serve alternating terms.

A position statement against permitting guns on college and university campuses was passed in response to pending legislation in Texas.

The Assembly elected R. Scott Benson, M.D. as the Speaker-Elect and Melinda Young, M.D as Recorder. I feel both will be excellent additions to the Assembly leadership.

The Assembly approved the decision to combine the three Missouri District branches into one. This was rather forced on Missouri by the Board of Trustees.

The Assembly moved to have the Council of Research and Quality Care look into a position opposing Automatic Prescription Refills; as many times this can lead to errors in patients taking too many or the wrong medications.

An action paper was passed asking the APA to advocate for a position that the use of the multi-axial system for the purposes of billing or determining medical necessity is inconsistent with the concept of parity.

The Assembly voted to approve the action paper asking the Board of Trustees to reinstate the Committee of Persons with Mental Illness in the Criminal Justice system. The action paper asked that several ideas be addressed in order to improve and advocate for those with mental illness in the criminal justice system.

The Assembly moved to ask the APA to oppose the current fee structure of the ABPN for initial certification in response to MIT concerns.

The Assembly voted to ask that the APA staff and DSM5 content experts create for district branch use a set of copyrighted, standardized, enduring content of educational materials (eg. slide sets) on the DSM5. The district branches would designate a trainer to then be able to use this information in live training formats to target a full range of local health and mental health providers.

The Assembly passed action papers regarding statements against the death of psychiatric patients from inadequate care in Havana after the tragedy there and against the Uganda anti-homosexuality bill.

The Assembly asked the APA to encourage the DEA to designate compounds that are termed "bath salts" as Schedule I controlled substances.

The Assembly passed an action paper asking the APA to maintain practice guidelines in an up-to-date fashion.

I have greatly enjoyed working with NPS throughout the years. As many of you know, I am leaving Nebraska and taking a new position in Montana. I will greatly miss Nebraska, the NPS, and the APA. I do not plan on being active in the APA until my kids are grown and well into college, but will continue my membership. Even though I do not agree with everything the APA advocates, I do think the APA remains vital for our profession.



Amy Schuett, M.D.

Thank you in advance to everyone who has agreed to accept and treat my patients. ■

### 2012 ABPN Exam To Be Held in Omaha

On May 18-20, 2012, Omaha will host Part II of the American Board of Psychiatry and Neurology (ABPN) examination.

It is expected that approximately 400 candidates, 140 examiners, and approximately 50 other staff will participate. The sites for this examination will be the Omaha VA Medical Center, Alegent Immanuel Medical Center, Lasting Hope Recovery Center, UNMC Michael Sorrell Center and other sites to be confirmed soon.

Patients will be recruited on a voluntary basis. The Board is committed to HIPPA compliance.

Your support for patient recruitment will be appreciated.

Subhash C Bhatia, M.D.  
FACPsych; DLFAPA  
Chief Mental Health & Behavioral  
Sciences Department; VA Nebraska-Western  
Iowa Health Care System  
Professor and Vice Chair for Clinical Affairs  
Creighton University Department of Psychiatry

# Please join us in welcoming the incoming class of PGY-I residents and Child & Adolescent Fellows.

## PGY-I Residents:

### MOJGAN AMANI

is a 2004 graduate of Shahr-E-Kord University of Medical Sciences in Iran. She has been in the United States since mid-2009, primarily in Chicago and Little Rock gaining clinical experience in psychiatry, internal medicine, and family medicine. She has participated in a UNICEF project about child abuse in Iran. She enjoys reading, poetry, movies, traveling, photography, and spending time with family and friends.



### MARIN BROUCEK

is coming to us as a 2011 graduate from the Sanford School of Medicine of the University of South Dakota. She has significant volunteer experience at a free community clinic in Sioux Falls and for five years has been the Moderator for the South Dakota Regional Science Bowl—a quiz bowl for high school competition. Marin is interested in horseback riding and was a horse handler at a therapeutic riding center for the disabled and handicapped.



### NATHAN BRUCE

graduated from the Des Moines University Osteopathic Center this past May. He is from Hastings and did his undergraduate work in psychology at the University of Minnesota-Twin Cities in Minneapolis. During college, he was a crisis and suicide counselor for over two years. Nathan enjoys sports, reading, movies, and spending time with his family.



**ROHIT MADAN** is a board-certified Psychiatrist from India's prestigious Post Graduate Institute of Medical Education and Research, Chandigarh. He has published "A study of P300 Evoked Potentials and its correlates in Early vs. Late Onset Opioid Dependence" and would like to conduct future research in psycho-neurobiology and psychopharmacology. He has also authored a poster, "Parkinsonism and Akathisia with Quetiapine," which he presented at an international conference. He likes to read, listen to music, and travel. He is especially fond of adventure activities like skydiving, bungee jumping, and scuba diving.



### JAMES "JAMIE" CAMPBELL

hails from the San Diego area. He is a recent graduate of the Saba University School of Medicine. Prior to entering medical school, Jamie was a motorcycle patrolman with the Arizona State Police. In his spare time, he enjoys fishing, camping, working on cars, and remodeling homes.



**VARUN MONGA** was already a familiar face at the VA, UNMC, and Community Alliance as an observer. Varun came to Omaha last year with his wife, an internal medicine resident, and did research with Dr. Padala at the VA. Varun graduated from Smt. N.H.L. Municipal Medical College, Gujarat University, India in 2005. He enjoys playing cricket and tennis and listening to Hindi music.



### GREG WIGINGTON

was also another familiar face around Omaha and graduated from UNMC this past May. Greg was a member of the UNMC Psychiatry Interest Group and The Helping Hands Grant Project, a mental health service project funded by the American Psychiatric Foundation. He is interested in research and teaching. Greg was a collegiate golfer and still enjoys playing when time allows.



## Child & Adolescent Fellows

### REKHA VIJAYAN and DHANVENDRAN "DHAN" RAMAR

are husband and wife. They both just completed a general psychiatry residency at Westchester Medical Center of New York Medical College, and are also members of the Royal College of Psychiatrists in the United Kingdom. Dhan learned to swim in 2008 and now enjoys it as his favorite form of exercise. He also likes to work out at the gym and is a keen follower of the stock market and the global economy. Rekha enjoys reading spiritually- and psychologically-minded books, exercising, and cooking. They have a two-year-old daughter Swathi. ■



REKHA



DHAN

# NEBRASKA PSYCHIATRIC SOCIETY

## MEMBERSHIP MEETING

**Tuesday, October 18, 2011**  
**Omaha Marriott**  
**10220 Regency Circle**

6:00 pm – Cash Bar

6:30 pm – Buffet Dinner Served

7:15 pm – Speaker/Meeting

**“Practical Approaches for Optimizing  
Management of Patients with Bipolar Disorder”**

### **ADVANCED RESERVATIONS REQUIRED**

**Please RSVP by October 14<sup>th</sup>:**

Lorraine at 402-393-1415 or lseibel@omahamedical.com

**We look forward to seeing you there!!**

Please consider inviting a colleague to come as well.

#### *ACCREDITATION STATEMENT*

*The University of Nebraska Medical Center, Center for Continuing Education is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.*

*This activity is supported by educational grants from AstraZeneca and Pfizer.*

*1 AMA PRA Category 1 Credit™ will be awarded.*

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# NOW COALITION

FOR BIPOLAR DISORDER



NEBRASKA • OHIO • WISCONSIN



Featuring:

**Caleb Adler, MD**

Assoc. Professor of Psychiatry & Neuroscience  
Co-Director of Bipolar Disorder Research  
Univ. of Cincinnati College of Medicine  
Cincinnati, Ohio

#### **Educational Learning Objectives** **Upon completion of the activity,** **participants should be able to:**

- Utilize available screening tools to improve the diagnosis of bipolar disorder in primary care and mental health settings
- Appropriately apply clinical practice guidelines into the management of patients with bipolar disorder
- Improve coordination of care among primary care providers and mental health specialists for patients with bipolar disorder
- Enhance clinician-patient communication through the use of condition-specific education to improve outcomes and adherence