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PSYCHIATRIC NEWS

NEWSPAPER OF THE AMERICAN PSYCHIATRIC ASSOCIATION

Supreme Court To Decide Case on Group Homes

APA has joined a coalition of organizations asking the U.S. Supreme Court to rule that a local government violates the federal Fair Housing Act when it bars certain group homes from opening in neighborhoods zoned for single-family houses.

The case before the Court challenges a zoning decision by the city of Edmonds, Wash., to prohibit a group home for substance abusers from opening at its chosen site on the basis of a local ordinance that imposes a limit on the number of unrelated people allowed to reside in a single dwelling.

The amicus brief in the case of *City of Edmonds v. Washington State Building Code Council (No. 94-23)*—to which APA recently agreed to become a signatory—argues that the federal Fair Housing Act's provisions regarding discrimination against people with handicaps requires that local governments make "reasonable accommodation" to comply with the act. The legislation's stated intent was "to end the unnecessary exclusion of persons with handicaps from the American mainstream."

Edmonds officials acted on an exemption in the law's wording, however, that allows localities to enforce laws "regarding the maximum number of occupants permitted to occupy a dwelling." Zoning laws on the books in Edmonds impose a limit of five unrelated individu-

See "Group Home," page 26

The Miami Beach Convention Center, site of APA's 1995 annual meeting later this month, is only a short distance from the chic nightlife of South Beach and its Art Deco District. The annual meeting runs from May 20 to May 25.

APA Trustees Approve Manual For Primary Care Physicians

APA's Board of Trustees approved in March the first primary care version of the *DSM-IV* for publication by the American Psychiatric Press Inc. (APPI). The approval came after a lengthy discussion about the manual's purpose and potential uses.

The *DSM-IV* primary care diagnostic manual will be published in September and is designed to improve communication between psychiatrists and primary care physicians and increase recognition of mental disorders in primary care settings.

It also will enhance the role of psychiatrists in training primary care physicians, according to former APA president John McIntyre, M.D., who reviewed the document with Area 2 Trustee Harvey Bluestone, M.D., and recommended its approval for publication. McIntyre told *Psychiatric News* that he has a longstanding interest in the practice of psychiatry in primary care settings, and consultation-liaison psychiatry is a major thrust of his department at the University of Rochester Medical Center in New York.

"This document accomplishes the three goals outlined by the Joint Reference Committee well and represents an enormous benefit to the field," McIntyre told the Board.

He emphasized that the manual is primarily an educational tool that can facilitate psychiatrists' involvement in primary care education, "which is essential in so many ways to our role."

Studies show that primary care physicians often do not detect mental illnesses in their patients. "By increasing the recognition of mental illnesses, patients will benefit," McIntyre said.

APA former president Paul Jay Fink, M.D., opposed publishing the primary care document. "It will only encourage the competition by giving them a stronger basis for making diagnoses and to begin treatment. Primary care physicians in managed care companies do not refer to specialists under most circumstances and have no incentives to do so."

He added in an interview with *Psychiatric News* that family physicians tend to prescribe medications and refer to psychologists and other nonphysician mental health providers for psychotherapy (see story on page 11). "A mental health professional and a family physician do not equal a psychiatrist."

McIntyre responded, "Paul Fink's comments are very important and have been mentioned and discussed extensively in other settings as we moved into the development of the document."

See "Manual," page 28

HHS Considers Reorganizing Structure

The Clinton Administration has challenged the Department of Health and Human Services (HHS) to examine its programs and look for new ways of doing business, according to a March internal memo obtained from Secretary Donna Shalala's office.

One option HHS is exploring is to create a new organization combining the expertise of the Substance Abuse and Mental Health Services Administration (SAMHSA), Health Care Financing Administration (HCFA), and Health Resources and Services Administration (HRSA) and preserve their separate missions, according to Shalala's memo.

Shalala told HHS employees, "Our goal is to provide better service to our customers at a lower cost to taxpayers. We will also be using this process to redefine the mission of HHS now that the Social Security Administration is becoming independent.

"The goal would be to strengthen health, mental health, [and] substance abuse prevention and treatment services through better coordination at the federal, state, and community levels."

She denied reports of a plan to place both HRSA and SAMHSA in HCFA and described the options to be presented to President Clinton as not yet final.

HHS officials held a "Reinventing Government II constituency meeting" last month to discuss the proposed merger. Jay Cutler, director of APA's Division of Government Relations, represented APA. He told *Psychiatric News*, "We are concerned about the demise of a federal agency with a Presiden-

See "HHS," page 20

MANAGED CARE HOTLINE

APA wants to hear from you about managed care—its failures as well as its successes. APA seeks descriptions of specific patient problems, such as access to care, in addition to problems relating to the structure of

1-800-343-4671

managed care systems (such as review criteria and process procedures). Also sought are descriptions of successful managed care systems and practices and situations in which patients have been served well. The information will allow APA to document and challenge inappropriate managed care review trends and make recommendations about practices that work. Call weekdays 9 a.m. to 5 p.m. Eastern time. You may also use it to obtain Medicare reimbursement information.

Early Career Psychiatrists to Get Representation in APA Governance

APA's Board of Trustees voted in March to endorse officially a five-year pilot program that would encourage early career psychiatrists to participate in the Assembly and Area Councils.

APA's Council on Medical Education and Career Development defines early career psychiatrists as "active physician members of APA who are not residents serving in an approved training program, but who are under 40 years of age or are within the first five years of professional practice after residency and fellowship training programs."

At its December 1994 meeting, the Board voted to allocate $28,452 in the 1995 budget for early career psychiatrists. In formally approving the pilot program in March, the Board asked the Assembly to prepare and approve specific procedures to bring early career psychiatrists into the structure of the Assembly and Area Councils.

As outlined, the program calls for one representative and deputy representative to be chosen by each Area Council from those early career psychiatrists nominated by the Area's district branches. In the first year, each Area Council will choose a representative for a one-year term and a deputy representative to serve one year as deputy and the second year as representative. In subsequent years, each Area Council will choose a deputy representative to serve one year as deputy and one year as representative.

A memorandum distributed at the March Board meeting enumerated a number of ideas that emerged from discussions in the Joint Reference Committee, Assembly Executive Committee, and the Assembly Committee on Planning. Among them:

- Include all early career psychiatrists in Association-wide networking efforts.
- Assist early career psychiatrists in networking with each other, and link them with specialty field mentors and appropriate others.

See "Early Career," page 28

PSYCHIATRIC NEWS

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Board Takes Action on Campaigning Violations

At its meeting on March 26 the Board of Trustees accepted a finding by the Elections Committee that a serious violation of election guidelines had occurred in the campaign for president-elect. The Board of Trustees, after considerable and considered discussion, further voted to implement the recommendation of the Elections Committee that notice of the violation be printed in *Psychiatric News*. Subsequently the Board was asked to reconsider its decision and to review if proper procedure had been observed. The Board did assure itself that proper procedure was followed and reaffirmed its decision by a significant majority. You will find publication of the notice immediately following and after that a very forthcoming response from Lawrence Kline, M.D. Dr. Kline's response should satisfactorily bring this issue to a close and allow the Association to go forward in a spirit of collegiality, mutual respect, and professional values.

Jerry Wiener, M.D.
APA President

Statement of the Elections Committee:

The Elections Committee received reports of possible violations of the APA election guidelines during the 1995 election. The committee, in accordance with the election guidelines, investigated these potential deviations, and found that there were approximately nine actual violations. Again in accordance with the election guidelines, the committee reported the results of its inquiries to the Board and recommended that a notice of these violations be published in *Psychiatric News*. The Board approved the committee's recommendation.

The most serious violation that the Elections Committee reported to the Board occurred in a letter sent to 5,000 members by Dr. Lawrence Kline in his role as acting president of the American Association of Private Practice Psychiatrists (AAPPP) on the letterhead of that organization. Despite Dr. Kline's claim to the contrary, the Elections Committee determined and the Board of Trustees concurred that Dr. Kline's letter was a campaign letter in support of Dr. Harold Eist, candidate for President-Elect, and as such, it violated several APA election guidelines. In an effort to protect the integrity of the election process and to deter this sort of campaigning in the future, the Elections Committee recommended, and the Board approved, publication of the notice of these violations in *Psychiatric News*.

The other violations that occurred during the 1995 election were as follows:

- One violation of Section II.A.6.b: Letters must be produced by the person signing the letter. The body of the letter may be produced in any fashion . . .only by the person signing the letter. . . .
- One violation of Section II.B.I: National, Area, and district branch officers. . .shall not use their official APA/Area/DB titles. . .to endorse or support any candidate. Officers may refer to their organizational titles in their letters, but may not sign letters over their titles.
- Seven violations of Section II.A.6.a: Letters. . .are to have individual salutations by name (no "dear colleague," "dear member," "dear friend," etc.)

The Elections Committee wishes to remind all APA members that the Board of Trustees has affirmed that APA elections be conducted under a set of guidelines that prescribe members' and candidates' election-related activities. The guidelines, though imperfect, attempt to provide candidates and their supporters with ways in which to campaign equitably. A summary of the guidelines is published each year in *Psychiatric News* prior to the election; the full guidelines are included in the Operations Manual of the Board of Trustees, and copies are available from the staff liaison to the Elections Committee, Carol Lewis (202-682-6063). Any member wishing to support a candidate should read the guidelines before doing so.

Response of Lawrence Y. Kline, M.D.:

We all must adhere to our election guidelines. At the time I wrote the letter in question, I did not believe that I was violating them. For the past 20 years I have been an active and enthusiastic campaigner for local and national legislative and regulatory initiatives that seek to protect patients' access to appropriate psychiatric treatment. At the time I wrote the letter, I simply viewed it as part of these continuing efforts.

I apologize for any infraction I may have committed. I accept the Board's call for compliance and urge all members to do the same.

AAMC President To Present Convocation Lecture

Jordan J. Cohen, M.D., president of the Association of American Medical Colleges, will present the William C. Menninger Memorial Lecture at the Convocation of Fellows at APA's annual meeting in Miami later this month.

The AAMC, founded in 1876, represents all 125 U.S. medical schools, 400 major teaching hospitals, and more than 90 academic and research societies.

The Convocation will be held Monday, May 22, at the Miami Beach Convention Center.

Cohen came to the AAMC in April 1994 from the State University of New York at Stony Brook, where he was dean of the medical school, president of the medical staff, and director of the University Medical Center. Among his numerous accomplishments there was the launching of an innovative model curriculum emphasizing the changing role of medicine in modern society.

A medical educator for more than 30 years, Cohen has held positions on the medical faculties of Harvard, Brown, and Tufts universities. He has written on medical education, residency training, and the physician workforce. His chief areas of research are acid-base metabolism and renal physiology.

Cohen has contributed his leadership abilities to virtually every aspect of academic medicine. He chaired the Accreditation Council for Graduate Medical Education from 1993 to 1994. He is a former chair of the American Board of Internal Medicine and former president of the Association of Program Directors of Internal Medicine. At the American College of Physicians, he served as vice chair of its Board of Regents and chair of the Education Policy Committee. He was awarded a mastership from the college in 1993.

Cohen began his association with the AAMC as a member of the Council of Deans in 1988 and chair of the Generalist Physician Task Force.

In 1994 Cohen was named a member of the National Academy of Sciences' Institute of Medicine.

Jordan J. Cohen, M.D., will present the Convocation lecture on Monday, May 22, at 8 p.m.

In This Issue

Psychiatry Rises to the Challenge

By Jerry Wiener, M.D.
APA President

So far as my term as president is concerned, this definitely feels like the beginning of the end; transition time is upon us, and I feel at the same time both the tug of reminiscence and the excitement of the upcoming Miami meeting.

As I write this, we and the nation are one week post-Oklahoma City and its nightmare of revenge and retaliation gone totally amok. We share with everyone the horror and monstrousness of the murder and destruction there, but as psychiatrists—at least I speak for myself—we have a particular relationship to such events; first, because we try to understand the origins, motives, and mental structures within which such behavior can occur (not, by the way, either to make pathology of it or provide some *DSM-IV* "defense" for it) and, second, because we have a responsibility to make our knowledge and services available to the survivors and families of the victims. I am pleased and proud to recognize the Oklahoma district branch and the area psychiatric community for their immediate response and provision of much-needed and valuable first-aid assistance (see the next issue of *Psychiatric News*).

It is coincidental that APA and the American Red Cross are in the process of drawing up an agreement and guidelines for the participation of psychiatry and psychiatric expertise at times of disaster—both natural and all-too-often of human manufacture. This agreement will provide a readiness and organizational structure within which psychiatry can respond.

New Administrator at APA

Dr. Melvin Sabshin has announced agreement with Robert Trachtenberg to join APA in the new position of chief operating officer, filling the administrative vacancy left by the resignation last year of Dr. Carolyn Robinowitz. Bob Trachtenberg is an experienced and tested senior administrator who has held many key positions over the course of a very successful career, and we are fortunate to have him join us and join the management team led by Dr. Sabshin.

Psychoanalytic Institutes

The weekend of April 22 and 23 I was privileged to give the luncheon address at the 50th anniversary celebration of my psychoanalytic alma mater, the Columbia Psychoanalytic Center for Training and Research in New York City. The Columbia program is distinguished in many ways, but in particular it was the first and still one of only a few analytic programs to become part of an academic department of psychiatry.

For most of its history, the training programs and institutes of the American Psychoanalytic Association have remained separate and autonomous of academic medical centers, and for a while this was a source of independence, self-control, autonomy, and some strengths. It also provided the American Psychoanalytic with both an accrediting and certifying raison d'être and therefore also a source of great resistance to being taken over, swallowed up, digested, absorbed, and all the other things academic centers are projected to do (although the Columbia, Emory, and Downstate programs seem in reasonably good health). However, since the requirement of a link between analytic training and the M.D. degree was eliminated in the late 1980's, the links between organized psychiatry and its counterpart in psychoanalysis seem destined for increasing distance and eventual severance. This is, or should be, a source of concern for both parties in what has been a long-standing and mutually productive and enriching relationship.

My hope is that new relationships can begin to emerge and develop between academic departments of psychiatry and analytically trained psychiatrist faculty. These should include postresidency educational programs, which will permit and support the valuable contributions of psychoanalytic theory and practice to remain an important part of psychiatry.

The Washington Front

To shift to the national scene here in Washington, D.C., we are active and engaged on a number of fronts: concern about the protection of benefits for mental illness in the state Medicaid waivers, concern for psychiatric services to children and adolescents in various block grant proposals, opposition to psychologist prescribing initiatives at the state and national (DOD) level (the more you know about this program, the more outrageous, wasteful, and shameful it becomes), the rapidly emerging battle over reduction in Medicare benefits in ways that will especially disadvantage mental illness, tort reform (in trouble in the Senate as of this writing), and the battle (another battle) over establishing appropriate liability and accountability for medical decision making by managed care and other payment intermediaries.

Once you begin to touch base and become involved in these various issues, very quickly your plate becomes full and your cup runneth over—so kudos and regards are due for the members and staff involved in APA's Joint Commission on Government Relations and the Division of Government Relations, because it is they who really work on our behalf to make sure that disadvantageous and discriminatory policies do not prevail in Congress and the Administration, and now increasingly at the state level. The Board of Trustees has increased support to the Division of Government Relations to strengthen our ability to work together with district branches on important state initiatives.

Whatever our diversities and differences, we need now to stay the course together as a strong and unified profession with a consistent core set of goals and values, and in that we will prevail.

APA Supports More Funds For IHS

The Congressional budget axe may fall next on the Indian Health Service (IHS), the federal agency that provides direct medical, mental health, and substance abuse services to about 1.4 million American Indians and Alaska Natives.

APA's Assembly Recorder R. Dale Walker, M.D., an expert on American Indian mental health and substance abuse issues, testified before the House Subcommittee on Interior and Related Agencies in March that at a minimum President Clinton's proposed $98 million budget increase for IHS should be retained.

The President's FY 1996 budget for IHS is $2.3 billion, a 4.5 percent increase over FY 1995. This includes a request for $38.7 million for mental health and social services and $96 million for substance abuse services, which is an increase of $2.3 million and $4.6 million, respectively, over FY 1995 levels.

> ***"Not one full-time psychiatrist is assigned to work in any of the IHS addictions programs throughout the country."***

Walker, a Cherokee Indian and associate chief for addictions at Seattle Veterans Affairs Medical Center, urged House subcommittee chair Ralph Regula (R-Ohio) to consider the proposed increase a "strategic investment to prevent the problems from getting worse."

He explained, "American Indians don't have access to adequate mental health care, medications, and substance abuse services. It is clear that if treatment was given to people with mental illness, they would improve and recover, which would in turn increase Indian productivity and self-sufficiency."

In addition, APA "strongly supports the President's proposed increase in funding for urban Indian health," which is $2.4 million more than last year's budget, for a total of $26 million. Walker noted that urban In-

See "Walker," page 30

R. Dale Walker, M.D., testified before a Congressional committee about the Indian Health Service budget. "The need for community-based suicide intervention and prevention programs is very great. . . ."

Psychiatrists Debate Precision of Geriatric Psychiatry

Does geriatric psychiatry medicalize normal conditions of aging?

Geriatric psychiatry made news in the April edition of *Atlantic Monthly* and in a controversial discussion of the subject by psychiatrist Keith Ablow, M.D., who writes a regular column for the *Washington Post*.

The *Atlantic Monthly* article, "Overselling Depression to the Old Folks," and Ablow's piece in the March 7 edition of the *Washington Post*, "Forcing Elderly Patients to Face Reality: Some Psychiatric Treatment May Not Be in the Best Interest of the Patient," both question the growth of a field that treats as disease certain conditions long considered endemic to the aging process.

Ablow, who is acting medical director of Heritage Health Systems in Somerville, Mass., also asserted that growth in the field of geriatric psychiatry stems, in part, from economic incentives related to the fact that Medicare does not manage reimbursement for clinical services as strictly as do private insurers.

To geriatric psychiatrists such as Ira Katz, M.D., of the section on geriatric psychiatry at the University of Pennsylvania, the two articles are glaring and disturbing evidence of a lack of familiarity with advances made in recognizing and treating psychiatric illness in the elderly.

"The reason for the recent growth of interest in the field of geriatric psychiatry is the aging of our population together with increasing research evidence that psychiatric treatment of older adults is effective," Katz wrote in a letter to the editor responding to Ablow's article.

"For example, findings from ongoing NIMH-supported Clinical Research Centers at the University of Pittsburgh, Duke University, and the University of Pennsylvania demonstrate that late-life depression is a treatable illness that amplifies the pain, disability, and health care costs associated with other general medical conditions that are common in the elderly. Moreover, findings from NIMH-supported research at New York University demonstrate that mental health services that support caregivers of patients with Alzheimer's disease can significantly delay the need for nursing home placement."

Katz's letter was joined by a letter to the editor from APA Medical Director Melvin Sabshin, M.D., who also refuted Ablow's comments.

"The baseless assertion that the primary motivation for innovation in geriatric psychiatry research and treatment is financial is completely contradicted by Medicare's miserably low payment for 45-50 minutes of a psychiatrist's face-to-face time," wrote Sabshin. ". . .If anything, Medicare and Medicaid payment rules should be seen as a disincentive to provide medically necessary care."

But to Ablow, who extended his criticisms in an interview with *Psychiatric News*,

See "Geriatric Psychiatry," page 18

Resignation

Kenneth R. Jones, M.D., of Victorville, Calif., resigned from the American Psychiatric Association, the California Psychiatric Association, and the Southern California Psychiatric Society during the course of an ethics investigation.

You're Invited to a Psychodynamic Party

Local Miami Charity to Benefit From Annual Meeting Party

Psychiatrists may have always marched to the beat of their own drummer, but now they can also dance to the beat of their own rock group.

The Psychodynamics—believed to be the world's only all-psychiatrist rock 'n' roll band—will be playing at APA's annual meeting on Tuesday, May 23, from 9 p.m. to mid-

MIAMI

night in the Fontaine Room of the Fontainebleau Hilton in Miami Beach. While admission is free, party goers are invited to make a donation to benefit the Miami Rescue Mission. This charitable organization provides food and other necessities to the homeless and poor in the Miami area.

The party—which has become a social staple at APA's annual meetings—is being partially funded by Solvay Pharmaceuticals. The Medical University of South Carolina, home to some of the band's members, is also underwriting some of the expenses.

The Psychodynamics was begun about five years ago, when Al Santos, M.D., and George Arana, M.D., at the Medical University of South Carolina, discovered that some of the psychiatry department's faculty had musical talent; some had even had earlier careers as professional musicians. The known musicians gathered with their equipment in Arana's basement and auditioned other interested psychiatrists to form the Psychodynamics.

That same basement was the scene for the band's early gigs, and after garnering enthusiastic response, it emerged to perform at Charleston charity events, university parties, and the Charleston-based Spoleto Arts Festival. The group went on to develop three solid hours of dance music and brought their show to APA's annual meetings in New Orleans, Washington, D.C., San Francisco, and Philadelphia.

"Much to our surprise," said Santos, "during the Philadelphia party a faculty member from the School of Music at the University of the Arts in Philadelphia was impressed with our commercial potential and helped us raise funds, rehearse, and record the first four cuts for an upcoming CD release. The proceeds from the CD will go to mental health charity organizations."

In addition to drummer Santos, the current members of the band are John Roberts, M.D., who does the lead vocals; Bruce Lydiard, M.D., Ph.D., vocals and keyboards; Glenn Horres, M.D., vocals and bass guitar; Mark Beale, M.D., and James McKinney, M.D., electric guitar; Tim Brewerton, M.D., acoustic guitar; and Joseph Zealberg, M.D., percussion. Arana is the group's coproducer.

Some band members are on sabattical, and Santos praised them for their energy and enthusiasm that led to the band's earlier success. They are Bryon Adinoff, Dave Nixon, Bert Hutto, Sue Pickrel, Robin Barrineau-Welsh, and Jill Afrin (all M.D.'s).

The Miami Rescue Mission will also receive any leftover food from APA functions at the annual meeting. APA participates in a national program called Network for the Needy, sponsored by the Professional Convention Management Association. As a member of this network, APA arranges for the untouched leftover food from all APA functions to be donated to local charities.

The Psychodynamics, the only all-psychiatrist rock 'n' roll band, will be playing at APA's annual meeting on Tuesday, May 23, from 9 p.m. to midnight in the Fontaine Room of the Fontainebleau Hilton in Miami Beach.

Early Career Members To Meet in Miami

APA's Committee of Early Career Psychiatrists will be hosting a forum, reception, and dinner for early career psychiatrists and graduate residents on Tuesday, May 23, from 6:30 p.m. to 9:30 p.m. at Victor's Restaurant in Miami Beach.

The restaurant is located at 2340 S.W. 32nd Avenue.

Early career psychiatrists—those who are under 40 years of age or are in the first five years of professional practice after residency training—are invited to share their questions and concerns with the committee and network with other early career psychiatrists.

This event is supported by an educational grant from Janssen Pharmaceutica.

New York Governor Criticized for Proposing Community MH Cuts

A budget proposal by New York Governor George Pataki to cut nearly $50 million from state aid to community mental health programs has generated widespread criticism.

As a state senator in 1994, Pataki supported the mental health program that would be hardest hit by his new budget, a fact not overlooked by his critics. In its lead editorial for March 22, the *New York Times* accused Pataki of breaking a promise and engaging in "a fiscally expedient flip-flop."

The program at issue is the 1994 Community Reinvestment Act (CRA), which was designed to provide community alternatives to New York's extensive, costly, and outmoded network of psychiatric hospitals.

"The interesting thing about the Community Reinvestment Act is that it passed unanimously in both houses of the state legislature, something almost unheard of," observed D.J. Jaffe, a spokesperson for the Alliance for the Mentally Ill of New York State and the New York City chapter of Friends and Advocates of the Mentally Ill.

Under CRA, money saved from mental hospital closures was slated for treatment and housing in the community. Some funding was starting to go to that purpose, said Jaffe, but would be sharply curtailed if the Governor's budget becomes law.

New York is highest nationwide on per capita spending for mental health, according to the National Association of State Mental Health Program Directors, a statistic that Pataki's supporters have noted in defense of the Governor's budget.

According to the New York State Office of Mental Health (OMH) fiscal 1995-96 budget summary released in February by then Acting Commissioner William Morris, Ph.D., the bulk of the proposed cuts would come in local aid reductions. The proposal was slated to go into effect April 1 but at press time was running into trouble.

A high-ranking OMH official who agreed to comment only on condition of anonymity said the Pataki budget appears to undermine the intent of the CRA and could portend an alarming abandonment of community alternatives to high-cost hospitalization.

> ***"The sad part of it is, the more they abandon community-based treatment, the more untreated people there are in the streets, and the more the communities resist community-based services."***

"The reinvestment legislation was really a landmark piece of legislation that, for the first time, established a legal requirement that money freed up by deinstitutionalization follow the patient into the community," the official said. "It required for the first time that money be used to create alternative mental health resources in the community. The proposed reduction would certainly have an impact by decreasing available community resources and, if it represents the first of a series of further reductions in this critically important reinvestment process, is an alarming signal."

One of the harshest directives in the proposed budget would cap Medicaid funding of inpatient care at 60 days a year regardless of need, said Jaffe. "They are cutting real programs in exchange for the myth of things to come," he asserted.

Pataki's defenders point to the state's $3 billion budget deficit and contend he is merely facing harsh fiscal realities. They note that over the last two years expendi-

See "New York," page 18

APA 'Contract' Focuses on Rights of America's Children

Echoing the G.O.P.'s 10-point "Contract With America," APA's Board of Trustees voted in March to sign on to a 10-point "Contract With America's Children."

The contract focuses on defending the health and well-being of children. David Pruitt, M.D., who chairs the Council on Children, Adolescents, and Their Families, asked the Board to sign onto the council's contract. The text is below.

1. **Children First:** We promise to consider children's needs and well-being first and foremost in evaluating health and welfare reforms, or any other national policy.

2. **Healthy Children:** We promise to ensure that all children get the basics they need to grow up healthy.

3. **Capable Children:** We promise all children the chance to realize their potential, and we expect all parents to join in the promise by becoming active partners in their child's education.

4. **Safe Children:** We promise to reduce the exposure of children to violence—on television, on our streets, and in our homes—and to educate the public about the risks of firearms.

5. **Families Together:** We promise to support marriage, help families stay together, and help young people understand the responsibility of parenting.

6. **Working Families:** We promise to help working families stay out of poverty.

7. **Fair Chance:** We promise to support a family's efforts to get ahead by making sure that continuing education and job training are available to people of all means.

8. **Value Youth:** We promise to provide young people with places to go and things to do that will help them become responsible members of our society.

9. **Community Responsibility:** We promise to do our part in our own communities to support all children's healthy development.

10. **Leadership Accountability:** We promise to hold our elected leaders accountable for their responsibilities to safeguard the future of America's children.

CDF Statement

In a related action, the Board also approved signing onto a statement from the Children's Defense Fund (CDF), titled "Statement for Children."

Although the Board ultimately approved signing onto the statement, there was considerable controversy over what some members viewed as the statement's unrealistically idealistic nature.

The CDF has organized a coalition of child advocacy organizations to pressure legislators to consider the impact of current federal legislative proposals on children. At the time of the March Board meeting, the CDF was circulating the statement with the goal of getting 200 to 300 organizations to offer endorsements prior to sending a copy to every governor and member of Congress.

The statement says, in part, that a safety net developed over 50 years to protect "young and other vulnerable Americans" is in jeopardy as a result of recent federal legislative action. A particularly controversial part of the statement criticized the concept of a balanced budget amendment, stating that approving such an amendment would be tantamount to abandoning the federal commitment to children and middle income and poor families with children. APA President Jerry Wiener, M.D., suggested that the balanced budget amendment, while problematic, represented a sober attempt to deal with a ballooning deficit and did not deserve blanket condemnation.

The CDF statement was finally approved with one Trustee opposing.

Board Votes to Continue Funding Capitation Study

The APA Board of Trustees voted last month to provide further funding for a study on capitation by the actuarial firm Milliman and Robertson, adding $25,000 to a $30,000 allocation the Board approved in December.

When the study is completed, "it will help our members to understand what they're buying when they sign on to a capitation agreement that can vary from 50 cents per patient per month to $5 per patient per month," said former APA president Paul Jay Fink, M.D., who also chairs APA's Council on Economic Affairs.

HMO's make most of their profit in mental health services "by reducing the capitation in mental health to almost zero," Fink said. The completed Milliman and Robertson study will provide an important negotiating tool for psychiatrists confronting such unreasonable capitation schedules under managed care, Fink said.

APA's initial $30,000 allocation covered development of capitation standards for the commercial market, excluding Medicaid and Medicare populations. The additional funding expands the study to the Medicaid and Medicare populations. The study will look at a model based on set payments per patient per month for various scenarios of service, explained APA Secretary Steven Sharfstein, M.D.

The criteria on which the firm is basing the study were determined by APA as those necessary for a satisfactory level of mental health services, said Fink. Some members had expressed concern about standards that Milliman and Robertson developed independently assuming extremely meager psychiatric benefits.

An interim summary of the data provided by Milliman and Robertson since the December meeting will be available shortly, said Fink.

New Psychoanalytic Postgraduate Program

The department of psychiatry and behavioral sciences at George Washington University Medical Center in Washington, D.C., is offering a two-year postgraduate program in psychoanalytic psychotherapy for psychiatrists.

The program, which begins in September, will offer advanced training in the theory and technique of psychoanalytic psychiatry and will include weekly seminars and weekly individual supervision.

Further information and applications are available by calling (202) 994-4081.

Philadelphia Psychiatrists Want Their Freedom

By Mark Moran

Progressive Health Solutions is an endeavor by two Philadelphia psychiatrists to take managed care back from the managed care companies and do it right.

PROFILES *in practice*

The failure of political efforts at national health system reform last year has made clear what some policy analysts have been saying all along: that the driving force behind changes in the health care delivery system is the marketplace.

It is the marketplace—where an ever-increasing demand for medical and health services is met by the diminishing ability or willingness of employers and insurance companies to pay for those services—that is causing the private practice of medicine to give way to larger organized structures. Those structures demand uniformity at the expense of autonomy, but promise to delivery quality with more efficient use of resources.

Can psychiatry adapt to this 21st century vision of group practice in organized systems of care?

Two Philadelphia psychiatrists, Richard Sobel, M.D., and Fred Baurer, M.D., are betting that it can—or at least that the profession has no choice but to try.

Like a number of psychiatrists in every region of the country, Sobel and Baurer have begun the effort to take back their practices from intrusive managed care companies by forming their own provider-owned mental health network.

Progressive Health Solutions—owned by Sobel and Baurer, six psychologists, and two social workers—will offer a full continuum of mental health and substance abuse services to populations throughout the five counties of greater Philadelphia and the Delaware Valley.

It is a venture, they say, in trying to take managed care away from the managed care companies and do it right.

"We are 10 mental health providers who came together last year with the same concerns as we watched the HMO penetration in Philadelphia grow about as fast as anywhere in the country," Sobel told *Psychiatric News*. "Our choice seemed to be either to play catch up and try to get on provider panels and watch ever-decreasing fees, or try to form our own anchor group for larger managed care organizations and try to get contracts with local industry."

Negotiations with those managed care companies and local employers are ongoing. The group was negotiating with several managed care companies when *Psychiatric News* went to press, and Sobel said he believes that Progressive Health Solutions will be up and running before the year is out.

The group has already recruited a network of about 100 providers throughout the area, Sobel said, including 12 psychiatrists.

Baurer emphasized that the organization is an experiment to take on the task of managed care with a clinician's eye to quality, in place of the corporate eye to the bottom line.

"I'm not opposed to the idea that care can be managed," he said, "but I'm very much opposed to the way it is being done across the board, with a heavily corporate model. This group provides an experiment to see if [managing mental health services] can be done right.

"I think as clinicians we are in a much better position to try to take the task on with the objective of providing quality, because as clinicians we know what quality is," Baurer said.

"One of the things that is very important to me about this is that rather than feeling like an employee of a managed care company, what we are trying to do is take charge of the situation," he said.

Sobel said the group will be pursuing both fee-for-service and capitated arrangements, although he added that as a start-up group, the owners have been advised to enter into capitation cautiously.

Hurdles of Capitation

The ability to manage costs within a budget, as in capitation, requires that a provider organization have a good idea of what its costs will be—something that can be difficult for a new organization.

"Until you have your system in place, capitation can be tricky," Sobel said. "You can't even estimate what your costs will be, so we have been advised to stick with fee-for-service initially."

But Sobel said the group's first priority will be to aim high for quality, not low for cost savings.

"We are trying to position ourselves for what we think will be a backlash against the 'Therapy 'R' Us' or 'McTherapy' trends," Sobel said. "We are a clinician group, so our bottom line is quality. . . . We may not always be the cheapest care, but we recognize the need to be cost conscious."

Sobel and Baurer said they believe that they can persuade employers that higher quality care will be a better value in the long run.

Sobel said, "We want to be able to say to employers: 'You can hire bachelor-degree therapists, but do your employees really benefit? Are your employees really getting better with five visits or less?'"

"In the short run you can save money," Sobel said, but only at the expense of long-term value.

Sobel said Progressive Health Solutions will offer inpatient, outpatient, substance abuse, employee assistance, and worker's compensation services, while performing all quality assurance and utilization review.

He also said he foresees the time when the organization will offer in-home services. "This is a wide open area," he noted. "It is a service for people with psychiatric illness but who for various reasons cannot get to their appointment, or where the major problem is what is happening in the home."

Both Sobel and Baurer say that this new model of care is no minor shift of wind and weather around of the furniture, but a veritable sea change in priorities as well as a significant upheaval in their own professional lives.

"It requires a real change in orientation," Baurer said. "There has always been a business side to practice, but to think about what employers are looking for and to think about how to market services require a whole new mindset and new skills.

"One of the things that I and other clinicians have to overcome is the idea that business is somehow tainted, that it denigrates our identity as clinicians," he added. "You have to take responsibility for asking the hard questions about cost-efficiency and what kind of care is necessary. . . . You can't blame someone else if you take responsibility for utilization review."

Whole New World

Each of the 10 owners has logged a lot of what Sobel calls "sweat equity."

This has meant expenditures of time, attending conferences to learn the ropes of administering an organized system of care, and negotiating with attorneys, consultants, and accountants.

It has also meant an investment of personal money to cover start-up costs.

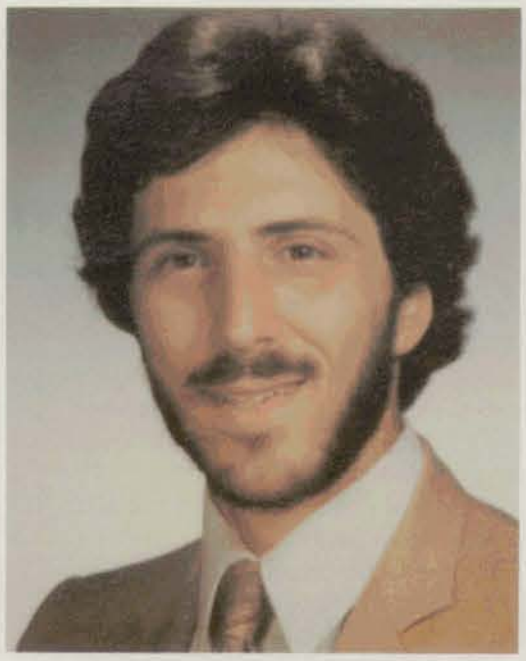
It is a "hard transition," Sobel said, involving a lot of growing pains. And it is one that may be especially difficult for psychiatrists.

"People in our profession aren't trained with the idea of working in partnerships," he said. "You come into the field with certain expectations about what your professional life will be like, and then you have to change them."

See "Profiles," page 29

"I'm not opposed to the idea that care can be managed, but I'm very much opposed to the way it is being done across the board, with a heavily corporate model."
—Richard Sobel, M.D.

"I think as clinicians we are in a much better position to try to take the task on with the objective of providing quality, because as clinicians we know what quality is."
—Fred Baurer, M.D.



Board Approves Member Vote To Change Referendum Process

The Board of Trustees voted in March to approve an amendment to the APA Bylaws for presentation to the membership to alter rules that allow members to force an immediate referendum by a vote at the Annual Forum session of the Business Meeting.

The Business Meeting is held each year at the annual meeting.

The action to amend Chapter 12.2 of the Bylaws was the aftermath of an unsuccessful effort at last year's Business Meeting in Philadelphia to have APA hold an immediate referendum on the Association's abortion policy. Although the action failed, the Board of Trustees was concerned at the potential cost of such a special referendum, which would require printing and mailing ballots to all APA voting members.

The proposed amendment would require a vote on the next annual ballot in conjunction with APA's election.

The new provision reads: "Proposals about the affairs of the Association, and any old or new business, may be introduced and voted on by a two-thirds majority of the voting members present except to reverse an action of the Board or Assembly. To reverse an action of the Board or Assembly, a two-thirds majority of the voting members may call for a vote on the next annual ballot, and this shall require a mail ballot to be circulated and reported prior to the fall meeting of the Assembly. In matters other than a Board or Assembly action, a simple majority of voting members present may initiate the referendum process as described in Chapter Seven, Section 6, of these Bylaws."

The proposed amendment must now be read and circulated at the Business Meeting to be held at the annual meeting later this month in Miami and will be placed on the 1996 APA ballot for a vote.

In other action, the Board

- voted to authorize APA's working with the American Academy of Child and Adolescent Psychiatry (AACAP) on membership recruitment. This pilot project would permit APA members to join AACAP for the first year for half the annual dues, and would permit AACAP members to join APA for the first year for half the annual dues, not applying to district branch dues. The offer would not apply to residents.
- voted to authorize APA membership in the National Leadership Coalition on AIDS. This action ratified an executive action taken by the president, speaker, and medical director to authorize APA membership in the coalition at a cost of $500 a year in dues.
- voted to authorize the Office of Research to seek outside funding through the New York State Psychiatric Association for a grant from the New York State Department of Health. This action ratified an executive action taken by the president, speaker, and medical director for a project titled "Improving Quality of Care for Depression Through Clinical Practice Guidelines: A Patient and Clinician Targeted Approach."
- voted to change the way in which appointments and reappointments are made to the Board of Directors of the American Psychiatric Press Inc. (APPI). The changes had been proposed at the APPI board's last meeting in February. They permit the APA Board of Trustees to select a director from one of two nominees presented by APPI, although a sitting director eligible for reappointment may be presented as the only nominee. The APA Board of Trustees will choose the APPI directors, when needed, at the Board of Trustee's spring meeting with the appointments effective until the close of the APA annual meeting the same year.

APA Library Director Takes New Post

APA Library and Archives Director William E. Baxter left APA May 5 to accept an appointment as head of special collections at the Smithsonian Institution in Washington, D.C.

In his more than a decade on the staff of the APA Library and Archives, six years of which he served as director, Baxter presided over the computerization of APA's archives and library services. Using private contributions, he established the Garfield and Helen W. Tourney Rare Books Room in March 1994. He also played a central role in organizing APA's 1994 sesquicentennial celebration.

In his new post he will be the chief librarian of the Smithsonian's collection of 40,000 rare books and manuscripts.

Position Statement Still in Works

APA's Board of Trustees voted in March to continue development of two draft papers on the Association's evolving position on psychotherapy.

Drafts of the papers were presented to the Board by Assembly Speaker Norman Clemens, M.D., on behalf of the Committee on the Practice of Psychotherapy. The Board voted to "receive" the drafts as "a work in progress for further consideration by the components of the Association."

The Board had asked Clemens to further refine an earlier position paper he circulated at the December Board meeting. At that time the Board voted to refer Clemens's paper to the Committee on the Practice of Psychotherapy, the Joint Reference Committee, and the Assembly Executive Committee.

Clemens said he had expected the position papers to serve as internal resource documents for members, not as an official position statement for general use.

But others, such as former APA president Paul Jay Fink, M.D., suggested that APA should develop both an internal, resource document and an official position statement.

Area 7 Trustee Robert George, M.D., a member of the Joint Commission on Government Relations (JCGR), said the documents lacked footnotes and specifics.

"The JCGR reviewed these for what the purposes were, and we had real concerns that there was not a clear document—it didn't show the footnotes, it didn't show the specifics, it didn't give enough detail to be useful for anything in a meaningful way outside of the organization," said George.

"Certainly there's a place for having something that speaks to the importance of psychotherapy, but to be done like a [scholarly] paper would be done."

The JCGR also recommended that APA develop "a one-page bulleted broadside for broad distribution using the key pieces as to why psychotherapy is important," said George.

Psychologist Urges Colleagues to Collaborate With Primary Care Physicians

Such collaboration will not compensate for lack of medical training, rebuts APA official.

Greater collaboration between psychologists and family physicians, utilizing the biopsychosocial model first proposed by internist George Engel, M.D., is becoming both necessary and professionally advantageous to psychologists.

So says psychologist Susan H. McDaniel, Ph.D., in the article "Collaboration Between Psychologists and Family Physicians: Implementing the Biopsychosocial Model," in last month's edition of *Professional Psychology: Research and Practice.*

McDaniel's article was part of a special section titled "Psychological Consultation With Primary Care Physicians," which pointed out that primary care physicians are the major providers of mental and behavioral health services in the country, and that one-fourth of all health care visits in primary care are for mental health problems.

That trend is likely to continue, with managed care increasingly requiring patients to enter the health care system through their primary care physician, the journal notes.

The trend is prompting heated competition among mental health providers to become part of networks and organized systems of care. And last month APA Trustees approved the *DSM-IV Primary Care* manual, which some psychiatrists say will enhance collaboration with primary care physicians and increase referrals to psychiatrists. Others, however, say the manual may ultimately help the competition (see page 1).

Is the psychologists' move toward greater collaboration with primary care physicians a competitive challenge to psychiatry?

Ronald Shellow, M.D., chair of APA's Joint Commission on Government Relations and chair of the AMA's Section Council on Psychiatry, said that psychologists' recognition of the medical model is laudable, but not unlikely to compensate for lack of medical training.

"I applaud this," Shellow told *Psychiatric News,* who added that he had not read the article by McDaniel. "They should be trying to get involved and learn the biopsychosocial model of illness. I'm gratified that after all these years of denigrating the medical model, they are coming around.

"I suspect their motives are economic, rather than professional," he added. "Psychiatrists have always had the biopsychosocial model, and we are at a distinct advantage in at least two ways," Shellow said. "The first is that we have gone to medical school and we speak the same language as other physicians.

"The second is that the discipline of medical diagnosis and treatment is very different" from what psyhchologists know how to do, Shellow added.

"It is much better for internists and family physicians to consult with psychiatrists because it is an easier consultation," he said. "So while I would say it is important for psychologists to learn the biopsychosocial model, without the medical discipline they are at a distinct disadvantage."

McDaniel, in her article, noted some of the barriers to collaboration with primary care that the psychological profession must overcome.

"We must support the physician's relationship with the patient whenever possible and respect the continuity that is characteristic of the family physician's (and not the psychologist's) relationship with patients," she notes. "This approach, and a collaborative rather than authoritarian style, avoids inappropriate conflict over 'ownership' of the patient. In addition, we must offer the brief system interventions that make us at-

See "McDaniel," page 29

Punishment?

Since psychotherapy is one activity in which psychiatrists engage, and since "counseling" is frequently used more or less synonymously, we have an interest in its use. For some time I have been smoldering from newspaper reports of counseling prescribed by one or another judge. When did counseling acquire a punitive significance?

What prompts this letter is an item in the March 30 *New York Times* headed "Army Says It Will Punish Nine Rangers." The nine were involved in the deaths of four officers who had been immersed too long in cold water as part of a supposedly supervised training operation. We are told that "punishment could range from counseling or letters of reprimand to removal from duty."

The details of the incident are complicated, including a rescue helicopter delayed for lack of fuel and a cable that broke and dropped a man 15 feet to the ground, but probably the human deficiencies can be summed up as lack of training, poor judgment, or negligence. I wonder which of these three deficiencies can be helped by counseling.

John L. Simon, M.D.
New York, N.Y.

Videotaping Inevitable?

I believe Dr. Eli Einbinder's novel idea of videotaping short segments of some psychotherapy sessions (without sound?) is inevitable. Furthermore, given our sad litigious climate, I'm betting that many other disciplines and businesses will employ electronic "eavesdropping" to varying degrees as the number of lawsuits swells to grotesque proportions.

We're witnessing a sad state of affairs: Trust has vanished, so unfortunately such sophisticated protection as videotape documentation will become mandatory (and its critics irrelevant).

"False memories" and accusations give us therapists reason to start planning for this installation pronto. Add on the age-old possibility of actual "assaults" and the indications for this "space-age remedy" become abundant.

To again reassure dissenters from this new insurance, Dr. Einbinder explains that there is no intent to record sessions, just to "check in" for brief, interspersed moments. Audio could be optional, as could an "alarm" or a "notification" component (to a secretary/witness or even to a security office?). Perhaps one trigger to activate the system could be one person arising from his or her seat in the therapy setting or a certain volume of sound or speed of movement.

I am among the many who feel grateful to Dr. Einbinder for his persistence in promoting this momentarily unpopular but eventually necessary innovation.

My cohorts and I have had some close scrapes with our judicial Big Brothers and nearly faced their "jury" (composed *not* of our peers). Have you yet?

J. Rich Lashley, M.D.
Columbia, S.C.

Psychiatric News invites readers to submit letters not more than 500 words long for possible publication; because of space constraints, shorter letters have a greater chance of being accepted for publication. Submission of a letter implies consent for publication unless otherwise indicated. All letters are subject to editing to meet style, clarity, and space requirements. Receipt of letters is not acknowledged.

Abortion

In her letter to the editor in the January 20 issue, Dr. Patricia Wesley espouses that APA change its policy on abortion to one of "neutrality." I had understood that the policy was neutral on abortion. On this matter of individual moral and religious belief, it would be most inappropriate for APA to take a position for or against.

With respect to a quite distinct and separate issue, that of whether a woman may choose what shall happen with her own body and be free from intervention by the state's using its powers to enforce the beliefs of one segment of its citizens upon others, I believe it proper for APA to take a stand. For the state to restrict freedom of conscience is detrimental to the welfare and health of society—a plague upon democracy—and it is desirable that APA take a stand against it.

Jim Hood, M.D., Ph.D.
Camarillo, Calif.

This letter supports the sound professional, legal, and moral statement of APA's Board of Trustees on reproductive rights. The legal status of abortion has been affirmed by the U.S. Supreme Court. The professional contribution arises from our responsibility to provide relief of pain, physical and psychic, according to accepted standards. The current state of gynecological and psychiatric practice meets those standards. The debatable issue is on the question of morality, for morality is not necessarily a single standard.

Concepts of morality may and do vary from culture to culture, from nation to nation, and within nations according to variations in value systems. In our culture individual choice and responsibility have a very high value. Is the pain of an unwanted pregnancy less than the immediate extinction of an embryo or fetus that has no consciousness and no awareness of its existence? Is it a higher morality to insist that a female (for we are speaking not only of women but of teenage and sometimes pre-teen individuals) is a prisoner of her gender and must carry through a pregnancy that may be unplanned and unwanted and often the result of ignorance, impulsiveness, intimidation, force, submissiveness, or dependency seeking, to mention just a few factors?

What morality is it that gives mates the right to insist on females carrying through nine months of pregnancy and providing many years of care and support for the unwanted child? What morality justifies the deprivation experienced by an unwanted

See "Letters," page 23

APA Wins Federal Contract for AIDS Education

Funds Will Allow APA to Educate More Psychiatrists on Mental Health Aspects of AIDS

The federal Center for Mental Health Services (CMHS) has awarded APA a three-year contract that will allow its AIDS Education Project to expand its education and training programs on the psychiatric aspects of HIV-related illnesses.

The AIDS Education Project recently completed the development of a curriculum on neuropsychiatric and psychosocial considerations in HIV disease and provided training for nearly 4,000 psychiatrists.

It also trained psychiatrists to return to their communities to serve as local resources on the mental health aspects of the AIDS epidemic and to train others on critical HIV-related issues.

> ***"Our goal is to see the curriculum being used by every psychiatric training program by the end of three years."***

The new contract, at $150,000 for 1995 and an identical amount for each of two additional years if CMHS exercises its renewal options, builds on the project's earlier work. However, it provides 25 percent less money than the previous phase, pointed out project director Carol Svoboda.

As a result of the cutback, the project's staff and steering committee will no longer sponsor and conduct on-site training conferences, but will coordinate education and training programs using the psychiatrists they have already trained throughout the U.S. The project plans to continue its popular AIDS education programs at APA's annual meeting and Institute on Psychiatric Services.

"We think we have found a way to get the most bang for the buck," Svoboda said. "We will provide the technical assistance to help these people help themselves through the network of psychiatrists we've already trained in communities across the country and with the curriculum materials we've developed."

The shift from providing direct education and training to coordinating these activities at the local level reflects the success of the project's early phase, said psychiatrist Melvyn Haas, M.D., associate director for medical affairs at CMHS.

Education on the mental health aspects of AIDS "has come a long way in the last few years," he said in an interview. "The first contract [with APA] assured that psychiatrists in underserved and rural areas were given educational opportunities similar to those available in urban areas. There are now few areas of the country without this type of expertise."

Cultivating Local Expertise

CMHS believes that future educational and training opportunities will be more successful if the psychiatrists attending them "identify with local experts," Haas noted, "and when calls for assistance or visits become local rather than long distance."

He added that the reason the new contract is for a funding level 25 percent below the previous project is the government's goal of expanding the education effort on mental health issues in AIDS and HIV to social workers and nurses. CMHS had previously awarded contracts to APA and the American Psychological Association, but some funding will now go the National Association of Social Workers and the American Nurses Association.

Under the new contract, the AIDS Education Project will establish a national network to link psychiatrists and mental health professionals with a host of AIDS-related resources, including referral sources, training programs, educational materials, community organizations with AIDS expertise, and lists of HIV-related projects undertaken by other mental health disciplines, she noted.

One of the earliest tasks for Svoboda and AIDS training coordinator John Andriote is to contact the approximately 2,500 psychiatrists who indicated on APA membership surveys that one of their clinical interests is AIDS and HIV.

"We plan to question them about their interest in serving as an AIDS resource at their facility or in their local community," she said.

The AIDS project also will be expected to develop instructional materials that will make it easier for specific groups to adapt its two existing curricula—the AIDS Training Curriculum and HIV-Related Neuropsychiatric Complications and Treatments—to the unique requirements of their community or facility. Psychiatry residency directors will, for example, be shown how to integrate the information into their training programs. Primary care providers will find a road map to learning about psychosocial and neuropsychiatric facets of HIV illness, and psychiatrists will find keys to making their clinical services more valuable to HIV-infected individuals and family or friends who are touched by the disease, Svoboda explained.

Emphasis on Residency Training

"A significant phase of the new contract will be a big push to get all psychiatry residency programs to incorporate the AIDS education curriculum into their training," she pointed out. "We plan to enlist a select group of advisers who will help us turn our didactic curriculum into a format that will be more appropriate for use in residency training. We are thinking of ways to add clinical case discussions to our training format, for example."

Once the expanded training materials have been developed, they will be tested for one year at four or five training sites and then evaluated for effectiveness and satisfaction.

"Our goal is to see the curriculum being used by every psychiatric training program by the end of three years," she noted.

Psychiatrists who want to obtain additional information about the project or discuss joining the new network can contact the APA AIDS Program Office, 1400 K Street, N.W., Washington, D.C. 20005; (202) 682-6104. —K.H.

The Centers for Disease Control reported that 401,749 individuals had been diagnosed with AIDS in the U.S. as of June 1994, and 243,423 people had died of the disease.

Bloom Named Editor in Chief of *Science* Magazine

Neuroscientist Floyd Bloom, M.D., chair of the department of neuropharmacology at the Scripps Research Institute in La Jolla, Calif., has been named editor in chief of *Science* magazine.

Bloom, one of the most widely published and cited neuroscientists, took the helm of what many consider the world's leading peer-reviewed general science magazine on May 1. He is the third psychiatrist to hold the position, according to Carolyn Martin of the American Association for the Advancement of Science (AAAS), which publishes the magazine.

The other psychiatrists were James McKeen Kattell, M.D., from 1895 to 1945, and Dael Wolfle, M.D., who was acting editor in chief for one year in 1955.

Despite his achievements, Bloom is humbled by his new position.

"My first move is to keep [the magazine] as good as it is before worrying how to make it different," he commented. "It is the winner's circle that all active scientists aspire to enter. It has very high criteria for what makes a paper a *Science* paper. We want to continue that courageous opportunity of detecting novel findings, perhaps findings that don't agree with current dogma. And that's true regardless of the field—whether it's astrophysics or psychoanalysis. We'd be pleased to have more papers dealing with social-behavioral subjects submitted."

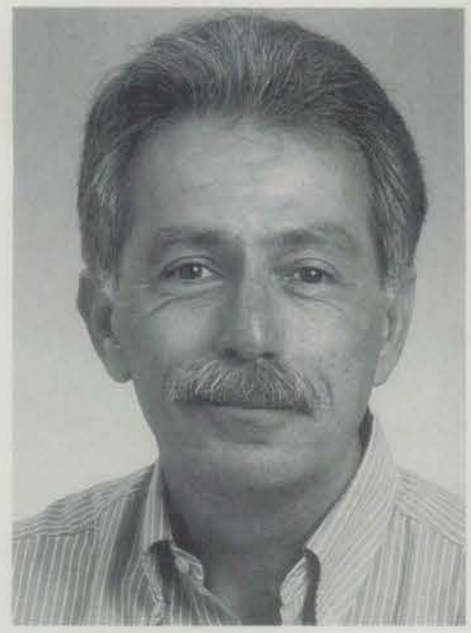
While many journals accept 20 percent or more of papers submitted, *Science*, on average, accepts about 10 percent, Bloom observed.

"*Science* is a magazine for all of science," he commented. "It is the only weekly with the size of coverage it provides. Nearly 200,000 read it each week. There's a tremendous voice there for both the news of science and the science that's making the news."

As editor in chief, he will be dedicated to strengthening all of science, said Bloom. By so doing, *Science* cannot help but contribute to greater understanding of neuroscience and psychiatry, he said.

"I always viewed science from the perspective of what it could contribute to my understanding of neuroscience. The stronger all of science is, the stronger my role [as a neuroscientist] will be."

Bloom sees several key issues confronting neuroscience and psychiatry. "Right now the major clinical neuroscience problems we face are AIDS, Alzheimer's, and the addictive disorders," he asserted. "Those are built on the foundation of a major continuing health care problem arising from affective disorders and schizophrenia. When I then try to see where will neuroscience go to help solve those problems, it seems to me there's a major opportunity here to contribute to the world's health by focusing our efforts on these problems, by developing better animal models for these disorders, and by devising novel medications to treat them once they can be diagnosed. In my view the scientific contribution will come from earlier and earlier diagnosis of the people who are vulnerable to these diseases, and that may require new physical means to image the brain in its operations."



Floyd Bloom, M.D.: "There's a tremendous voice there for both the news of science and the science that's making the news."

The interplay between technology and neuroscientific psychiatry is promising, said Bloom. "If we look back 10 years ago, PET [positron emission tomography] was barely making headway, and magnetic activity recording of the brain was not possible. One wonders what new physical principles engineers might develop to provide a finer grained picture of the brain in its operations."

One of the privileges of the editor-in-chief is the opportunity to shape the global scientific debate through the editorial column in the beginning of each issue of *Science*. "At the moment I'm in the open-eared, listening mode," said Bloom. While he will wield his own pen on many occasions, he will not hesitate to have guest editorials when he believes that someone else is better informed about a hot topic of the day, Bloom said.

In a discipline where public policy is often shaped by the skill with which scientists are able to make the public understand complex subject matter, Bloom has developed a reputation for making the complex comprehensible. His work has helped bridge the gap between biology and behavior, advancing the frontiers of psychiatry and neuroscience.

The recipient of many research awards, Bloom was responsible for the first demonstration of a brain synaptic action attributable to norepinephrine and the first mapping of pituitary and brain endorphin peptides.

Bloom brings more than three decades of neuroscience research and writing to the post. His curriculum vitae runs 69 pages, including 65 pages of publications. He has served and continues to serve on the editorial boards of a number of prestigious publications, including *Science*, *Biological Psychiatry*, and the *Journal of Pharmacology and Experimental Therapeutics*.

His selection capped a year-long search to replace retiring editor-in-chief Daniel Koshland Jr., Ph.D., a microbiologist. Koshland is returning to full-time research at the University of California at Berkeley.

With 143,000 subscribers, the magazine has the largest paid circulation of any scientific journal. It was founded in 1880 by Thomas Edison.

One of Bloom's first initiatives will be to create electronic access to *Science*. At present there is none, Bloom said. He envisions a subject-friendly data base that transcends the content of any single issue of the magazine.

—R.B.K.

Award Lectures at Annual Meeting Feature Distinguished Leaders

Nine APA award winners will be presenting lectures at APA's annual meeting later this month in Miami.

Here are a list of the award winners and a brief description of the lectures they are presenting. (The time and location of each lecture will appear in the annual meeting program book to be distributed in Miami.)

Boris M. Astrachan, M.D., Administrative Psychiatry Award Lecture: Astrachan is a professor and head of the department of psychiatry at the University of Illinois in Chicago. In his lecture, titled "Learning to Breathe Underwater: Educating Psychiatric Leaders for the 21st Century," Astrachan will point out that the challenge for educators at a time when psychiatric practice is undergoing fundamental changes is to teach about the nature of those changes while remaining rooted in the values and constants of the profession. The challenge for psychiatric leaders is to maintain their focus on the patient as technologies and paradigms change.

June Jackson Christmas, M.D., Solomon Carter Fuller Award Lecture: Christmas is the founder, chair, and interim director of the Urban Issues Group, a research institute conducting policy analysis from the perspective of New Yorkers of African descent. She is also a clinical professor of psychiatry at the Columbia University College of Physicians and Surgeons, professor emeritus of behavioral science at the City University of New York, and a practicing psychiatrist. In her lecture, "Can Psychiatry Serve Tomorrow's Black Families: Challenges for a Profession in Transition," Christmas will emphasize that black psychiatrists must be more involved in public policy and that policies must reflect the needs of urban black communities.

Prakash N. Desai, M.D., Oskar Pfister Award Lecture: Desai is a professor of psychiatry and associate dean of the College of Medicine at the University of Illinois, Chicago. He is also chief of staff at the Veterans Affairs West Side Medical Center in Chicago and chair of APA's Caucus of International Medical Graduates. Desai's lecture is titled "Taking the Psyche Out of Psychiatry: The Case of Hindu Medicine." He will present an historical and cultural overview of ancient Indian medicine as a case example of what happens when the psyche is taken out of psychiatric medicine.

Laurie M. Flynn, M.A., Patient Advocacy Award Lecture: As executive director of the National Alliance for the Mentally Ill since 1984, Flynn has been instrumental in building an organization that now provides support and advocacy services to 140,000 mentally ill individuals and their friends and families. In her lecture, Flynn will address the issue of providing services and treatment for people with mental illness in a world of managed care. She asserts that it is time to focus energies on trying to shape the emerging health care systems to suit patients' needs and protect their rights rather than resist the changes already taking place.

Leston L. Havens, M.D., Benjamin Rush Award Lecture: Havens is a professor of psychiatry at Harvard Medical School, principal psychiatrist and director of the psychiatric residency training program at Cambridge Hospital, and faculty member at the Boston Psychoanalytic Society and Institute. In his lecture, "What Is Psychiatry About?," Havens will examine psychiatry's continued struggle to define itself. The debate centers on a rapidly evolving neuroscience that may soon provide graphic measures of normal psychological functions and inspire respect for symbolic formations.

Michael L. Perlin, J.D., Manfred S. Guttmacher Award Lecture: Perlin is a professor of law at New York Law School in New York City. His three-volume treatise, *Mental Disability Law: Civil and Criminal*, won the 1990 Walter Jeffords Writing Prize. His lecture is titled "Myths, Realities, and the Political World: The Anthropology of Insanity Defense Attitudes." Jeffords will examine public attitudes toward the insanity defense and its ambivalence about the role of psychiatry in the criminal justice system. Until these attitudes are understood, he believes, there will be no progress in dealing with this issue. (This lecture is jointly sponsored by the American Academy of Psychiatry and the Law and APA.)

Judith L. Rapoport, M.D., Adolf Meyer Award Lecture: Rapoport is chief of the child psychiatry branch in NIMH's Division of Intramural Research Programs, a clinical professor of psychiatry and pediatrics at Georgetown University, and a professor of psychiatry at George Washington University. In her lecture "Neurodevelopmental Insights Into Psychiatric Disorder," Rapoport will explain how research on psychiatrically ill children presents unique advantages for understanding psychiatric illness in adults. In childhood, there is less learned behavior, less heterogeneity of samples, and better access to family pathology.

Carolyn B. Robinowitz, M.D., Seymour D. Vestermark Award Lecture: Formerly APA's senior deputy medical director, Robinowitz is an internationally recognized medical educator. She is now the associate dean for students at Georgetown University School of Medicine and a clinical professor of psychiatry and behavioral sciences and child health and development at George Washington University School of Medicine. In her lecture, "Psychiatric Education and the Future of Psychiatry," Robinowitz will discuss the trends affecting psychiatry and what they mean for the practice of the profession in the next century. She will recommend actions to optimize patient care and practitioners' satisfaction and to improve the interface between education and clinical practice.

Ruben D. Rumbaut, M.D., Simon Bolivar Award Lecture: Rumbaut is professor emeritus of psychiatry at Baylor College of Medicine in Houston and a consultant to the Social Security Administration's Office of Hearings and Appeals in Houston. In his lecture "Ibero-American Contributions to the History of Psychiatry," Rumbaut will review the contributions of several 15th and 16th century Ibero-Americans to the development of modern psychiatric thought and practice. This lecture will be given in Spanish and simultaneously translated into English.

Reno Meets With Advocacy Group To Reduce Violence on TV

U.S. Attorney General Janet Reno and Senator Kent Conrad, sponsor of the Children's Media Protection Act of 1995, met with members of the Citizens' Task Force on TV Violence in March. APA is a member of this group.

U.S. Attorney General Janet Reno reassured APA Deputy Medical Director Robert T.M. Phillips, M.D., Ph.D., and other members of the Citizens' Task Force on TV Violence in March that she and President Clinton would continue to speak out against TV violence.

The meeting was held on Capitol Hill with Senator Kent Conrad (D-N.Dak.), sponsor of the Children's Media Protection Act of 1995. This legislaton would require the Federal Communications Commission (FCC) to regulate violent television programming (*Psychiatric News*, March 3).

Reno referred to the President's participation in the cable TV industry's Voices Against Violence Week, March 19 to 25, which coincided with the task force meeting with the Attorney General. Clinton, in his State of the Union address, had challenged the entertainment industry to take responsibility for "mindless, repetitive violence."

Phillips, in an interview with *Psychiatric News*, praised the cable industry's effort to feature programming that addresses the issue of societal violence as "a necessary first step by a powerful industry."

However, he cautioned against "letting this effort dissuade us from the long-term goal of reducing the gratuitous violence that is broadcasted over the airwaves into our homes."

Reno also urged an advocacy and interdisciplinary approach to solving the problem of violence. Reno has been supportive of the task force agenda since she met with members and Conrad in late 1993. The Senator formed the task force representing medical specialty groups, law enforcement, educators, parents, and churches earlier that year to draw attention to the issue.

Conrad summarized his bill for Reno and asked her staff to review and comment on the constitutionality of his "safe harbor" provision, which prohibits programming that contains gratuitous violence between 6 a.m. and 10 p.m.

Phillips commented that the "safe harbor" provision "is a starting point for negotiation, and the goal is to strive toward a happy medium. We are not suggesting that all television programming is bad. We can point to examples of programming that enriches on the Learning and Discovery channels. However, children are more likely to see gratuitous violence than educational shows when they flip channels."

Conrad initiated the bill after the television industry's voluntary efforts to police itself were largely unsuccessful. This measure is consistent with APA's 1993 position statement on television violence, which states, "Since voluntary measures have been ineffective in protecting our youth . . . . reasoned regulatory action should be pursued, consistent with constitutional guarantees."

In addition, Phillips and other members of the task force and Conrad planned to meet with FCC commissioners at press time to discuss enforcing the Children's Television Act of 1990, which sets standards for children's programming. FCC Chair Reed Hundt has indicated a willingness to examine a television station's compliance with the law when its license is up for renewal, according to Phillips' office.

Phillips encouraged APA members to contact their legislators to support Conrad's bill, which contains a provision on the enforcement of the Children's Television Act.

Also, Reno recommended that viewers write or call the television networks to express their dissatisfaction with violent television programming.

Public Health Approach

APA's Phillips recommended to the Attorney General that the Justice Department take a public health approach to the problem of violence similar to the successful antismoking campaign. The Attorney General agreed this would be a useful approach, according to Phillips.

"The public health model would allow the Administration to take certain actions to protect children by placing certain parameters around their exposure to gratuitous violence. The overriding issue is their health and welfare versus violating their individual rights. The greater risk is that they will become desensitized to the dangers of violence and react in violent ways," said Phillips.

He also compared the "pandemic of violence to infectious diseases, which can be found in every corner of society regardless of race, creed, or social status. We should respond to this phenomenon in much the same way we react to limit citizens' exposure to infectious agents."

Phillips said that when children see a violent response to conflicts, "it sows the seeds of social behavior that flourishes into problems."

Reno told task force members that conflict resolution can be taught, and she en-

See "TV Violence," page 29

In the Eye of the Beholder

By Barbara S. Herrington

The theme of this column is reality—people's perceptions and technology's representation of reality.

In a rare convergence of both, the half-hour documentary film "Larry" allows viewers inside the reality of a mind distorted by manic depression and delusions. Larry Harding, a formerly professional man with a doctorate in educational psychology, now spends his days on the streets of Boulder, Colo., deciphering license plates and writing coded postcards to his family that only he can interpret. His voice is the only narrative, leaving his experience largely unfiltered by the filmmaker and mental health professionals. It veers among lucid recollections of a happier past, current assessments of the lonely present, and translations of plots and conspiracies from the configurations of numbers, letters, and colors on license plates and signs.

It wasn't always that way. Until he was "swept away" by illness in his late 40's, Larry had a loving wife, three children, a home, and a good job. His design of a computer-managed instructional system for the Civil Service was hailed as revolutionary. In 1985 he lost his job, divorced, and went on disability. "I was just too afraid—too ashamed—to get help when I first felt ill," he admits in the film. Now he lives day to day, hoping some new medication or treatment will bring relief.

His son Will, now 26, produced this poignant film, using a crew for a week and then living with his father for three months. It brought back his fear of inheriting the disease, a fear heightened by a psychiatric hospitalization after high school. Following that episode, he took his doctors' advice and severed ties with his father, working as a teacher and free-lance journalist in Eastern Europe. But he returned six years later to try to understand his father and to tell the story of one man's struggle with mental illness.

"Larry represents a group of people who've been forgotten in our society," Will says. "Maybe some viewers will find that by relating to 'Larry,' they can find common ground on which to relate to the mentally ill generally."

A film offering at a previous APA annual meeting, the film will air this year on the Miami public television station WLRN, channel 17 (cable 34 and 35), during APA's annual meeting later this month.

Times Really *Are* Tough

The perception of reality for Americans in general right now has grown steadily more bleak since the Vietnam war and Watergate, reports the April *Longevity* in the first of a three-part series. Harris pollsters, who began tracking these issues 29 years ago, have found a "fairly remorseless" downward trend in confidence in leaders and institutions and an upward trend in alienation. The number-one fear concerns loss of a job and/or health coverage. After that comes worry over the decline in real wages, relationship anxieties, fears of violence, and concern about environmental degradation. Accelerated communication—television, radio, telephone, fax, e-mail—forces people to live increasingly by the hour, minute, and second.

Times really are tough, reassures one expert, opining that people are having normal reactions to abnormal situations. He recommends discovering sources of fun that are "cheap and people oriented" and rebuilding a sense of community.

Virtual Communities

That may not be so easy in an age in which communities and families have been fractured by distant jobs, auto travel, suburbs, and shopping malls. Some, however, are finding virtual community in cyberspace on the Internet. *Utne Reader* devotes the first half of its March-April issue to articles pondering the benefits and drawbacks of these cyberhoods.

The negative point of view despairs of a society that worships technology and is reduced to electronic connections. The cyber community lacks breath and spirit as well as body language, sex, and other elements that make life real to most people. It also lacks diversity; users are liable to find themselves in an electronic suburb populated largely by white men under 50 with higher math skills, strong opinions, and lots of computer terminal time, not to mention money to pay for it. Users don't have time to look for the diversity that often exists in physical neighborhoods. A larger fear is that the information superhighway—made up of videoshopping, pay-per-view movies, and two-way videophones—will simply further invade our lives with more targeted marketing, drive up consumption, and sap our will to seek out "real" community.

The positive view sees cyberspace as offering another source of conviviality, the third essential "place" in people's lives after work and home, sort of how the corner bar, town square, beauty parlor, and cafe used to be, as author Ray Oldenburg proposes. These places provided the soil from which community sprang and the glue to

See "Media Watch," page 30

Suspension

Randall E. Pitone, M.D., of Clearwater, Fla., has been suspended from membership in the American Psychiatric Association and the Florida Psychiatric Society for three years for violation of Section 1, Annotation 1, and Section 2, Annotation 1, of the *Principles of Medical Ethics With Annotations Especially Applicable to Psychiatry*. Pitone was found to have engaged in sexual activity with a patient while she was in treatment, and he practiced medicine in an incompetent manner. While his appeal was pending, Pitone resigned his membership in APA and in his district branch.

Wiener to Present Special Awards at Annual Meeting

APA President Jerry Wiener, M.D., will present special presidential commendations to seven individuals at APA's annual meeting Convocation later this month in Miami.

The honorees are Virginia Q. Anthony, Sidney Berman, M.D., Irvin M. Cohen, M.D., Thelissa A. Harris, M.D., Rodrigo Munoz, M.D., Howard Rome, M.D. (posthumous), and Venie Palasota.

The Convocation will be held Monday, May 22, at 8 p.m. in Exhibit Hall D, level 1, Miami Beach Convention Center.

Anthony is being commended for her service as executive director of the American Academy of Child and Adolescent Psychiatry, a post she has held since 1973. In that time, she has been a tireless "advocate for the best interests of children, adolescents, and the subspecialty of child and adolescent psychiatry," according to the citation she will receive in the form of a plaque.

Berman is being honored as "one of the true pioneers and founders of modern-day child and adolescent psychiatry as a teacher, clinician, and past president of the American Academy of Child and Adolescent Psychiatry."

A "psychiatric man for all seasons," Cohen has spent years in service to APA as Assembly speaker; a member of the Board of Trustees, Council on Internal Organization, and Council on Research; and director of APA's Insurance Group.

Harris's commendation is in recognition of "her importance as a role model in APA" and her leadership and dedication as chair of the Council on Internal Organization.

Munoz is being recognized for his "sustained and vigorous leadership" as a member of the Board of Trustees and for his representation of and advocacy for the concerns and participation of minority and IMG members in APA affairs.

Rome is being honored posthumously for "his many contributions to American psychiatry" and for his service as an APA president and chair of psychiatry at the Mayo Clinic.

Palasota's commendation is in recognition of her years of "devoted service and dedication" to APA through her activities as a leader and president of the APA Auxiliary. She was instrumental in the publication of the Auxiliary's cookbook last year in conjunction with APA's sesquicentennial celebration.

International Psychiatry To be Focus of Symposium

The American Society of Hispanic Psychiatry and the Inter-American Council of Psychiatric Associations will sponsor a symposium titled "Perspectives on International Psychiatry" on Saturday, May 20, in conjunction with APA's annual meeting in Miami.

The location is the Fontainebleau Ballroom Section A, level 2, of the Fontainebleau Hilton.

The symposium will cover two major topics. "Psychiatric Education in the Americas," sponsored by the Inter-American Council of Psychiatric Associations, will be chaired by Antonio Pacheco, M.D., of Venezuela and co-chaired by Rodolfo Fahrer, M.D., of Argentina. "Violence: Multidisciplinary Perspectives," sponsored by the American Society of Hispanic Psychiatry, will be chaired by Renato D. Alarcon, M.D., M.P.H., of Emory University, Atlanta. The discussant will be APA Deputy Medical Director Robert T.M. Phillips, M.D., Ph.D.

Geriatric Psychiatry

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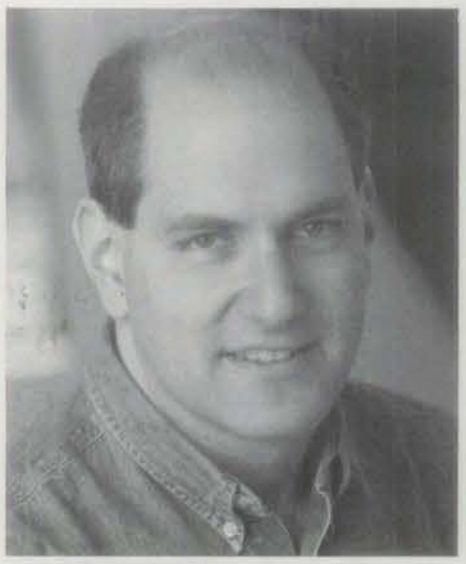
the burgeoning field of geriatric psychiatry is a case study in organized psychiatry's acquiescence to the dictates of pharmaceutical companies and managed care.

"I believe that psychiatry is being driven not only by the desire to heal people, but by an overzealous desire to categorize them and treat them medicinally," he told *Psychiatric News*. "This makes me uncomfortable because it falls so perfectly in line with economic agendas held by pharmaceutical and managed care companies."

Ablow believes that economic forces have robbed psychiatry of its psychotherapeutic soul, turning clinicians into "pill pushers" treating narrowly codified conditions.

"This is just the tip of the iceberg," he added. "Organized psychiatry needs to re-



Keith Ablow, M.D.: "I believe that psychiatry is being driven not only by the desire to heal people, but by an overzealous desire to categorize them and treat them medicinally."

Ira Katz, M.D: "If [Ablow] thinks people are going into geriatric psychiatry opportunistically, he is much better at the business of it than any of us at the University of Pennsylvania."

> ***"These statements are public health hazards—like arguing that cigarettes don't cause disease."***

examine how the component of healing—which is immeasurable—is being fostered .... It won't be fostered by selling millions of dollars worth of *DSM-IV* or by credentialing subspecialty practitioners who wish to regard their knowledge or expertise as better than other psychiatrists'. I guess we are headed down a road where we will someday board certify psychiatrists who treat menopausal women and who will—incidentally, we will say—come up with medicine that will be particularly useful in that population and coincidentally write into [the diagnostic manual] a disorder that corresponds with their mood swings.

"I don't debate that elderly people suffer and that the ways in which they suffer might be classified into categories," he added. "What I resonate with negatively is the assumption that their suffering is medically based and cannot be alleviated through human connections."

He added, "I think I represent the views of many frustrated practitioners who wonder in what way they can make known the fact that the best things they've done for people can't always be described in a five-digit code."

Scientific Knowledge

But Katz is equally passionate in his defense of the scientific base of geriatric psychiatry.

"Our basic assumption that scientific knowledge really carries a lot of weight in the marketplace of ideas has to be questioned" in the light of the articles, he told *Psychiatric News*.

"When so many of us started in geriatric psychiatry, the field was marked by myths. The first generation of research was devoted to distinguishing between what is normal aging and what is disease," he said. "So many of us had assumed that the battle was won, and now we could move on to other battles. The recent articles by Ablow and Jacobson show that it is a battle we have to look at in an ongoing fashion."

Katz also derided Ablow's claim that the Medicare program gives psychiatrists a financial incentive to treat the elderly.

"That certainly shows a lack of familiarity with the realities of Medicare reimbursement," Katz said. "Here at the University of Pennsylvania, for an hour of attendant-level care [the reimbursement] is between $50 and $60. Our costs are substantially greater than that. .... If he thinks people are going into geriatric psychiatry opportunistically, he is much better at the business of it than any of us at the University of Pennsylvania."

To Katz, the *Atlantic Monthly* article and Ablow's piece are evidence of the persistence of firmly held beliefs that fly in the face of science.

"Both articles make the point that pathology is normal in aging, that hallucinations can be comforting, that depression is inevitable, and that to deny its roots in the aging process is to do patients a disservice," Katz noted.

"These statements are public health hazards—like arguing that cigarettes don't cause disease," he said.

New York

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tures on mental health services have grown by 15 percent yearly, far more than other state programs. In response, Pataki's proposal would—justifiably, they say—cut mental health services far more sharply than other services.

"Given that large rate of increase," said OMH spokesperson Roger Klingman, the state will be able to absorb the proposed cuts and "still launch an array of new programs to serve 2,500 additional outpatients, provide 2,256 new residential beds, and add 400 new work program slots." But the figures cited reflect a substantial reduction from the original CRA blueprint, which would have provided for 4,100 additional outpatients and 3,926 new housing slots, Klingman conceded.

"I understand the disappointment among the advocates that more funding isn't available," said Klingman. "But state aid has been growing at 15 percent per year with no light at the end of tunnel. You reach a point where you have to ask if the state can sustain that rate of growth, or do we have to look at new ways of providing services."

Partial Offset

Although the Pataki proposal would reduce state aid to community mental health programs by about $50 million, that would be partially offset by a Medicaid increase, bringing the net reduction to $39.3 million, Klingman said. In fiscal 1994-95 $75.3 million went to a combination of various community mental health programs, he said. Remaining community mental health funding for fiscal 1995-96 and 1996-97 would come to $69.3 million combined, said Klingman.

Cuts would affect various programs, including a plan to increase staff-to-patient ratios in state psychiatric centers, and a $30 million initiative for the mentally ill homeless using funds from closed state hospitals, according to Klingman. In the last fiscal year, the state spent $10 million of the $30 million, he said. Another $5 million to have been spent this year would be cut.

Patient Abandonment

While Pataki's critics concede that he faces a tough fiscal environment, they argue that it is no reason to abandon the mentally ill.

"It would be nice if government could help everyone," said Jaffe. "But given tough choices, who should we help? It should be those in need. If you look at suicide rates, homelessness, arrest rates, hospitalization rates, and joblessness rates, you'll find the seriously mentally ill are those most in need of government assistance."

But Jaffe and other mental health advocates are hopeful that $200 million from hospital closures over a five-year period originally earmarked for community services and now being diverted to tax cuts and deficit reduction may be salvaged. There is little optimism that other aspects of the proposal will be reversed, however.

"New York has a long history of abandoning these people," said Jaffe. "The sad part of it is, the more they abandon community-based treatment, the more untreated people there are in the streets, and the more the communities resist community-based services." —R.B.K.

APA Residents Among Winners Of Leadership Awards

From left: Psychiatry residents Toi Lynn Blakley, M.D., John D. Edgar, M.D., Kevin Kinback, M.D., John D. McLennan, M.D., and Rael David Strous, M.D., are among the 40 residents who won this year's AMA/Burroughs Wellcome Co. Leadership award for resident physicians.

The AMA has informed APA that five psychiatry residents have won the AMA/Burroughs Wellcome Co. Leadership Award for resident physicians.

They are Toi Lynn Blakley, M.D., John D. Edgar, M.D., Kevin Kinback, M.D., John D. McLennan, M.D., and Rael David Strous, M.D.

The AMA established the leadership program in 1988 with a grant from Burroughs Wellcome Co. The program is designed to build ties between organized medicine and resident physicians who have displayed a commitment to community service. A total of 40 residents won this year's awards.

Blakley is a resident at the Baylor College of Medicine and an APA/Center for Mental Health Services (CMHS) fellow. Blakley was cited for a broad history of community service and academic involvement. She has volunteered with the homeless and has worked as a tutor, mentor, and fund raiser. She also participates in a program that allows her to utilize schools, churches, and medical and legal settings to heighten the recognition and improve the treatment of traumatized children.

Edgar, a resident at Mount Sinai Medical Center in New York, was recognized for his volunteer work with an organization that serves homeless mentally ill adults in Manhattan's East Harlem community. He provides medical and psychiatric evaluations, diagnostic screens, treatment planning, medication, crisis intervention, and psychotherapy for patients who otherwise would go without care.

Kinback is a resident at the Loma Linda University Medical Center. Kinback was a volunteer in medical relief efforts for trauma victims in the 1994 Los Angeles earthquake. He serves in a nationwide training conference for critical incident stress debriefings, participates in annual overseas medical trips to impoverished jungle areas, teaches courses on relationships, and provides free crisis counseling at local churches. For more than 10 years he has taught advanced and basic cardiac life support to medical students and the general public. He also formed a group to educate and encourage medical student interest in psychiatry.

McLennan, a University of Pittsburgh Medical Center resident, started volunteering at a clinic for malnourished children in the Dominican Republic in 1989. He studied infant feeding practices in the local shantytown communities to improve the nutrition education program used by local health promoters. He also identified and referred malnourished children to the clinic, trained health promoters, worked in the clinic's nutrition center, and designed a safer and more cost-effective program for realimentation. McLennan now directs a group of local health promoters involved in an infant growth monitoring program that emphasizes primary and secondary prevention and provides technical support to the clinic.

Strous, a resident at the Albert Einstein College of Medicine in New York, has coordinated numerous charity programs and a national convention for South African youth. He has volunteered as a community crisis counselor and orphanage supervisor and mentor, and he provided rehabilitation for a brain-damaged child. His work with the homeless has included establishing two clinics, serving as a medical overseer at a shelter, and working on a project that provides food. Strous has volunteered as a physician in urban South Africa, rural Ethiopia, and rural Canada. In New York, he coordinated and initiated conflict resolution and dialogue sessions between black and Jewish teenagers.

Manuscripts Sought

Behavioral Sciences and the Law is seeking papers for a special issue devoted to sex and the law. The issue will cover the interface of the law and behavioral sciences, including such areas as pornography and obscenity, homosexuality, sexual harassment, gender discrimination, prostitution, and the paraphilias.

Manuscripts should be 25 to 35 double-spaced pages adhering to the style of the publications manual of the American Psychological Association or the *Harvard Law Review* and should contain a 150-word abstract. Three copies must be submitted to Robert Wettstein, M.D., Western Psychiatric Institute and Clinic, 3811 O'Hara Street, Pittsburgh, Pa. 15213; phone: (412) 624-0540; fax: (412) 624-9120.

Manuscripts will be peer reviewed. Detailed style sheets are available from the editor.

HHS

from page 1

tial appointment that has a vision for mental health and substance abuse service issues, the need for a more defined mental health treatment and prevention entity, and not merely moving it to a sufficiently high level 'box' in any reorganization."

No Detailed Plan

He noted the lack of a detailed plan. "I repeatedly asked them why and how they thought the merger would work, and they did not define it. They talked about working more closely together and making HCFA, SAMHSA, and HRSA co-equals. They denied that HCFA would be in charge."

Cutler said that officials from the three agencies slated for the reorganization appeared "appropriately politically supportive." Also, they mentioned that "certain internal restructuring might not require legislation if, for example, they placed certain elements of other agencies within the Office of the Secretary," said Cutler.

Mary Jane England, M.D., also attended the meeting on the proposed merger in her role as president of the Washington Business Group on Health. She told *Psychiatric News* later that she was concerned that "folding SAMHSA and HRSA into HCFA would result in financing driving the program instead of patients and their treatment needs."

In addition, HFCA historically has not provided full and nondiscriminatory coverage for mental health and substance abuse services in its Medicaid and Medicare programs, according to England.

"Until we are reassured that we can have parity with medical and surgical services, I strongly urge that SAMHSA be continued to focus advocacy efforts for these vulnerable populations. I am also concerned that HCFA is not responsive to the needs of children. Children make up almost half of the Medicaid-eligible population, yet HCFA pays only 15 percent of their expenditures."

Another concern she raised at the meeting was that absorbing SAMHSA into HCFA would "abrogate the role of federal agencies to advocate for populations with special health care needs in the communities precisely at the time when states are in the midst of profound reorganization of their public health care delivery systems under the movement to organized system of care."

Mary Jane England, M.D., is concerned that HCFA is not responsive to the needs of children.

HHS Secretary Donna Shalala: "Our goal is to provide better service to our customers at a lower cost to taxpayers."

She advocated reforming SAMHSA's delivery system to "carry out aggressive demonstrations to develop comprehensive and effective service delivery systems for child and family mental health. These delivery systems must integrate child welfare, education, juvenile justice, substance abuse, public health, and mental health," she told the audience of advocacy groups and federal officials.

SAMHSA was established in 1992 to strengthen the nation's prevention and treatment delivery system for persons with mental and addictive disorders. It was created as part of the reorganization of the Alcohol, Drug Abuse, and Mental Health Administration.

England noted that SAMHSA's child and family branch has launched 22 demonstration programs in local communities to develop integrated delivery systems for child and family mental health.

"These sites are directly relevant to the widespread movement by the state Medicaid programs to convert to managed care and capitation. These demonstrations can provide examples of the development of special systems of care for vulnerable populations," said England.

Other Reinventing Proposals

Another proposal Shalala referred to in her March memo would consolidate surveys in the health statistics and research agencies to improve coordination of data standards and data collection. The *Post* article, which the Secretary described as premature and somewhat inaccurate, mentioned shifting three agencies into one "numbers agency" that would affect the National Center for Health Statistics, Agency for Health Care Policy and Research, and Office of Research of the Medicare program, which were budgeted at $81 million, $163 million, and $89 million, respectively, in the previous fiscal year.

One item being debated is whether to hire private medical groups to perform some of the services at the National Institutes of Health (NIH) clinical center in Bethesda. The proposal also calls for "public-private partnerships" to conduct various research now performed by NIH and other Public Health Service (PHS) employees.

Another preliminary proposal would give Shalala more control over all public health decisions by merging the staff functions of the assistant secretary of health with the Office of the Secretary.

The HHS options reflect the Administration's accelerated "reinventing government" initiative, which would help pay for the President's promised middle-class tax cut.

APA Announces Recipients of Roeske Certificate of Excellence

The APA Committee on Medical Student Education has announced the recipients of the Fifth Annual Nancy C.A. Roeske, M.D., Certificate of Recognition for Excellence in Medical Student Education.

This certificate is awarded to APA members who have made outstanding and sustaining contributions to medical education, in both salaried and volunteer positions. Qualified nominees must have demonstrated significant contributions to the advancement of medical student education, including lectures, small group teaching, supervision, course design, and so on. The following is a list of the 1995 recipients:

Kimberly Arlinghaus, M.D.
Richard B. Pesikoff, M.D.
Baylor College of Medicine

Michael G. Goldstein, M.D.
Brown University

Norman A. Clemens, M.D.
Case Western Reserve University

Roy M. Stein, M.D.
Karl W. Stevenson, M.D.
Duke University

J. Frank James, M.D.
David Ames, M.D.
East Carolina University School of Medicine

Fernando Bendfeldt, M.D.
East Tennessee State University

Richard O. Poe, M.D.
Eastern Virginia Medical School

Susan B. Shelton, M.D.
Emory University School of Medicine

Elaine Cotlove, M.D.
George Washington University

Susan D. Block, M.D.
Harvard Medical School

John R. Vara, M.D.
Paul D. Riley, M.D.
Indiana University School of Medicine

Raymond Robertson, M.D.
Loyola University Medical School

John E. Huxsahl, M.D.
Mayo Medical School

Ruth Russell, M.D.
McGill University

Janakibai Theogaraj, M.D.
Humberto Gomez, M.D.
Medical College of Virginia

Stephen McLeod-Bryant, M.D.
Edmund S. Higgins, M.D.
Medical University of South Carolina

Dale D'Mello, M.D.
Michigan State University

Gene Abel, M.D.
Morehouse School of Medicine

David Cordon, M.D.
New York Medical College

Michael J. Bernstein, M.D.
Scott Reichlin, M.D.
Oregon Health Sciences University

Robert E. Becker, M.D.
Southern Illinois University School of Medicine

Chaitanya Haldipur, M.D.
SUNY Health Science Center, Syracuse

Roy Steinhouse, M.D.
Larry Rotenberg, M.D.
Temple University

Paul Rodenhauser, M.D.
Tulane University Medical Center

Robert E. Strange, M.D.
Uniformed Services University of the Health Sciences

Jane L Daw, M.D.
University of Alabama, Birmingham

Lowell Tong, M.D.
University of California, San Francisco

Michael P. Weissberg, M.D.
Richard P. Martinez, M.D.
University of Colorado School of Medicine

David Bernstein, M.D.
University of Hawaii

Balasubramania P.S. Sarma, M.B.
University of Health Sciences, Chicago Medical School

Madeleine Gomez, M.D.
University of Illinois, Chicago

Brian Cook, D.O.
James C.N. Brown, M.D.
University of Iowa College of Medicine

Ronald L. Martin, M.D.
Jorge H. Berber, M.D.
University of Kansas Medical Center, Wichita

Bernadette Solounias, M.D.
Jay Phillips, M.D.
University of Maryland School of Medicine

Mercedes Gonzales-Blanco, M.D.
University of Miami School of Medicine

Randy A. Sansone, M.D.
Paul M. Erdmann, M.D.
University of Oklahoma College of Medicine, Tulsa

Otto Thaler, M.D.
University of Rochester School of Medicine and Dentistry

Clayton Warner Johnson, M.D.
University of Southern California

Michael T. Lambert, M.D.
Alan D. Koenigsberg, M.D.
University of Texas Southwestern Medical Center

William Klykylo, M.D.
Amita Patel, M.D.
Wright State University

ABPN Exam Schedule

The American Board of Psychiatry and Neurology (ABPN) has announced its 1995-96 examination schedule.

The Part I (written) exam and added qualifications in geriatric psychiatry exam will be held on the same dates in 1995 and 1996, October 17, 1995, and November 6, 1996. The application deadline for each of the above exam dates is February 1 of the corresponding year. To obtain information on other ABPN exams and applications, contact Stephen Scheiber, M.D., Executive Vice President, ABPN Inc., 500 Lake Cook Road, Suite 335, Deerfield, Ill. 60015; (708) 945-7900

The Guiteau Trial: Battle of the Forensic Experts

By Lucy D. Ozarin, M.D.

On July 2, 1881, while in Union Station in Washington, D.C., President James A. Garfield was shot and wounded by one Charles Guiteau. The President died as a result of his wounds the following September. The assassin, who had been apprehended at the scene, was brought to trial in November 1881, found sane and guilty in January 1882, and sentenced to hang. The hanging took place on June 30, 1882.

The trial of Guiteau was a widely recorded event both in the United States and abroad. Since the outcome depended on whether the assassin was sane or insane at the time of the shooting, American psychiatry was on trial as much as the prisoner.

Equally eminent psychiatrists testified for the defense and the prosecution. Almost all of the testifying experts were superintendents of mental hospitals, and at least six had been presidents of APA's forerunner. The lead psychiatrist for the prosecution was Dr. John Gray, superintendent of the Utica State Hospital and editor of the *American Journal of Insanity*. For the defense was Dr. Edward Spitzler, president of the New York Neurological Association and a member of the editorial board of the *Journal of Nervous and Mental Disease*. Spitzler, a neurologist, was a harsh critic of the leadership of the Association of Medical Superintendents of American Institutions for the Insane, and especially of Dr. Gray.

Life on the Fringe

Guiteau was born in Illinois in 1841. His mother died when he was 7. His father, a bank cashier, was a convert to the doctrines of John Noyes, founder of the Oneida (N.Y.) community (which today might be regarded as a cult). His followers believed in perfectionism through absolute faith. At the age of 19, Guiteau entered the Oneida community and remained until age 25, though he later returned briefly.

Over the next years, Guiteau led an unstable life. He became a lawyer in Chicago, wrote religious tracts, gave poorly attended lectures on religion in various cities, incurred unpaid debts, and appeared to have grandiose ideas about his capabilities. In a letter to his father in 1865, he wrote, "I claim inspiration, I am in the employ of Jesus Christ. . . . [W]hat I can do is limited only by [His] power and purpose." He appeared to equate "inspiration" with divine guidance.

When Garfield was nominated for president, Guiteau tried unsuccessfully to have a role in the campaign. After the election,

See "History Notes," page 28

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Letters

from page 12

child who is not an unconscious and unaware embryo or fetus but a living, feeling, conscious, aware, and reactive person? Further, what morality justifies adding to the pool of children for whom there already exists in this country and the world inadequate parenting, poor or nonexistent housing, unstable families, malnutrition, high morbidity and mortality, ineffective education and job training, and nonexistent jobs? And what morality is it that would force women to seek "back-alley" abortions by denying them legal and safe abortions?

I do not believe that my morality is of lesser value or righteousness than that of those who insist theirs is superior or closer to God and that we all must believe and act like them. In more than 50 years in practice, I have learned from my female patients to respect their individuality, dignity, and right to choose. I think the Trustees made the proper statement for our Association.

Arnold M. Kallon, M.D.
Livingston, N.J.

AMA and Homosexuality

It is a matter of professional responsibility that the National Association for Research and Therapy of Homosexuality (NARTH), with more than 400 members of the psychiatric, medical, psychological, and social work professions devoted to the study, care, and prevention of homosexuality, respond to your article "AMA Reverses Stand on Homosexual Issues" [*Psychiatric News*, January 20].

As members of APA and the AMA, some for more than 25 years, we are grateful to and applaud the AMA for turning its attention to "educating physicians on the health care needs of gay men and lesbians," as well as the "encouraging research to identify the unique health care needs of gay men and lesbians to improve diagnosis and treatment of their health care needs." For as practicing psychiatrists, psychologists, and psychoanalysts, we have been in the vanguard of doing just that for many years.

As members of NARTH, our most important function is to provide psychological understanding of the cause, treatment, and behavioral patterns associated with the homosexual condition. We are for the civil as well as psychiatric rights of all homosexuals. Psychiatric rights should not be eroded of sociopolitical activism, which declares homosexuality simply an "alternative life style."

We agree with many of the recommendations of the AMA Council on Scientific Affairs and their approval by APA. However, we have several serious disagreements. First, the deletion from the current AMA report of the phrase "and the possibility of sex-preference reversal in select cases," a valid position taken in the 1981 Council on Scientific Affairs report (AMA policy #160.991) is a tragic error on the part of the AMA working in concert with the APA gay group. The removal of this phrase is most regrettable, as it will profoundly distress thousands of individuals who look to the AMA and APA with trust and belief. These individuals believe that homosexuality is completely contrary to their value system and that they are victims of certain intrapsychic processes that have subverted their heterosexuality and made for profound disturbances in their lives.

Gay activists within our organization have misused this deletion and, in so doing, have distorted the AMA's report. In the *Psychiatric News* article Robert P. Cabaj, M.D., a leader of the gay caucus within our organization and one who helped draft the AMA report, has expanded this omission into the realm of the fictitious and thereby propagated an untruth to thousands of readers. He is quoted as follows:

"I only wish that APA was as out front as the AMA in *condemning* reparative therapies to change sexual orientation" (emphasis added).

There is nothing in the AMA report that indicates a condemnation of psychotherapy (reparative therapy is simply a brief form of psychotherapy based on analytic principles); only aversive behavioral treatments are contraindicated in this report, and these are not practiced by psychoanalytically oriented therapists. A careful study of the AMA report supplied to us by the AMA reveals that there is no mention whatsoever of "reparative therapy."

We acknowledge that many homosexual men and women do not wish to change their psychosexual adaption, and we respect their wishes not to seek therapy. However, we believe that treatment should be available, encouraged, and affirmed for those who voluntarily seek help. In its public health mission, APA should work to protect the rights of patients who seek treatment as well as the rights of the therapists who treat them.

A second major area of disagreement is the erroneous concept that psychotherapy promotes suicide. In reality, treatment intervention for those who wish our help prevents these individuals from giving up in despair and considering suicide.

We can only agree with Dr. Benjamin Schatz, executive director of the Gay and Lesbian Medical Association, that "prejudice and bias have no legitimate place in the practice of medicine." However, the false and slanted reporting of the AMA's declaration can only foster ignorance and misunderstanding of the serious issues concerning the homosexual.

Charles W. Socarides, M.D.
Harold D. Voth, M.D.
C. Downing Tait, M.D.
Benjamin Kaufman, M.D.

Administrative Exam

APA's Committee on Administrative Psychiatry annually conducts the examination for certification in administrative psychiatry. The written portion will be given in December, and successful candidates take the oral section the following May.

The deadline for receipt of completed applications (including required letters of reference) for the 1995 examination cycle is August 1, 1995. An information brochure and application may be obtained by contacting the Committee on Administrative Psychiatry, Office of Education, APA, 1400 K Street, N.W., Washington, D.C. 20005 (202) 682-6109.

Can Earthquakes Trigger Heart Attacks? Answer May Depend on Time and Place

Two studies using the aftermath of major California earthquakes to assess whether fear can trigger heart attacks have reached conflicting conclusions.

A survey of heart attack rates following the October 1989 Loma Prieta earthquake in the San Francisco Bay area found no link between earthquake-induced fear and heart attack incidence.

But another study, also released in March, found that heart attack rates increased significantly in the wake of the January 1994 Los Angeles area earthquake, particularly in the vicinity of the epicenter.

Both quakes were similar in impact, each causing more than 60 deaths.

Despite the different findings on heart attack incidence, both studies found no difference in cardiac-related deaths.

The Bay area survey was conducted by Stanford University psychiatrist C. Barr Taylor, M.D., codirector of the Stanford Cardiac Rehabilitation Center. Taylor presented his findings at the annual meeting of the Society for Behavioral Medicine in San Diego in March.

Stanford researchers examined records from five major hospitals in Santa Clara County near the earthquake's epicenter for the weeks just before and after it occurred. The earthquake, the largest in the Bay area since 1906, killed 62 people and left 12,000 homeless.

While Taylor and his colleagues found a statistically significant increase in the number of patients who came to the five hospitals complaining of chest pain and heart palpitations right after the earthquake, there was no increase in either the number of heart attacks or cardiac-related deaths. In fact, said Taylor, there may have been a slight decrease in the number of documented heart attacks.

With a population of approximately one million people in the Bay area, it is "pretty remarkable" that there was no demonstrable increase in heart attacks, said Taylor. He recorded 270 cardiac-related emergency-room admissions the week before, 294 the week of, and 274 the week after the earthquake.

He does not rule out the possibility that intense, prolonged stress and some emotional profiles—particularly the classic "Type A" personality associated with heart disease—may contribute to heart attack risk.

For people without serious heart disease, however, brief—even intense—emotional reactions are not problematic, Taylor concluded.

Robert Kloner, M.D., of Good Samaritan Hospital in Los Angeles checked 72 coronary care units in Southern California in the week before that earthquake and the week after.

Not only did Kloner find a significantly higher incidence of heart attacks following the quake, but also he found a markedly higher percentage increase within 15 miles of the epicenter compared with farther away.

He identified 149 heart attacks the week before the quake compared with 201 the week after. There was a 79 percent increase in heart attacks at hospitals within 15 miles of the epicenter, but only a 41 percent increase at hospitals farther away.

In looking at the conflicting conclusions of the two studies, said Kloner, it is important to focus on differences in study design.

In his Los Angeles area earthquake study, there was a significant difference in heart attack incidence related to distance from the epicenter, a variable not reflected in the Loma Prieta study, said Kloner. Another variable was time of day. The Los Angeles earthquake occurred at 4:30 a.m., Kloner noted, while the Loma Prieta earthquake was in "the late afternoon. . . .We know that in the morning when people wake up, catecholamines go up," said Kloner. "We know that the highest incidence of heart attack is within the first one to two hours after waking."

Taylor agreed that time of day and circadian rhythms might have made a difference, and he pointed out other differences as well.

One difference involved the damage pattern in the two quakes. Unlike the Los Angeles quake, much of the worst damage in the Loma Prieta quake was farther away from the epicenter. Also, the epicenter in the Loma Prieta quake was in the mountains in a thinly populated area.

"It may be that in our particular area the magnitude of the quake near the hospitals I looked at was not as great as in the [Los Angeles area quake]. We may not have had as great a magnitude of scare as they did in [Los Angeles]," said Taylor.

Another factor involves the need for earthquake victims in poor physical condition to exert themselves after an earthquake by engaging in strenuous digging, pushing, and pulling, said Taylor. "A lot of people who are poorly conditioned in times of earthquake begin to do a lot of physical exertion," he observed. "This may account for some heart attacks."

In their study, exertion was not a factor, because of the nature of the damage, whereas in the Los Angeles area quake, there was more of the kind of damage that could result in having to do excessive physical work, Taylor said. —R.B.K.

Nominations Invited For Administrative Psychiatry Award

The American Psychiatric Association and the American Association of Psychiatric Administrators invite applications for their jointly sponsored Administrative Psychiatry Award. The recipient is someone who has demonstrated extraordinary competence in psychiatric administration over a substantial period and has achieved a national reputation for the foregoing. In addition, he or she must have directed a comprehensive program for the care of patients with mental illness and have contributed significantly to the field of psychiatric administration through activities such as teaching and research. Membership in APA and board certification are additional requirements.

Nominations may be made by writing a letter indicating why the candidate should be given serious consideration. A copy of the nominee's curriculum vitae must be enclosed. The recipient will present a special lecture at the next APA annual meeting.

The deadline for nominations is August 1. Material should be sent to the Committee on Administrative Psychiatry, APA Office of Education, 1400 K Street, N.W., Washington, D.C. 20005.

Resignation

Walter Guarino, M.D., of Vienna, Va., resigned from the American Psychiatric Association and the Washington Psychiatric Society during the course of an ethics investigation.

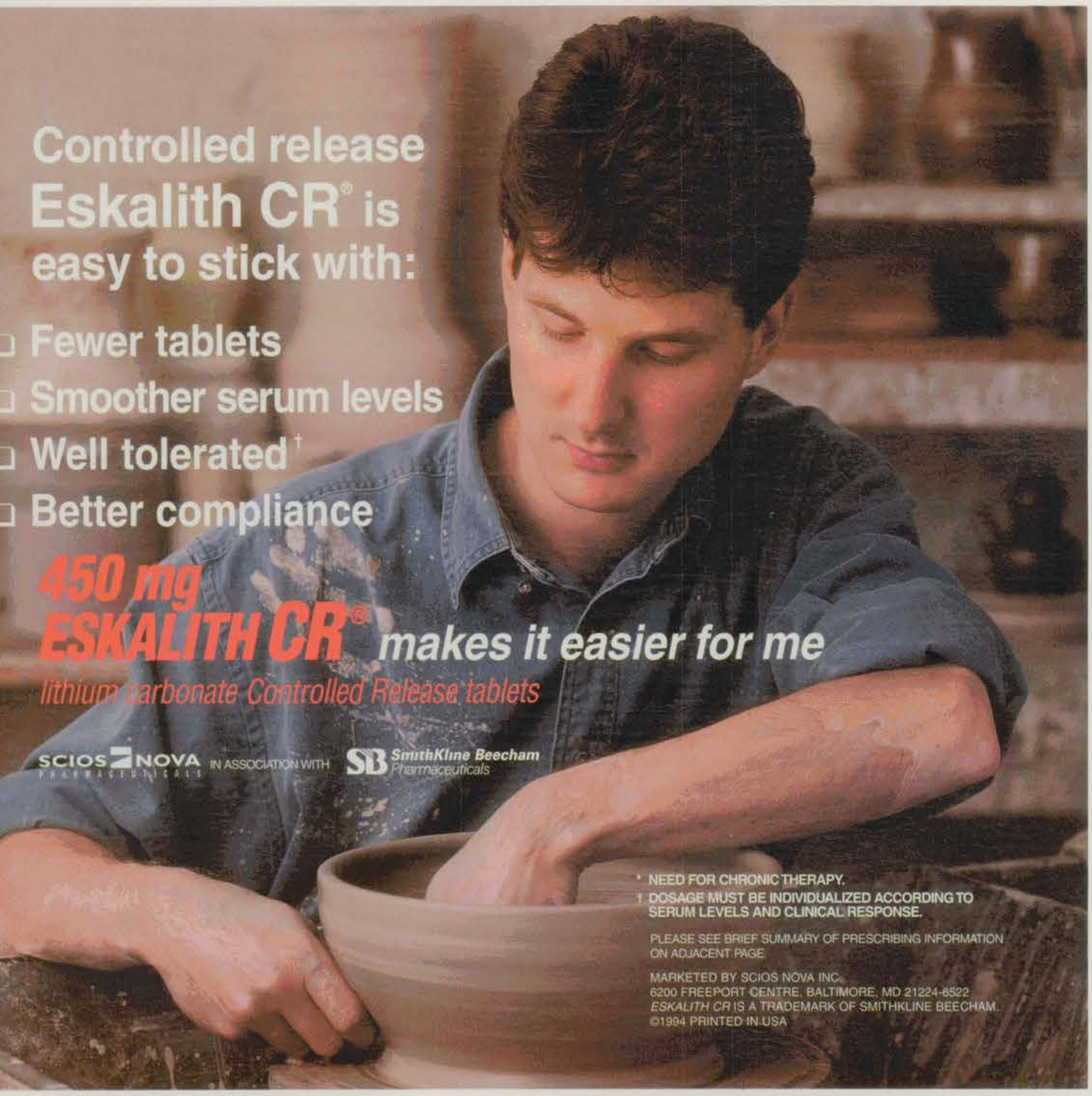
Gathering for a photo after the presentation of the Gerald L. Klerman Award were Herbert Pardes, M.D., president of NARSAD's Scientific Council; Connie Lieber, president of NARSAD; Elizabeth Abercrombie, Ph.D., who received honorable mention; Myrna Weissman, Ph.D., the award presenter; and Rajiv Tandon, M.D., the award winner.

NARSAD Confers Awards

The National Alliance for Research on Schizophrenia and Depression (NARSAD) announced that it is conferring $8 million in research grants for 1995. A total of 16 scientists in the Established Investigator group received one-year grants of $100,000. NARSAD awarded 112 two-year grants of $30,000 per year in the young investigator group of scientists from postdoctoral rank through assistant professor.

The $8 million in research grants represents both the largest amount of money and the biggest number of individual grants ever awarded at one time by a private sector, contribution-supported organization, according to NARSAD.

The Gerald L. Klerman Award of $1,000 was conferred on Rajiv Tandon, M.D., of the University of Michigan. The award was presented by Myrna Weissman, Ph.D., a professor of epidemiology and psychiatry at the College of Physicians and Surgeons at Columbia University. Weissman initiated the award in memory of her late husband, psychiatrist Gerald L. Klerman, M.D.



Group Home

from page 1

als per single-family house. This regulation precludes the proposed group home and would do so for similar homes for mentally retarded or mentally ill persons. There is no limit on the number of related family members who can occupy a residence.

"We are concerned that if read broadly, the act's exemption could allow any municipality to exclude group homes," stated Richard Ciccone, M.D., chair of APA's Commission on Judicial Action. "We wanted the Court to see the reasonableness" of allowing group homes to locate in residential areas, he said in explaining the commission's decision to urge APA's participation in the case.

APA strongly agrees with attorneys for Oxford House—the group home fighting the Edmonds zoning prohibition—that such restrictive provisions should not be allowed to override the Fair Housing Act's attempt to ensure that local governments make reasonable accommodation to the housing needs for their handicapped citizens, he indicated.

Joining APA in the amicus brief on behalf of Oxford House are the American Society of Addiction Medicine, the National Council on Alcoholism and Drug Dependence, the National Association of Alcohol and Drug Abuse Counselors, the Society of Americans for Recovery, and the National Association of Social Workers.

Intent of the Act

The amicus brief, which was filed at the Supreme Court on January 23, urges the justices to rule that the Fair Housing Act's exemption for laws governing the number of individuals living in a single residence be narrowly drawn so that protections that affect housing options for the handicapped are not gutted along with a major intent of the act.

This exemption, it argues, was included to permit localities to impose a limit on the number of residents based on square footage in the sleeping areas of a property—an exemption stemming from concerns about the health and safety of residents in any dwelling.

To assume that Congress intended to allow zoning laws to limit the number of unrelated residents, but not family members, countervenes all the thinking that went into setting the Fair Housing Act's goals, the brief emphasizes. Since the Edmonds statute does not apply to families, the brief's authors insist that the city was not regulating to protect health and safety but to create a "single-family zone."

The city is asking the high court to overturn a federal appeals court ruling that held illegal its zoning policy regarding restrictions on group homes. Its attorneys contend that the exemption does not specify a square-footage basis and simply allows a jurisdiction to set limits for the number of occupants in homes in residentially zoned areas.

Positive Effects of Group Homes Attorneys supporting the right of the home to open emphasize that the mentally ill or retarded reap numerous benefits from being integrated in an established residential community instead of being isolated in residences in industrial or deteriorating areas. In passing the Fair Housing Act in 1988, Congress recognized that "[a]llowing persons with disabilities to interact with the community in an ordinary setting may develop confidence and coping skills that cannot be duplicated in an institutional setting," the brief points out, and "allows individuals to share a supportive family environment. . . ."

This finding is a primary reason APA agreed to participate in the amicus brief, said Ciccone. "We have research that shows that individuals who move from institutions to community settings do quite well; it is an important part of their reintegration into society," he said in an interview with *Psychiatric News*. "Many mentally disabled individuals who live in group homes eventually go on to live on their own and lead constructive lives. Even those who can't move to independent living benefit from this level of care."

In the absence of laws that keep open the option of putting group homes in residential neighborhoods, however, local officials have often bowed to pressure from those already living nearby to locate these residences elsewhere—a situation referred to as the NIMBY (not in my backyard) syndrome.

Counteracting this trend was a fundamental motivation of the Fair Housing Act's Congressional backers. According to the lawyers arguing for the right of the group home to open, the act's legislative history clearly shows Congress's goal was to open up rather than limit the opportunity for disabled persons "to reside in a single-family neighborhood, like any other American."

The Supreme Court heard arguments in the case on March 1, and the justices are expected to hand down a decision in May or June. —K.H.

Lithium Used To Treat Subtype of Severe Aggression

A new study suggests that lithium may be effective in children with a severe type of aggression that doesn't respond well to standard treatments.

The psychoactive drug may be particularly helpful in treating children with the affective or hostile subtype of aggression, characterized by anger, irritability, or rage and not necessarily provoked by any specific event, according to a study published in the April *Journal of the American Academy of Child and Adolescent Psychiatry*.

Researchers distinguished the affective subtype of aggression from the "predatory" subtype, which is often brought on by specific stimuli. They noted that the neurochemical basis may be different, thus explaining why the affective type responds to lithium.

The team of investigators led by psychiatrist Madga Campbell, M.D., of New York University conducted a double-blind study with 50 children who were diagnosed with the conduct disorder subtype characterized by affective aggression and treated for six weeks with lithium or a placebo. Sixty-eight percent of the children treated with lithium showed at least moderate improvement, compared with 40 percent of those receiving the placebo. In addition, 40 percent of the lithium-treated children showed marked improvement, compared with only 4 percent of the placebo-treated subjects. Lithium specifically helped reduce symptoms of bullying, fighting, and temper outbursts, according to the article. Lithium's side effects were stomachaches and vomiting.

DEATHS

The deaths of the following APA members were reported to the Association between August 1, 1994, and February 28, 1995:

John Adams Abbott, M.D.
Walter Abeles, M.D.
Clark Hazen Adair, M.D.
Mary H. Allen, M.D.
Robert C. Anderson, M.D.
Ernesto Andia, M.D.
Basil C. Archer, M.D.
Edward T. Auer, M.D.
Frederic L. Baer, M.D.
Dorothy E. Baker, M.D.
Lidia Bales, M.D.
Hyman S. Barahal, M.D.
Anna Bauman, M.D.
Robert M. Bell, M.D.
Eufrocino N. Beltran, M.D.
Rick Bernier, M.D.
Jessie H. Blaszczenski, M.D.
Manfred E. Bleuler, M.D.
Reuben B. Breslin, M.D.
Ruth C. Burton, M.D.
Robert G. Carnahan, M.D.
A. Carroll Jr., M.D.
William S. Carter Jr., M.D.
John Allen Caudle, M.D.
Louis S. Chase, M.D.
Horace I. Cholmondeley, M.D.
Roland David Ciaranello, M.D.
Paul C. Clark, M.D.
Edwin M. Cole, M.D.
Henry S. Colony, M.D.
Gertrude V. Cotts, M.D.
David Davila-Katz, M.D.
Chester R. Dietz, M.D.
Patricia Donovan, M.D.
Hans Bernd Drexler, M.D.
Jeffrey A. Dutton, M.D.
B. Russell Eby, M.D.
Carl Willard Emmons Jr., M.D.
Marvin W. Evans, M.D.
Victor L. Farland, M.D.
Roger L. Feller, M.D.
David M. Ferber, M.D.
Antonio J. Ferreira, M.D.
Bernard D. Fine, M.D.
Sydney G. Fine, M.D.
William A. Fischer, M.D.
John M. Flumerfelt, M.D.
Ralph Fredman, M.D.
Joseph J. Friedman, M.D.
John Fuma, M.D.
Samuel Futterman, M.D.
Sofya G. Galin, M.D.
Francis J. Gerty, M.D.
George Robert Gewirtz, M.D.
Frank E. Gill, M.D.
Marcus R. Gilliss, M.D.
Ralph G. Gladen N.D.
Jean Golday, M.D.
Harvey Goldey, M.D.
Ephraim R. Gomberg, J.D.
Milton Greenblatt, M.D.
Rudolfo J. Guiral, M.D.
Luden A. Gutierrez, M.D.
Arthur Leon Harris, M.D.
James J. Hartford, M.D.
Sylvia M. Helfrick, M.D.
Uno H. Helgesson, M.D.
B. Hernandez M.D
James R. Hodge, M.D.
Adolphe D. Jonas, M.D.
Edmund P. Jones Jr., M.D.
Gary Robert Jones, M.D.
Benjamin M. Jurin, M.D.
Robert R. Keim Jr., M.D.
Baldwin L. Keyes, M.D.
Morris W. Kilgore, M.D.
Albert Kniaz, M.D.
Kumud Vijay Kumar, M.D.
Pierre Lacombe, M.D.
Henry D. Lamb, M.D.
John Hopkins Lamont, M.D.
John William Lathen, M.D.
Paul Leeds, M.D.
Wladimir T. Liberson, M.D.
Alan R. Logan, M.D.
Georges H. Lussier, M.D.
Elmar G. Lutz, M.D.
Ekbal Majid, M.D.
Ravindra M. Manek, M.D.
Jules H. Masserman, M.D.
John J. McAndrew, M.D.
James E. McGinnis, M.D.
Frank F. Herker, M.D.
Myron G. Messenheimer, M.D.
Harold W. Mikkelsen, M.D.
Eugene Mittelman, M.D.
Henry G. Moeller Jr., M.D.
Charles C. Morris II,, M.D.
Clarence Craig Nelson, M.D.
Evelyn J. Nelson, M.D.
Robert P. Nenno, M.D.
Robert L. Newman Jr., M.D.
Tak-Ling D. Ning, M.D.
Engel Scott Nininger, M.D.
Robert E. O'Toole, M.D.
Ernest Oppenheimer, M.D.
Esteban A. Padron, M.D.
L. Secord Palmer, M.D.
Sanford J. Perlis, M.D.
Harry Perlowitz, M.D.
Bernard J. Pipe, M.D.
Addison W. Pope, M.D.
Aylin Radomisli, M.D.
Manuel Rivera-Dominguez, M.D.
Eli Robins, M.D.
Elizabeth K. Rockwell, M.D.
Isadore Rodis, M.D.
Ruick S. Rolland, M.D.
Irving M. Rosen, M.D.
Hyman S. Rubinstein, M.D.
John D. Russell, M.D.
Robert Dayton Sall, M.D.
R. Michael Sanders, M.D.
Blaise Carlo Scavullo, M.D.
Harry Segenreich, M.D.
C. Sem-Jacobsen, M.D.
Deonarine G. Sewnauth, M.D.
W. Leland Sharp, M.D.
John R. Shawver, M.D.
William R. Sheehy, M.D.
Julius Silberger, M.D.
Antonio C. P. Silva, M.D.
Arthur V. Simmang, M.D.
Hiram Sizemore Jr., M.D.
Eliot T.O. Slater, M.D.
Victor Smirnoff, M.D.
Stewart R. Smith, M.D.
Richard P. Stadter, M.D.
Herman D. Staples, M.D.
Florence C. Stein, M.D.
Berne Surrey, M.D.
Harold L. Sutton, M.D.
Steven David Taft, M.D.
Zosimo Garay Tillo, M.D.
Louise Tumarkin, M.D.
Herman Kurt Van Der Meer, M.D.
Samuel A. Walcott, M.D.
Warren H. Walker, M.D.
Daniel A. Wallace, M.D.
David Weinberger, M.D.
William Weisdorf, M.D.
Moke W. Williams, M.D.

Salloway Elected

Stephen Salloway, M.D., has been elected to a three-year term as a director of the American Neuropsychiatric Association (ANPA). He is an assistant professor in the departments of clinical neuroscience and psychiatric and human behavior at the Brown University School of Medicine and director of neurology and codirector of the Quantitative Neuroimaging Laboratory at Butler Hospital in Providence, R.I.

Manual

from page 1

"The reality is that by increasing the recognition of mental diagnoses, the number of referrals to psychiatrists will significantly increase and there will be more appropriate uses of psychiatric treatment."

In addition, "primary care physicians are not learning about mental disorders from psychiatrists. This is an excellent attempt to bridge that gulf and bring us closer to primary care in a very direct way."

The manual is compatible with the *DSM-IV* and facilitates primary care clinical management by grouping together disorders based on presenting symptoms. It provides diagnostic pathways for common disorders such as depressed mood, anxiety, unexplained general medical complaints, substance abuse, sleep disorders, and sexual problems (*Psychiatric News*, January 20).

"[The manual] will only encourage the competition by giving them a stronger basis for making diagnoses and to begin treatment."

Area 6 Trustee Daniel Borenstein, M.D., expressed his support in general but asked whether the document could devote some attention to the need for consultation and referral to psychiatrists.

"We hope there are instances when the document promotes that, thus furthering our alliances with primary care physicians," he said.

Speaker of the Assembly Norman Clemens, M.D., expressed his support with the caveat that some corrections be made such as spelling out "PC" in the title *DSM-IV-PC*.

He said, "Psychiatrists I work with might want to give this publication, assuming the cost is reasonable, to primary care physicians in conjunction with training courses that would build in referral issues, but it would be better to have some guidelines on when to refer in print." McIntyre responded to the suggestion about including guidelines on consultations and referrals.

"I don't think it is appropriate to mention this here because it is a diagnostic and not a treatment manual," he said. "Working with family physicians related to treatment protocols, how the manual is presented, and teaching issues are important topics to be addressed elsewhere."

APA President Jerry Wiener, M.D., added that "using the diagnostic manual as a teaching tool doesn't preclude psychiatrists from talking about treatment."

McIntyre praised the collaboration between APA and leading primary care specialty organizations in developing the manual. He called it "a very important step in working more closely together." The primary care organizations included the American College of Physicians, Society of General Internal Medicine, American College of Obstetricians and Gynecologists, and the American Academy of Pediatrics.

Former APA presidents Joseph T. English, M.D. (left), and John McIntyre, M.D., join in the Board of Trustees' discussion on the publication of an edition of DSM-IV for primary care physicians.

"The reality is that by increasing the recognition of mental diagnoses, the number of referrals to psychiatrists will significantly increase. . . ."

History Notes

from page 22

he began to write to the President and other officials about obtaining a consulship in Europe. Before he shot Garfield, Guiteau had left a sheaf of papers at a newsstand in Union Station in which he stated that removing the President was necessary to save the country and also to create a demand for his own writings.

Was Guiteau Sane?

The trial considered at length the following questions: Was there an entity termed moral insanity? Did the defendant know right from wrong and the consequences of his act? Was there an irresistible impulse?

There was no question that Guiteau understood the nature of his act. He held that he was mentally sane but legally insane. He was "inspired" and hence not responsible for his act.

The question of moral insanity remained unresolved. The concept had come into use about the time of Pinel and had been widely accepted in Britain and the United States. At the trial, Spitzler testified that he had proved the opinion that Guiteau was insane even before examining him using the term "moral monstrosity," a born cripple in respect to moral sense. Spitzler, who was also a neuroanatomist, said that Guiteau showed evidence of imperfect brain development indicated by the shape of his head and by his eyes. Spitzler also cited inherited insanity since several Guiteau collaterals had been judged insane, and his father's religious ideas were mentioned.

The physical evidence was refuted by the prosecution's experts. (The autopsy report proposed the brain might show early dementia paralytica.) The psychiatrists on both sides rejected this diagnosis, while noting an inherited predisposition might exist. Most declared that insanity was a product of a diseased brain.

Other psychiatrists supporting the defense plea of insanity included Dr. W.W. Godding, superintendent of the Government Hospital for the Insane in Washington, D.C. He urged that a neutral commission be appointed to examine the defendant, Dr. Michals of the Bloomingdale (N.Y.) Asylum and Dr. Folsom of the Mclean (Mass.) Asylum. A total of eight psychiatrists was called for the defense.

The prosecution presented 16 experts, mostly asylum superintendents. The star witness was Dr. John Gray of Utica. Much hinged on whether Guiteau's claim to be inspired was a delusion; however, the prisoner had conducted his daily life in an ordinary fashion. Strong religious convictions were not evidence of insanity. The prisoner had told Dr. Gray that the assassination was God's act and that the killing was inspired by pressure from God and hence he could not be held responsible.

Dr. Gray, who pronounced the defendant sane, pointed out that Guiteau controlled his acts and was coherent; he talked clearly and without evidence of irresistible impulse.

Charles Rosenberg says in the introduction of his book *The Trial of Guiteau: Psychiatry and the Law in the Gilded Age*, "There is no doubt that Guiteau suffered from mental illness. The precise diagnosis is another matter." In a closing chapter, Rosenberg says the trial provided a crosssection of psychiatric thought in the pre-Freudian era. After Guiteau's hanging, few physicians doubted his insanity, calling the trial a miscarriage of justice.

The trial put an end to the idea of moral insanity. It showed that the circumstances of a case have much to do with its disposition and that the system of expert testimony needed amending.

The *Journal of Nervous and Mental Disease* in 1882 and 1883 published a number of articles concerning the trial, supporting the finding of insanity and the diagnosis of moral insanity. In 1882 the *American Journal of Insanity* published a long excerpt of the trial, including the direct testimony of the psychiatrists. In the article, Dr. Gray discusses criminal responsibility and whether all criminal actions can be seen as the result of a diseased mind. He wrote, "Where science cannot speak definitively and with authority, it is her duty to be silent. . . . Medical science cannot offer. . .a protecting shield."

NAPHS Installs New Officers

At its January 30 Board of Trustees meeting in Washington, D.C., the National Association of Psychiatric Health Systems (formerly the National Association of Private Psychiatric Hospitals) installed E. Mac Crawford as its new president.

Crawford is chair and chief operating officer of the Atlanta-based Charter Medical Corporation. He succeeds psychiatrist George T. Harding IV, M.D., in the post.

The organization's new president-elect is Paul Jay Fink, M.D., vice president of InterCare Behavioral Health and senior consultant to Charter Fairmount Behavioral Health System in Philadelphia. Fink, a past president of APA, is chair of its Council on Economic Affairs.

Other newly elected officers are First Vice President A. Joyce Bossett, regional vice president for mental health services at Columbia/HCA Corp.; Second Vice President Jean P. Smith, chief operating officer of South Oaks Hospital in Amityville, N.Y.; Secretary Richard L. Munich, M.D., of the Westchester Division of New York Hospital-Cornell Medical Center, and Treasurer William T. Zieverink, M.D., director of behavioral medicine at Southwest Washington Medical Center in Vancouver, Wash.

Several new NAPHS board members were also chosen. They are Alan A. Axelson, M.D., Richard Bangert, Sandra Carson, Barbara Hekimian, Edward C. Irby, Xavior Mastrianni, M.D., and Edward Stack.

E. Mac Crawford is the new president of the National Association of Psychiatric Health Systems.

Early Career

from page 1

- Make special efforts to include the field of academic psychiatry.
- Initiate district branch-level mentoring, recruitment, and retention efforts, employing social activities locally and taking advantage of national meeting opportunities.

The Assembly Committee on Planning, chaired by Donna Norris, M.D., provided an outline of how the five-year pilot program would affect the Assembly. There would be one early career psychiatrist representative and one deputy representative to the Assembly from each Area Council. These representatives would be selected by the Area Council from early psychiatrist APA members nominated by the district branches in that Area.

An Assembly Committee of Early Career Psychiatrist Representatives and Deputy Representatives would elect a chair who would be a member of the Assembly Executive Committee.

Anne Rivers Siddons to Speak at Auxiliary Luncheon

Best-selling author Anne Rivers Siddons will speak at the APA Auxiliary luncheon at APA's annual meeting in Miami on Tuesday, May 23. All Auxiliary members, APA members, and their guests are invited to attend the luncheon, which begins at 11:30 a.m. in the Bayfront Room of the Hotel Inter-Continental in Miami. The on-site cost per person is $55.

Siddons is the recipient of the Auxiliary's 1995 Media Award.

The *Atlanta Journal and Constitution* has called Siddons "the Jane Austen of modern Atlanta," and the *Los Angeles Times Book Review* has compared her with Truman Capote and Tennessee Williams.

Among her novels are *Peachtree Road, Outer Banks, Colony, Hill Towns*, and, most recently, *Downtown*.

The Auxiliary will also be sponsoring two workshops at APA's annual meeting. They are "Supporting the Doctor and Family During Litigation," on Monday, May 22, Imperial Room 2, Fontainebleau Hilton, and "Psychiatrists and the Media: Friends and Foes," on Tuesday, May 23, Pasteur Room, also at the Fontainebleau.

McDaniel

from page 11

tractive partners in the emerging networks that make up the brave new world of health care reform.

"Psychologists can easily get drawn into competitive struggles with physicians about who provides the best care to patients," she also wrote. ". . .Psychologists may resent the financial and social power that physicians have in our society. This resentment can be a formidable barrier to effective collaboration. Large-scale bread-and-butter issues are best handled through action by the American Psychological Association and other professional organizations. The one-to-one interactions between psychologists and physicians work best when founded on mutual support and respect. . . ."

The kinds of collaborative relationships are limited only by the creativity of the psychologists and physicians involved, McDaniel states. She added that a small but growing number of family psychologists now practice with family physicians.

Profiles

from page 9

Sobel said that this will include changes in practice patterns, with the psychiatrist serving as backup to psychologists and social workers.

"The market is going to dictate that we as psychiatrists have a certain level of comfort and facility doing medication backup to therapists," Sobel said. "We need to be comfortable with a model in which patients see a psychologist or social worker for therapy."

Longer-term psychodynamic psychotherapy will always have a place, Sobel said, especially for patients with Axis II pathologies. "But you have to be more selective," he said. "There are some businesses that will pay for a worker to get over a crisis, but not to work out neurotic issues. That is a fact. When it is appropriate, we would try to support it, but the question is who will pay for it."

While acknowledging that the experience of changing their professional lives has been a "roller coaster," both Sobel and Baurer believe the ride will prove to have been worth it.

"As much as we may not like it, it makes sense to try to work within the system and establish a role for high-quality care run by professionals," Sobel said. "The benefits are that we are assuming control of our own fate.

"It seems clear that just waiting around will mean people without medical degrees are going to make these decisions for us," he added. "And then there will be patients who may not get the care they need."

TV Violence

from page 16

couraged all the disciplines to join together to find a solution to violence.

Phillips said psychiatrists, in particular child and adolescent psychiatrists, are "uniquely qualified to help parents and the schools understand what exposure to violence does to the development of children and their behavior. They can also help parents and teachers acquire discriminatory skills in knowing how to use television in healthy ways instead of as an electronic babysitter. We must think of educational and social alternatives to allowing children to vegetate in front of television sets." —C.L.

Walker

from page 4

dians now make up 60 percent of the Indian population and that "they are subject to a variety of unfamiliar conditions than can lead to mental health and substance abuse problems."

Walker commended the "IHS for doing a great deal of work with a dedicated, very small group of people." Nonetheless, Indian health services, especially the mental health and social service components, continue to be underfunded at 43 percent and 21 percent of the need respectively, he noted.

Walker testified that suicide, drug abuse, depression, alcoholism, and domestic violence are some of the most serious problems among Native Americans. He recommended "better administrative coordination among the substance abuse, mental health, medical, and social service programs to address the multiple diagnoses issues."

Studies have shown that depression is the most prevalent mental health problem among Native Americans. Suicide is the leading cause of death for American Indian and Alaska Native adolescents. The suicide rates for all Native Americans is twice that of other races, according to Walker.

"The need for community-based suicide intervention and prevention programs is very great in Indian country," said Walker.

He noted that half of all persons who commit suicide in Indian communities have never been seen by mental health professionals.

Alcoholism is a major contributor to Indian health problems and is responsible for much of the domestic violence found in this population, including child abuse, elder abuse, assault, and rape, noted Walker's testimony. The alcohol-related mortality rate for Indians is three times that of white adults and almost double the rate of other races, according to 1990 IHS figures.

Most patients and their families have dual diagnoses; about 80 percent to 90 percent of alcoholic patients have depression, anxiety disorder, PTSD, or other significant mental illness.

Walker pointed out that "not one full-time psychiatrist is assigned to work in any of the IHS addictions programs throughout the country."

He urged the subcommittee to continue to allocate sufficient resources to retain and recruit medical personnel through loan repayments and scholarship programs. "The need for training, recruitment, and retention of high-level professionals, including psychiatrists, is critical to addressing the health problems of the Native American population."

Walker also referred to allegations that the IHS is allowing nonphysician mental health providers to prescribe potentially dangerous medications. He stated APA's opposition to the continuation of the Department of Defense pilot demonstration program and any efforts to develop a similar initiative in the IHS. —C.L.

Media Watch

from page 17

hold them together. Many people find this conviviality chatting on the Internet. Others have found the deeper solace and support that friends and neighbors have traditionally given: One man in the messages and advice delivered after his girlfriend died suddenly of heart disease, another while logging on in the early morning hours as he kept vigil over his 14-month daughter who was breathing through a tracheostomy.

A virtual community requires an "individual act of imagination" in lieu of the strongly shared mental model of the sense of place in physical communities, muses one writer. If home is where the heart is, notes the author whose girlfriend died suddenly, then already some part of home is to be found in cyberspace.

New Kind of Cult

Another type of community—one that distorts reality—is that proffered by the "soft" cults that are growing in number and variety, reports an article in the April *Redbook*. Operating as businesses, sales networks, psychotherapy clinics, political parties, and churches, these newer cults appear at first to be legitimate but end up exerting the same control over people's lives as traditional cults. Their effects are similar: social isolation, reduced autonomy, heavy financial investment, and abrupt personality changes.

Sterling Management, for example, steers clients into its parent organization, the Church of Scientology, by offering consulting services to professional people with little business education, the article reports.

The article advises being aware of groups led by domineering figures who claim to be superior to all other groups and who attempt to isolate members from the outside world, control their thoughts and actions, force loyalty, and push them to raise money and recruit new members.

No Pill for Sadness

Just as psychiatrists and mental health professionals have succeeded in convincing the medical world that depression is undertreated in the elderly, along comes 70-year-old psychotherapist Stanley Jacobson with a dose of the reality of the aged in April's *Atlantic Monthly*.

Jacobson argues that there are plenty of losses in late life to be legitimately sad about—spouses and friends, employment, driving ability, life insurance—that don't merit treatment with medication. He's convinced that much of the "so-called depression" in later years results from being stuck in the struggle to confront mortality—"silently, secretly, hopelessly—because our culture all but forbids serious discussion of death as the inevitable end of life."

If the elderly mourn or fear their decline toward death, perhaps their first need is "compassionate acceptance" of the reality of their plight.

Short Takes

Finally, the profession will be pleased to note that the Associated Press put out an accurate and positive story on ECT in March. Deftly handled by reporter Nancy Shulins, the article details the changes in the treatment since its inception and sensitively portrays its success in combating suicide in the depressed. And *Newsweek's* March 27 issue tantalizes readers with intriguing new findings from PET and MRI technologies of how men and women use their brains differently.

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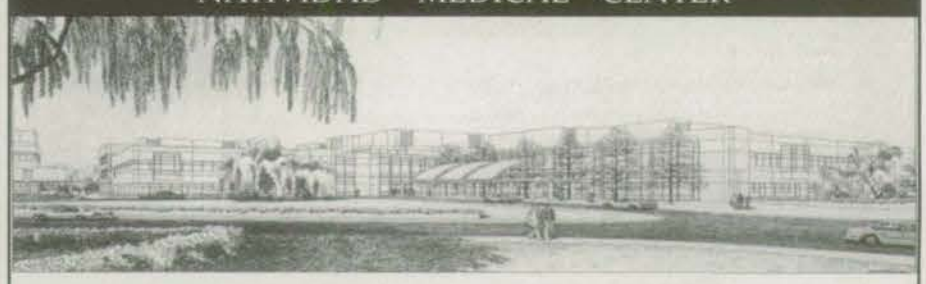

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GEORGIA

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North Carolina is home to beautiful coastal areas, sandy beaches and the Blue Ridge and Smoky Mountains. The area offers a multitude of outdoor recreational options within easy driving distance from any one of several large metropolitan centers. Practice opportunities are currently available for General and Child and Adolescent Psychiatrists in Raleigh, Winston-Salem, Charlotte and Greensboro.

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TEXAS

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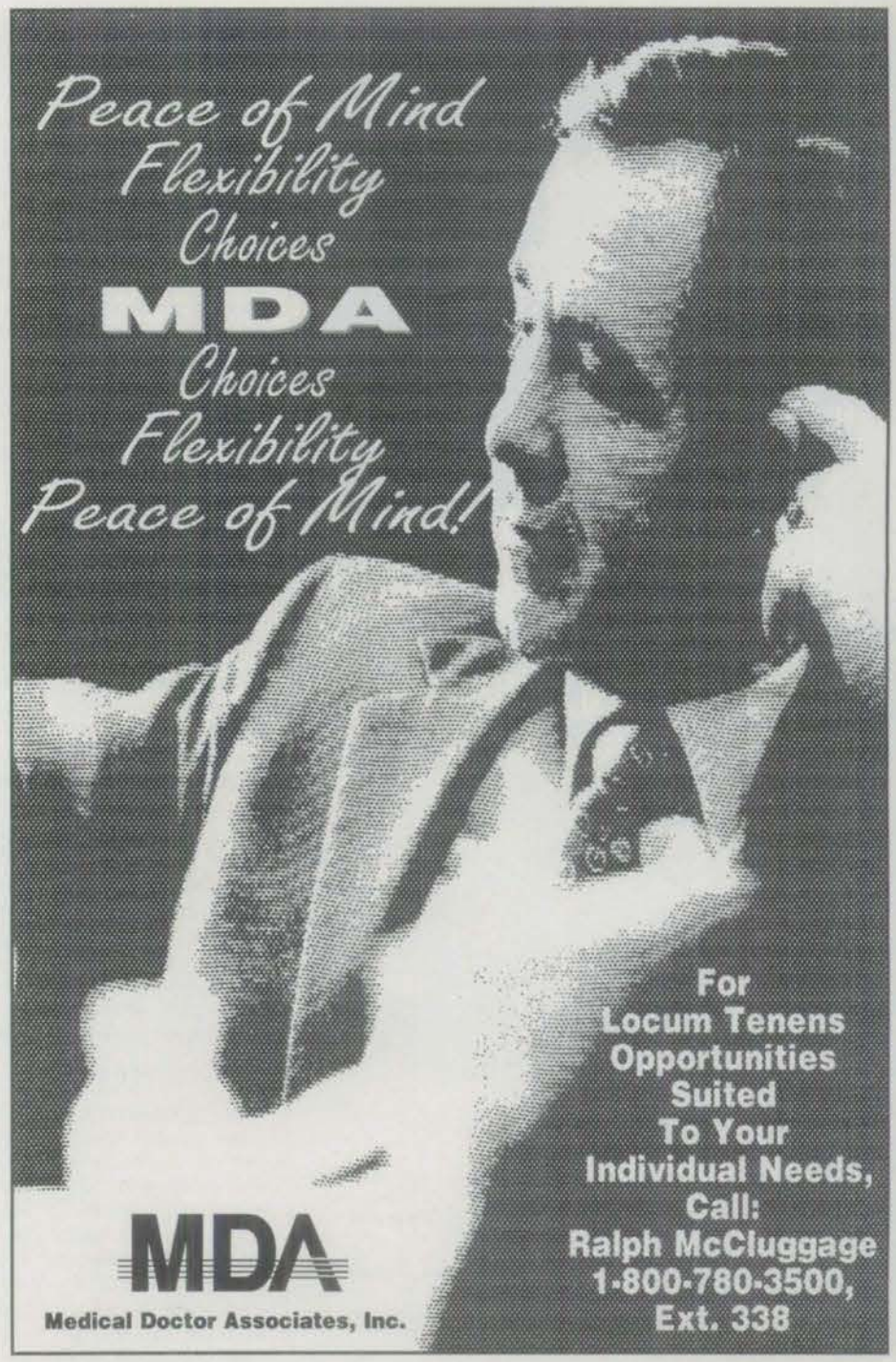

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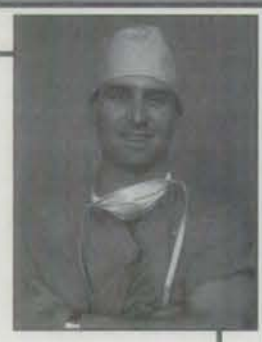

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MS. JEAN HARRIS

"THE TRAGEDY OF INCARCERATED WOMEN AND CHILDREN"

WEDNESDAY, MAY 24, 1995
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The ASSOCIATION OF GAY & LESBIAN PSYCHIATRISTS is a professional, educational, and social organization for psychiatrists who are gay or lesbian and/or involved in the treatment of gay and lesbian patients. For further info. write to **AGLP, 3331 Ocean Park Blvd., Suite 201, Santa Monica, CA 90405**. Confidentiality respected.

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Your next professional opportunity is just a phone call away. For a confidential discussion of today's job market, contact **Rebecca Kilmer, APA's Psychiatric Placement Service**. Unlike other search firms, our service works exclusively with psychiatrists looking for a change and has access to the collective resources of the APA. For more information, write or call: **PPS, 1400 K St., NW, Washington, DC 20005; (202) 682-6108**.

NATIONWIDE—Many good opportunities for General Adult and Child and Adolescent Psychiatrists available!!! Locations include Alabama, Alaska, CT, Georgia, IA, Maine, Missouri, Montana, New Jersey, New York, North Dakota, Pennsylvania, South Carolina, Washington, and West Virginia. Salary/income guarantees in excess of $150K. Call (610) 889-4850 for details. FAX CV to (610) 889-4964.

PSYCHIATRIST PSYCHIATRIST

Help! We're going crazy trying to find Psychiatrists!!! Call Advanced Careers, Barbara or Maggie (800) 835-8449 or FAX CV (203) 282-1197.

PSYCHIATRY, ADULT & CHILD/ADOLESCENT—APOGEE, one of the nation's largest independent mental healthcare providers is seeking **BE/BC Psychiatrists as Part Time & Full Time** employees, for their multidisciplinary mental healthcare group practices. Opportunities exist in Phoenix AZ, CALIFORNIA, Baltimore MD (CHP), DC Metro (CHP), FLORIDA (CHP & Adult), PENNSYLVANIA, RHODE ISLAND (CHP), & TENNESSEE. Additional expansion in OREGON & WASHINGTON expected soon. Get a competitive edge by joining this established, rapidly expanding, premiere mental healthcare group. For immediate consideration, fax (610) 992-0843 or send your resume to Doug Page, APOGEE, 1018 W. Ninth Ave., Suite 202, Dept. CPN6, King of Prussia, PA 19406; (800) 432-7643, ext. 4. EOE. **Visit booth #526 at the APA Convention!**.

PSYCHIATRIC RESIDENTS AND FELLOWS—You have an ally when it comes to your job search! The APA's Psychiatric Placement Service can get the ball rolling as you move from postgraduate training to the workforce. The PPS will provide you with up-to-date information on the job market, identifying professional opportunities you may not even know exist. We do so at no cost to you. It's just one of the many services available to all psychiatrists through the APA. For information on how to enroll, call or write: **PPS, 1400 K St., NW, Washington, DC 20005; (202) 682-6108.**

OPPORTUNITIES NATIONWIDE FOR GEROPSYCHIATRISTS AND ADULT PSYCHIATRISTS. A variety of opportunities are available across the country whether you want small town life or a metro area; warm weather or cold or somewhere in between. **Currently available—Geropsychiatry: IL, MA, PA, KY. Adult Psychiatry: MI, IL, WI**. Call for details about these or other upcoming opportunities. **Contact Terry Banfield Good (formerly Terry Macheski) or Steve Short at (800) 355-4884, or fax CV to (703) 506-9308**, or mail CV to HMHM, Dept. NAT-0505, 7601 Lewinsville Rd., Ste. 202, McLean, VA 22102. EOE.

REGIONAL

EAST COAST PSYCHOPHARMACOLOGISTS—Major national managed care organization seeks private-practicing psychiatrists with interest and competence in psychopharmacology to join its provider network. Our care management process is quality focused and we strive for non-burdensome utilization review. Psychiatrists are needed throughout **Pennsylvania, New Jersey, Delaware, Maryland, West Virginia, Virginia, the District of Columbia, and North Carolina** to provide diagnostic evaluations and medication management for adults, adolescents, and children. Please submit CV and other relevant information to Psychiatrist Search, PO Box 9036, Lutherville, MD 21093.

ALABAMA

CHARTER MEDICAL CORPORATION
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Northeast Alabama—CHILD AND ADULT PSYCHIATRISTS—Immediate positions. Mid-size city - central to Chattanooga, Birmingham, Rome, Georgia, Huntsville, Atlanta. Locally operated psychiatric hospital among medical facilities. Excellent base and production opportunities. Quality setting and accessibility. Please contact Jon Orr, Mountain View Hospital, Gadsden, AL, (800) 245-3645.

SOUTHEAST ALABAMA—Unusual opportunity/ 18-year thriving practice/office building for sale. Serve Tri-state catchment area of 600,000. Short drive to beautiful white sand dunes of Gulf Coast beaches. Beautiful private office building. Convenient location. Extremely experienced staff. Just walk in. Will assist with introduction to medical community and transition. Moving to West Coast. Call for specifics (334) 794-0719.

ALASKA

MEDICAL DIRECTORSHIP for 20-bed Adult/ Child and Adolescent Unit affiliated with one of Alaska's major medical centers. Currently 2 F/T Psychiatrists, expanding, growing, stable program. Beautiful area in the heart of the Alaska glaciers. Salary $150K. Call (610) 889-4850 for details.

ARIZONA

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PSYCHIATRISTS—Need MONEY to pay off those loans for your education? We are an approved site for the loan repayment program from the Public Health Service National Health Service Corps. On top of all this, we offer excellent career and lifestyle opportunities! Clear air, sunshine, and an abundance of recreational activities are at your doorstep along with modern outpatient and inpatient facilities for adults, youth, seriously mentally ill, and CD clients. A position with the loan repayment option is currently available in Bullhead City, Arizona for a general or child psychiatrist (BC/BE). Salary: $90,000+ plus complete benefits package. Send CV to Susan Morley, Director of Human Resources, Northern Arizona Regional Behavioral Health Authority, 125 E. Elm, Suite E; Flagstaff, AZ 86001; (602) 774-7128. Fax (602) 774-5665 AA/ EOE.

Tucson—Tucson VA Medical Center, in conjunction with the University of Arizona (UA) School of Medicine, seeks a full-time Chief, Psychiatry Service. Appointee must be board certified in psychiatry and qualify for a clinical or tenure track faculty appointment at the UA. In addition to outstanding clinical skills, candidates must demonstrate abilities and interest in administration and academic psychiatry, including scholarly achievement in teaching and research. VA salary commensurate with specialty/sub-specialty and fringe benefits. Send CV to Jayendra H. Shah, M.D., Chief of Staff, VAMC, Tucson, AZ 85723 or telephone (520) 629-1815. Review of applications will begin June 1, 1995 and continue until the position is filled. Tucson VAMC and UA are EEO/ AA/ADA employers. Women and minorities are encouraged to apply.

ARKANSAS

CHILD/ADOLESCENT PSYCHIATRIST

Opportunity available in an expanding, fiscally sound, private non-profit community mental health center serving 6 counties in beautiful western Arkansas. Comprehensive diagnostic and treatment services provided in both urban and rural settings. Primary service center located in a pleasant city of 75,000 with good schools. Community college and low crime. Surrounding area includes picturesque small towns, lakes, streams, rolling hills and forests. Climate consists of 4 seasons and mild winters. Salary negotiable, based on experience. Phone or write Larry Leroy, Director of Clinical Services, Western Arkansas Counseling and Guidance Center, P.O. Box 2887, Fort Smith, Arkansas 72913-2887. (501) 452-6650; FAX (501) 452-5847.

GENERAL PSYCHIATRISTS—To work in a private, non-profit CMHC. Comprehensive diagnostic and treatment services provided in a fiscally sound center serving 6 counties in western Arkansas. Inpatient and outpatient psychiatric services are provided in both urban and rural settings in the beautiful Arkansas River Valley and mountain areas> ($120K, additional pay for on-call services). Phone or write to Larry LeRoy, Dir. of Clinical Svcs., Western Ark. Counseling and Guidance Ctr., P.O. box 2887, Ft. Smith, AR 72913-2887; (501) 452-6650; FAX (501) 452-5847.

CALIFORNIA

The Department of Psychiatry, University of California, Davis is recruiting two full-time faculty members; one for a senior leadership position as Professor of Psychiatry, Vice Chair of the Department of Psychiatry, and Medical Director of the Sacramento County Mental Health Treatment Center, and the other to a more junior faculty position as Assistant/Associate Professor,

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coordinator of the medical student clerkship and consultation-liaison psychiatrist.

For the senior position, the successful candidate will have medical responsibility for directing all psychiatric services at the University Medical Center (C&L and OPD), and the adjacent county mental health treatment center (80 acute and intermediate inpatient beds and an acute crisis intervention service). At least 10 years of experience in clinical administration and academic leadership are required. Demonstrated experience in quality improvement programs and managed mental health services are necessary. Significant experience in teaching and supervision of residents, medical students and allied mental health professionals is required. Advanced management training (MBA, MPA, MPH or equivalent) is desirable. The successful candidate will have one or more areas of special expertise such as geriatrics, neuropsychiatry, psychopharmacology or mental health services research.

For the more junior position demonstrated teaching skills in medical student education and clinical experience in C&L psychiatry is required. Board eligibility or certification in psychiatry is necessary, and in another related medical specialty is desired. Post-residency fellowship training in C&L psychiatry is also desirable.

UC Davis is an equal opportunity employer and encourages applications from minority candidates. Please send a CV and names of 5 references to Dr. Thomas Anders, Chair, Department of Psychiatry, 4430 V St., Sacramento, CA 95817. Deadline for receipt of applications is April 30, 1995. Indicate which one of the two positions your application is directed.

MEDICAL DIRECTOR/STAFF PSYCHIATRIST—Interested in a rural setting on the Northern California coast? We are looking for a psychiatrist experienced in working as a Medical Director and Staff Psychiatrist, and as an interdisciplinary team member, in an overall county system of care. Contact: Joseph S. Krzesni, Mental Health Director, 720 Wood St., Eureka, CA 95501; (707) 445-7300.

DIRECTOR OF CHILD AND ADOLESCENT PSYCHIATRY

The Department of Psychiatry and Human Behavior, College of Medicine, University of California at Irvine, is seeking a director for our child and adolescent program at the new neuropsychiatric hospital. The position is full-time and includes the development of both inpatient and outpatient clinical programs, development of grant-funded research, and direction of the child and adolescent fellowship training program. Faculty rank and tenure status are commensurate with qualifications. The successful candidate must be board-certified in child and adolescent psychiatry and have a strong track record in clinical programs and research accomplishments, including continuous success in competitive federal grant support. The University of California is an Equal Opportunity, Affirmative Action Employer, "Rooted in education, enriched by diversity".

Please send a CV and five references to the Chairman of the Search Committee, Dr. Curt Sandman, Director of Research, 2501 Harbor Blvd., Costa Mesa, CA 92626.

Atascadero—Atascadero State Hospital, a University of California affiliated, JCAHO-accredited hospital, the nation's largest center for the treatment of mentally ill offenders, located midway between San Francisco and Los Angeles on the scenic central California coast, seeks bd.cert/-elig. psychiatrists. Senior clinicians as well as recent graduates of approved residencies are invited to join our highly qualified staff of 40 psychiatrists and 10 non-psychiatric physicians.

We offer a spectacularly beautiful environment in San Luis Obispo County with temperate climate, beaches, cultural activities, sailing, riding, clean air, and excellent schools through the University level. Salary with certification up to $106,000 plus benefit package valued at an additional 30%, plus professional liability coverage. Liberal additional pay for on-call duties, if desired. Applicants must hold current California license, or have pending application with the Medical Board of California. Send CV for prompt and confidential review to **David Saunders, M.D., F.A.P.A., P.O. Box 7001, Atascadero, CA 93423-7001; (805) 468-2005.**EOE.

Modesto—FT INPATIENT Psychiatrist, starting late spring (early summer) with Stanislaus County Department of Mental Health. Modesto is located in the San Joaquin Valley near San Francisco, Yosemite, Monterey and the Sierras. Personal service contract up to $125,000 plus for FT per year, including optional on-call. Send inquiries to Ronald Melmed, M.D., 1501 Claus Rd., Modesto, CA 95355 or call (209) 524-4888. AA/EOE

Northern California—Outstanding opportunities are now available for adult outpatient, child/adolescent, and inpatient psychiatrists with Kaiser Permanente at several Northern California locations. These new positions are part of a region wide program expanding and improving out psychiatric services by strengthening the partnership between departments of medicine and psychiatry. Training and experience in brief psychotherapy and psychopharmacology are essential. Board certification/eligibility is required. Competitive salary and comprehensive benefits package. Interested candidates should send CV with cover letter to: Brenda Ferguson, The Permanente Medical Group, Inc., Physician Recruitment, Dept. 41, 1814 Franklin, 4th Floor, Oakland, CA 94612-3497. EOE.

NORTHERN CALIFORNIA—The Kaiser Permanente Medical Center in Santa Clara has an outstanding opportunity for a Chief of Psychiatry with documented administrative experience and familiarity with HMO psychiatry. Board certification is required. The psychiatry department comprises adult, child/adolescent and chemical dependency outpatient divisions at three different sites. Our 60-member department includes psychiatrists, psychologists, psychiatric social workers and psychiatric nurses. We are presently engaged in a five-year process of carrying out a new model of care for mental health that includes new research design for measuring outcomes. Interested candidates should send CV to: Brenda Ferguson, The Permanente Medical Group, Inc., Physician Recruitment, Dept. 41, 1814 Franklin, 4th Floor, Oakland, CA 94612-3497. EOE.

Northridge—Part-time Bd.-cert. Neurologist or Psychiatrist for research position. Our research team is growing! We need an additional physician (4-6 hours/week + free office space for your private patients). Appropriate candidate has a substantive interest in medicine, research, patient care and the clinical aspects of psychiatry/neurology. M.D. will function as an investigator and/or co-investigator on studies from which data are submitted to the FDA. Some domestic travel is required and compensated. Excellent opportunity. Submit resume/CV and salary requirements (e.g. hourly rate), in confidence, to: Dr. Charles Wilcox, Exec. Dir., Pharmacology Research Institute, 8435 Reseda Blvd., Northridge, CA 91324.

Sacramento

ADULT/ADOLESCENT PSYCHIATRIST

Community Psychiatric Centers, a national provider of psychiatric inpatient and outpatient services, is seeking F/T Program Director psychiatrists at both of their Sacramento hospitals. BE/BC Adult/Adolescent psychiatrists seeking an active inpatient and outpatient practice. Sacramento is conveniently located between the San Francisco Bay area and Lake Tahoe with outstanding financial growth opportunities. For consideration send CV to: CPC Sierra Vista Hospital, 8001 Bruceville Rd., Sacramento, CA 95823, Attn: L. Kreyche, M.D., Medical Director.

COLORADO

PSYCHIATRISTS—Suburban Denver. Psychiatrists needed for Adult Psychiatry. Contact: Robert J. Nathan, M.D., Medical Director, Jefferson Center for Mental Health, 5265 Vance St., Arvada, CO 80002; (303) 425-0300. EOE M/F/D/V.

Denver—BE and BC Psychiatrists. Excellent full and part-time opportunities are currently available within our progressive Community Mental Health Center. You will work within a multidisciplinary treatment team environment to provide services to severe and persistently mentally ill clients. We can also offer the added advantage of life in the "Mile High City" environment where the city life offers the convenience of the arts, shopping, sports and corporate mingling while the peaceful mountain landscape lies minutes away. Salary is competitive and commensurate with experience and qualifications. Flexible schedules are available. Strong benefits package including 403(b) retirement plan. Academic opportunities through University of Colorado. Apply to Mental Health Corporation of Denver, c/o Haydee Kort, M.D., Psychiatric Consultant, 4 Country Club Village, Pueblo, CO 81008; (719) 545-6546. We are an EOE/AA employer. M/F/D/V.

Denver—Faculty Psychiatrist. The C. Henry Kempe National Center for the Prevention and Treatment of Child Abuse and Neglect and the Dept. of Psychiatry University of Colorado Health Sciences Center (UCHSC), are recruiting for a BE/BC child and adolescent psychiatrist for a full-time faculty position. Position will be primarily at the Kempe National Center, with 30% time allocated to UCHSC activities. General position requirements include: clinical staff supervision, consultation on child maltreatment cases, direct patient care, development of research interests, and administration. Research commitment in areas consistent with the Kempe National Center mission is expected. Expertise in child maltreatment is essential. Salary/faculty rank commensurate with qualifications. Call or write (with CV): Susan Hiatt, Ph.D., Director; Kempe National Center, 1201 Oneida St., Denver, CO 80220-2944; (303) 321-3963. The University of Colorado is an equal opportunity/affirmative action employer.

Fort Lyon—Vacancies exist at this Medical Center for BE/BC Psychiatrists. Teaching experience desirable. Applicants should be U.S. citizens and must have a current license to practice in any state of the U.S. Congenial staff; good working conditions with maybe benefits. Historic Fort Lyon is located along the Santa Fe Trail on the high plains of southeastern Colorado in the Arkansas River Valley. Living is rural, comfortable with virtually non-existent crime. Local schools are excellent. Starting salary is $125,000+, depending on qualifications and experience. Interested applicants should contact Joyce Maupin, Recruiter, at (719) 384-3480, or send current CV to Joyce Maupin (05), VA Medical Center, Fort Lyon, CO 81038. Interested applicants can also call I. David Bornstein, M.D., Chief, Psychiatry Service for more information.

Pueblo—University of Colorado Health Sciences Center recruiting for Psychiatrists-**Adult, Forensic, Child and Adolescent, Geriatric**—for 635-bed psychiatric center. Nation's best state hospital (Nader Report, 1988) located in America's most liveable community (University of Kentucky, 1990). Money Magazine—Top Five Small City (1994). Regular hours. Salary competitive, commensurate with qualifications, plus faculty benefits, paid malpractice. Position carries academic appointment at UCHSC. Send CV to Graham W. Hoffman, M.D., Chief of Medical Staff, Colorado Mental Health Institute, 1600 West 24th Street, Pueblo, CO 81003-1499; (719) 546-4637.

Southern Colorado—University of Colorado Health Sciences Center recruiting fulltime Psychiatrists for the Dept. of Corrections. Jobs available in the Canon City/Pueblo area. Flexible hours. Competitive salary. Appointments available January 1996. Faculty benefits with paid malpractice. Position carries academic appointment at UCHSC. Send CV to Mark Diamond, DO, Clinical Services, CTCF/C House, PO Box 1010, Canon City, CO 81215-1010; (719) 269-4097.

CONNECTICUT

CHILD PSYCHIATRIST P/T

Board Eligible/Board Certified child psychiatrist 8-12 hours **Child Guidance Clinic**. Provide diagnostic assessments and psychiatric input to multidisciplinary team. Varied patient population. Stimulating professional environment. Excellent opportunities for teaching and supervision. Minorities, bilingual Spanish/English encouraged to apply. Easy NYC commute. Resumes: ED, CGC, 103 W. Broad St., Stamford, CT 06902. EOE.

CHILD PSYCHIATRIST

PSYCHOTHERAPY CENTER OF ESSEX—Private Practice. A well established multidisciplinary, multispecialty group practice located in the scenic town of Essex, which is along the CT River, is currently interviewing qualified BE/BC child psychiatrists for a full-time partnership opportunity to join a dynamic and rapidly growing practice. Capacity to work in a collegial, multidisciplinary team model is essential. Although our population is primarily outpatient, applicants with recent post-graduate inpatient experience, preferably at the level of unit chief, are most desirable. Proven skills in diagnosis, psychopharmacology, treatment planning and review are required. Send resume in confidence to: Psychotherapy Center of Essex, Diana Harbison, M.D., Medical Director, Robert Mallimson, Ph.D., Clinical Director, P.O. Box 182, Centerbrook, CT 06409.

Darien—Group practice in Geriatric Psychiatry with substantial nursing home and outpatient services. Excellent salary plus partnership opportunity. Contact Geriatric Psychiatry Associates, P.C, Malcolm Gordon, M.D., Executive Director, 10 Corbin Dr., Suite 5, Darien, CT 06820; (203) 655-1559.

Fairfield—Group Psychiatric Practice seeking full-time Child and Adult Psychiatrist. Varied inpatient and outpatient work. Partnership opportunity. We offer a competitive salary. Send resume to Mark Waynik, M.D., 52 Beach Rd., Fairfield, CT 06430.

Litchfield County—The Charlotte Hungerford Hospital located in Northwest CT is currently seeking two (2) BC/BE psychiatrists for expanding department. Interested candidates should forward resume/CV to: **Samuel Langer, M.D., Director, Psychiatry, The Charlotte Hungerford Hospital, 540 Litchfield St., Torrington, CT 06790.** EOE.

Litchfield County—Outstanding opportunity for Psychiatrist to join well established private practice in the Litchfield County area. Multidisciplinary staff. Computerized billing. Strong referral and managed care contracts. High level, motivated and interesting patient population. Excellent investment and high income opportunity. Contact June at (203) 266-0077.

New Britain—Seeking BE/BC general psychiatrist to join attending staff of eight BC psychiatrists at New Britain General Hospital (NBGH), a 340-bed university affiliated teaching institution. The position is currently configured half-time hospital based and half-time private practice, but a full-time configuration is possible. Membership in developing multidisciplinary mental health network. Many "niche" opportunities available, including women's medicine, geriatrics, and bilingual practice - Polish and Spanish. Reply to Mahlon S. Hale, M.D., Chief, Department of Behavioral Health Services, NBGH, 100 Grand St New Britain, CT 06050; (203) 224-5449 or FA (203) 224-5734. AA/EOE.

SOUTHERN PART OF FAIRFIELD COUNTY—Group practice seeking a part-time Psychiatrist, possibility of full-time in future & possibility of Partnership. Please send your resume to: Fax #(203)323-7317

DELAWARE

DREAM COME TRUE?—A small, friendly hospital (138 bed) with the high tech advances of a sophisticated facility but located in the beautiful East Coast sea resort community of **Lewes, DE**...with you as its **Medical Director and Chief of Psychiatric Services? Beebe Medical Center's** 13-bed inpatient unit has just such an upper level opening. Candidate must possess strong credentials, administrative experience, demonstrated interpersonal skills, dedication to team effort. Competitive compensation package. For information call Stephen H. Short at (800) 355-4884, or fax your CV to (703) 506-9308. EOE.

DISTRICT OF COLUMBIA

PRIVATE PRACTICE OPPORTUNITY—Office available July 1, Excellent central DC location. Ample private parking; convenient public transportation. Share FT secretary, expenses 4 other general psychiatrists. C.D. Kyropoulos, M.D., (202) 462-7111; D.A. Starr, M.D., (202) 387-7123.

PSYCHIATRIST—The Department of Psychiatry and Behavioral Sciences at the George Washington University is recruiting for one full-time faculty psychiatrist position at the Assistant or Associate professor level for the Medical Director of the Psychiatry Day Treatment Program. This position provides an exciting opportunity to direct a partial hospitalization program providing intensive services for acute and chronic illnesses and as a day program for patients with substance abuse and teaching. Board certification preferred. Position is available as of July 1, 1995. Review of applications will begin on May 1, 1995 and continue until the position is filled.

Send CV and letter of interest to Jerry M. Wiener, M.D., Chairman, Department of Psychiatry and Behavioral Sciences, George Washington University, 2150 Pennsylvania Ave., NW, Washington, DC 20037, Attn: Linda Hancock, Departmental Manager. The George Washington University is an equal opportunity/affirmative action employer. Applications from women and minority groups are encouraged. A license to practice in the District of Columbia will be required.

FULL-TIME FACULTY CHILD PSYCHIATRIST—The Department of Psychiatry and Behavioral Sciences at George Washington University is recruiting for one full-time faculty position at the Assistant or Associate Professor level for the Child and Adolescent Team Attending Psychiatrist in the Division of Ambulatory Care. The psychiatrist will lead a multidisciplinary clinical training team with emphasis on outpatient consultation, diagnostic evaluation and treatment planning, crisis intervention, brief therapies and pharmacotherapy. The psychiatrist will function as Coordinator for mental health training in primary care pediatrics residency and participate in

child training in the general psychiatry residency in affiliation with Childrens National Medical Center.

Candidates should be board eligible/certified and a license to practice in the District of Columbia will be required. Experience in managed mental health care, primary care pediatrics, consultation-liaison, pharmacotherapy, brief psychotherapies, and multicultural treatment is highly desirable. Position will be available as of July 1, 1995 and review of applications will begin immediately and continue until the position is filled.

Send CV and letter of interest to Stuart Sotsky, M.D., M.P.H., Director of DAC, Department of Psychiatry and Behavioral Sciences, George Washington University, 2150 Pennsylvania Ave., NW, Washington, DC 20037, Attn: Linda Hancock, Departmental Manager. The George Washington University is an equal opportunity/affirmative action employer. Women and minority applicants are encouraged.

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FLORIDA

PSYCHIATRISTS

Immediate openings for Board Eligible/Certified Psychiatrists and a Board Certified Medical Executive Director at Northeast Florida State Hospital. Florida License required. Hospital has affiliation with University of Florida, Department of Psychiatry. Clinical Faculty appointment available for qualified applicants. Hospital is located 30 minutes from Jacksonville and 50 minutes from Gainesville. Comprehensive benefit package, including malpractice insurance, retirement, health and life insurance. Salary negotiable. Contact Ms. Sandra T. McDonald, Medical Staff Coordinator at (904) 259-6211, ext. 1118. EOE/AA.

CHARTER MEDICAL CORPORATION
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CLINICAL PSYCHIATRIST—Positions available for medical psychiatry units at Florida Hospital—total of 50 beds, level 3 psych.med. and 4 psych.med. in one of America's premier hospitals. Candidates who are double boarded in internal medicine and medical subspecialties with strong interest in medical psychiatry preferred. Teaching and research components to job as well as direct patient care. Excellent salary and benefits in one of America's premier cities. Contact Richard C.W. Hall, M.D., Medical Director, Psychiatric Programs, Florida Hospital, Center for Psychiatry, 601 East Rollins Street, Orlando, Florida 32803; (407) 897-1801.

Ft. Walton—Seeking **Child/Adolescent** Psychiatrist to join existing hospital staff. Opportunity to do both inpatient and outpatient work. Excellent compensation and benefit package. Great location with superior beaches and low cost-of-living. B/E and current FL license required. For confidential consideration, please call David Lassiter at (800) 844-0080 or send your CV to:

Vendell Healthcare, Inc.
3401 West End Ave., Suite 500
Nashville, TN 37203
CALL (800) 844-0080
FAX (615) 269-7525

Miami—Seeking growth oriented FL lic. psychiatrist for active priv. prac.; affluent area; inpt./outpt. settings; excel incentive plan incl. sal., bnfts. Call Dr. Chiert, So. FL Psych. Assoc., 305-935-6060; fax 305-949-9393.

Miami—Part-time Psychiatrist needed to work at South Florida Reception Center, a state correctional facility, in the Mental Health Clinic. Hours M-F from 8:00am to 12:00pm with no call. Florida license required. Excellent compensation/paid malpractice. Contact: Eileen MacLean at (800) 422-3672, x-7468 or mail/fax CV to EMSA, 1200 South Pine Island Rd., Suite 600, Ft. Lauderdale, FL 33324-4460; Fax (305) 424-3270. EEO/AA/M/F.

Miami Beach—Private practice seeking FL Licensed Psychiatrist with experience in Adult, Geriatric pharmacology and HIV disease. Inpatient and outpatient treatment. Forward CV to: 4045 Sheridan Ave., Suite 233, Miami Beach, FL 33140; fax (305) 531-6619.

Orlando—Director of Adolescent Acute Inpatient Psychiatric Unit, Florida Hospital—Board certified child and adolescent psychiatrist, preferably with academic background, to direct active child and adolescent in and outpatient programs. Excellent salary and benefits in one of America's premier cities. Contact Richard D.W. Hall, M.D., Medical Director, Psychiatric Programs, Florida Hospital, Center for Psychiatry, 601 East Rollins Street, Orlando, FL 32803; (407) 897-1801.

Panama City—Psychiatrist to join multidisciplinary mental health center staff in providing inpatient and outpatient treatment. Located in beautiful Gulf Coast area with wonderful weather and beaches, cultural and educational opportunities, and reasonable cost of living. Board-eligible and Florida license required. Full-time salary and $140,000 with excellent fringe benefits. Send CV to: Peter T. Hampton, Ph.D., Executive Director, Life Management Center of NW Florida, Inc., 525 East 15th St., Panama City, FL 32405. EOE.

Pensacola—BE/BC CHILD PSYCHIATRIST. For large, comprehensive health center in Pensacola, FL. The position is 40 hours per week in the outpatient clinic, working with children and adolescents. Salary is $112,000. Additional 3% for Board Certification in child psychiatry. Opportunity for additional compensation for on-call and inpatient duties. Excellent fringe benefits including professional liability insurance. Florida license is required. Pensacola is located on the Gulf of Mexico. It has some of the world's whitest beaches, a lower than average cost of living and excellent health facilities and schools. Please send resume to Lakeview Center, Inc., 1221 West Lakeview Ave., Pensacola, FL 32501-1857; (904) 432-1222, x-229. EOE/MF/Drug Free Workplace.

TALLAHASSEE—BE/BC PSYCHIATRIST

Apalachee Center for Human Services, a large, non-profit, comprehensive mental health center, has outpatient position available, M-F, 8 to 5. On-call optional, but additionally compensated. JCAHO accredited. Outstanding salary/benefit package. Located in a family-oriented community known for its pleasant climate, variety of recreational and cultural activities, and a high quality of life. Send or fax CV to Human Resources Director, P.O. Box 1782, Tallahassee, FL 32302; Fax (904) 487-0851. EOE/Drug Free Workplace.

Tallahassee, Florida Area—BE/BC General Adult or Geriatric Psychiatrist for progressive mental health facility. Pleasant community setting. Florida license required. Malpractice coverage available. Contact: **ANNASHAE CORPORATION (800) 245-2662**.

GEORGIA

ENJOY A LEISURELY LIFESTYLE—in a great university community about 90 minutes from Atlanta. BC/BE child psychiatrist desired for outpatient practice with a large, stable community mental health organization, offering a solid compensation package. Ideal setting mixes the historic, smaller southern city with the benefits of a major university. Great sports, cultural, and recreational opportunities. Call St. John Associates at (800) 737-2001 or fax CV to (812) 332-2727.

Open Rank—Academic Psychiatrists. The Mercer University School of Medicine, Department of Psychiatry, has FT openings in its Adult, Child, and Community Psychiatry Divisions. Outstanding opportunity for clinical practice, teaching, and research in America's newest medical school. Salary and rank commensurate with experience and qualifications, and supplemented by attractive faculty practice plan. Women and minorities encouraged to apply. Contact William Nelson, M.D., Professor and Chair, Dept. of Psychiatry, Mercer University School of Medicine, 1550 College St., Macon, GA 31207; (912) 752-4033. AA/EEO.

MEDICAL DIRECTOR
GEORGIA

Green Spring Health Services, a leader in the field of managed mental health/substance abuse services, has a Medical Director opening in our Atlanta, GA office. Candidate will provide consultation and oversight regarding appropriate medical policy and practice, interface with the medical community and provide Physician Advisor services to utilization management staff.

Board Certified Psychiatrist (ACME approved medical school internship and residency, or equivalent foreign medical training and successful completion of the ECFMG and FLEX) must be licensure eligible in Georgia. Candidates must have at least five years post-residency clinical practice and administrative experience. Excellent salary and flex benefits including 401(k). Submit curriculum vitae to:

GREEN SPRING HEALTH SERVICES
Human Resources 94-379
5565 Sterret Pl., Suite 500
Columbia, MD 21044
EOE M/F/D/V

COMMUNITY MENTAL HEALTH, MENTAL RETARDATION, SUBSTANCE ABUSE CENTER OF MIDDLE GEORGIA—Two hours to Savannah, Atlanta, Augusta and less than an hour to Macon while living in a peaceful small town atmosphere. Great time to join an expanding and progressive area program. J.D. based on merit system specification is negotiable. Salary range: Bd.-elig. $65,652-$89,352; Bd.-cert. $85,638-$102,126 (negotiable based on experience). Excellent fringe benefits, including medical liability, generous sick and annual leave, 12 paid holidays yearly, solid retirement system, a variety of group insurance options and good working conditions. Reply with CV to Harry Pritchett, 2121A Bellevue Rd., Dublin, GA 31021, or call (912) 272-1190 or FAX (912) 275-6509. Equal Employment Opportunity.

CHARTER MEDICAL CORPORATION
****SEE OUR AD ON PAGE 33****

Atlanta—Emory University School of Medicine, Department of Psychiatry and Behavioral Sciences, Atlanta, GA, is recruiting Clinical Psychiatrists in the following areas: Adult General (inpatient) psychiatry; Geriatric Psychiatry; Child/Adolescent Psychiatry. Individuals should have a strong clinical orientation with expertise working within a managed care model of mental health delivery. Applicants should be Board eligible or Board certified with an interest in practicing clinical psychiatry within an academic setting. Please send curriculum vitae to Charles Nemeroff, M.D, Ph.D., Department of Psychiatry and Behavioral Sciences, Emory University, P.O. Box AF, Atlanta, GA 30322. EOE/AA.

ILLINOIS

LUCRATIVE OPPORTUNITY for One Who Loves the Less Hectic and Value-emphasized Atmosphere of Working in a Small Town. — Seeking Psychiatrist to head up new PHP in the Lawrence County Memorial Hospital—a small general hospital in southeastern IL. Also, involves inpatient, consultations, and setting up an outpatient office. Position has much flexibility, and if preferred, the physician can live in Evansville, IN (the closest large city of 150,000) only 60 miles from the hospital or anywhere in between. **Call Terry Banfield Good (formerly Terry Macheski)** for details, or fax CV to her at: (703) 506-9308, or mail CV to her at : HMHM, Dept. ILIN-0505, 7601 Lewinsville Rd., Suite 202, McLean, VA 22102. EOE.

An Hour And A Half From Chicago—A third Psychiatrist needed on adult psychiatric unit based in the Illinois Valley Community Hospital, Peru, IL. A wide-open opportunity for someone who likes geriatric work and would want to help develop and expand the geriatric track on unit. **Excellent financial package** which includes stipend, practice assistance income, and relocation expenses. Peru is within a 60 mile radius of Rockford, Rock Island, Peoria, Bloomington and Joliet. **Call Terry Banfield Good (formerly Terry Macheski) at (800) 368-3589** or fax CV to Terry at (703) 506-9308, or mail CV to: Horizon Mental Health Management, Dept. PERU-0505, 7601 Lewinsville Rd., Suite 202, McLean, VA 22102. EOE.

CHICAGO MEDICAL SCHOOL-PGY-3 OPENING–New funding for innovative PGY-3 position in psychiatry. Outstanding neuropsychiatry, psychopharmacology and psychotherapy training. Call Dr. David Garfield at The Chicago Medical School (708)578-3330.

A NICE SITUATION!—45 minutes from the Univ. of IL, Champaign; only 2 hours from St. Louis and Indianapolis; 3 hours from Chicago. Need 3rd psychiatrist who will be busy from day one on this impressive general hospital-based 25-bed unit. Enjoy flexibility in your daily routine, whether your preference is inpatient, outpatient, consultations in the hospital or nursing homes, etc. Excellent income potential. The hospital is 5 minutes from Charleston—a quaint college town with beautiful old homes and numerous brand new homes, from duplexes to large estate homes. Perfect for the doctor who is tired of the competition and hassles of large city life, but wants to be close enough to enjoy the benefits when desired. **Call Terry Banfield Good (formerly Terry Macheski) at (800) 355-4884** or fax CV to Terry at (703) 506-9308, or mail CV to Dept. IL0505, **Horizon Mental Health Management**, Suite 202, 7601 Lewinsville Rd., McLean, VA 22102. EOE.

ADULT PSYCHIATRIST—Excel opportunity to join a private practice of OP/IP psychiatry. Western suburb Naperville/Aurora. Sal/compensation negotiable. Send resume or call Freeda. FOX VALLEY PSYCHIATRIC, PO Box 1441, Aurora, IL 60507,(708)859-0120.

CHIEF OF PSYCHIATRY—The VA West Side Medical Center is seeking an energetic and visionary leader of its Psychiatry Service. We are a modern 385-bed tertiary hospital with one of the largest ambulatory care programs in the VA and a comprehensive spectrum of acute psychiatric services. A fully integrated graduate medical education program exists with the University of Illinois College of Medicine (UIC). We are looking for an energetic and visionary leader with a strong academic background and commitment to education and clinical/services-oriented research. A faculty appointment at the Associate Professor level or higher is expected. West Side offers an excellent salary and benefit package in a professionally stimulating atmosphere. VA and UIC are equal opportunity employers. Send CV to Subhash C. Kukreja, M.D., Chair, Search Committee (111), 820 S. Damen Ave., Chicago, IL 60612.

DIRECTOR OF PSYCHIATRIC MEDICINE—The University of Chicago is seeking a medical psychiatrist with academic interests to direct the Psychiatric Medicine programs. Responsibilities include clinical supervision, teaching and provision and direction of clinical care activities. Candidates must be board certified (or eligible) in Psychiatry. Additional qualifications in another medical specialty, preferably primary care, are desirable. A record of research and/or publications is desirable. Salary and faculty rank commensurate with experience and qualifications. Send curriculum vitae and cover letter to: Bennett Leventhal, M.D., Chair, Department of Psychiatry, University of Chicago, 5841 S. Maryland Ave., MC3077, Chicago, IL 60637. An AA/EEO employer.

DIRECTOR OF ADULT PSYCHIATRY—The University of Chicago, Department of Psychiatry is seeking an academic psychiatrist to direct Adult Psychiatry programs in an academic medical center. Responsibilities include research, clinical service, clinical supervision, teaching of medical students and psychiatry residents and direction of clinical care activities. The successful candidate must be board certified (or eligible), have a record of research and/or publications must qualify for academic appointment. Salary and faculty rank commensurate with experience and qualifications. Send curriculum vitae and cover letter to: Bennett L. Leventhal, M.D., Chair, Department of Psychiatry, The University of Chicago, 5841 S. Maryland Ave., MC 3077, Chicago, IL 60637. The University of Chicago is an AA/EEO employer.

GEROPSYCH DIRECTORSHIP POSITION—An outstanding opportunity to establish yourself in an area where no psychiatric professional currently specializes in geriatrics. A team of 3 other psychiatrists are available to assist with coverage and lend support. Work on a unit based in a very impressive full-service hospital in Danville— **only 2 1/2 miles from Chicago; 35 miles from Champaign/Urbana, and 70 miles from Indianapolis**. Salary with benefits or practice opportunity available. Call **Terry Banfield Good (formerly Terry Macheski) at (800) 355-4884**, or fax CV to Terry at (703) 506-9308, or mail CV to: Horizon Mental Health Management, Dept. DAN-0505, 7601 Lewinsville Rd., Suite 202, McLean, VA 22102. EOE.

Chicago—Jr. and Sr. Faculty positions available in growing Department of Psychiatry. Opportunity in most subspecialties. Contact B.L. Leventhal, M.D., Professor/Chair (Interim), Department of Psychiatry, University of Chicago, Box 411, 5841 S. Maryland Ave., Chicago, IL 60637. An EOE

INDIANA

SOUTHERN INDIANA—For those interested in Evansville, Vincennes, the southwestern part of Indiana, please see our ad under Illinois: "Lucrative Opportunity for Dr. Who Loves the Work Atmosphere of Small Towns." EOE.

CHARTER MEDICAL CORPORATION
****SEE OUR AD ON PAGE 33****

BANKS OF THE WABASH—BC/BE adult psychiatrist needed for comprehensive multidisciplinary practice in a great historical center of Indiana. Enjoy all the charms of a college town with easy access to Louisville, Indianapolis, St. Louis and Evansville. Excellent call situation, strong salary and benefits. Call St. John Associates at (800) 737-2001 or fax CV to (812) 332-2727.

FAX YOUR AD TO (202) 682-6347

TODAY!!!

KANSAS

CLINICAL DIRECTOR

Topeka State Hospital, a 266-bed, JCAHO accredited and HCFA certified psychiatric facility serving children, adolescent and adults, is recruiting for the position of Clinical Director. This position oversees all clinical disciplines and the hospital's residency and child fellowship programs with the Menninger Clinic, as well as other teaching programs. Qualifications: must be eligible for licensure in Kansas; board certification desired; progressive leadership abilities and administrative experience required. Excellent benefits. Topeka is a small city which enjoys a family-oriented lifestyle, excellent services and clean air. Randy Proctor, Acting Superintendent, (913) 296-4222; FAX (913) 296-4289. EOE.

Manhattan—Board Certified/Eligible Psychiatrist. Full-time position in expanding and active community mental health center. Join an experienced multidisciplinary staff offering services from prevention to rehabilitation. Major practice emphasis on outpatient care with some responsibilities for inpatient unit, consultation and supervision of other professional staff. Salary competitive/excellent fringe benefits including malpractice, retirement, health insurance, vacation, professional leave and relocation. University town located in the beautiful Flint Hills of Kansas provides excellent working conditions and environment. To apply or obtain further information, contact Don Schreiner, Executive Director, or Steve Eshelman, M.D., Medical Director, Pawnee Mental Health Services, 2001 Claflin, Manhattan, KS 66502. EOE.

Wichita—Full-time BE/BC general psychiatrist to join busy solo practice. Large general psychiatric practice both adult and adolescents located in Kansas' largest city. One full-time psychologist and several part-time therapists. Practice rapidly expanding to include 4 area hospitals. Affiliated with the University of Kansas School of Medicine-Wichita. Opportunity for unlimited earning potential. Very congenial group atmosphere, 5 full-time support staff. Income support and moving expenses available.

Wichita is a growing metropolitan area of approximately 400,000. Symphony orchestra, music theater, fine dining, many national retailers. Only 2 hours from Kansas City and 8 hours from the rocky Mountains. Excellent private educational institutions. Beautiful residential areas abound. Large city atmosphere with small city conveniences. Respond to *Psychiatric News*, Box P-223, APA, PSD, 1400 K St., NW, Washington, DC 20005.

KENTUCKY

STAFF PSYCHIATRIST

Opening for full-time board-eligible or board-certified psychiatrist at progressive JCAHO accredited 355-bed hospital with excellent clinical staff. Starting salary: board eligible - $105,000; without experience - $100,000; and board certified - $110,000. Generous fringe benefits: paid holidays, sick leave, annual leave, educational leave, medical and life insurance, free malpractice insurance, deferred compensation plan, and nearby housing. An Equal Opportunity Employer. One day a week clinic positions normally available at an additional $20,000 yearly. Progressive city of 30,000 near TVA's "Land Between the Lakes". Contact Wayne Taylor, Facility Director, Western State Hospital, P.O. Box 2200, Hopkinsville, Kentucky 42241-2200; (502) 886-4431.

PSYCHIATRISTS (BC/BE) wanted for in-outpatient work in collaboration with area CMHCs. New 100-bed adult psychiatric hospital in EASTERN KENTUCKY APPALACHIAN MOUNTAINS. Friendly, rural community located 2 hours from Lexington, KY and 3 hours from Cincinnati, OH. Adjacent 208-bed acute care hospital. Salary $100,000+, DOE, with increase for boards. On call 1 in 9. Comprehensive benefits package. Send CV to/contact Greg Davis, Appalachian Regional Healthcare, P.O. Box 8086, Lexington, KY 40533; (800) 888-7045 or (606) 281-2537. EOE M/F.

RIGHT NEAR HUNTINGTON, WV—DIRECTORSHIP POSITION AVAILABLE—15-bed psychiatric unit in general hospital in northeastern KY— **35 miles from Huntington, WV and Ashland, KY. Only 140 miles to Lexington and 218 miles to Cincinnati**. Perfect for someone who likes a combination of inpatient, outpatient, and CL work; and who is looking for the quieter lifestyle of small town living in one of the most beautiful states in the country. **Call Terry Banfield Good (formerly Terry Macheski) at (800) 355-4884**, or fax CV to my attention at (703) 506-9308, or mail CV to: Horizon Mental Health Management, Dept. KY-0505, 7601 Lewinsville Rd., Suite 202, McLean, VA 22102. EOE.

Danville—The expansion of Ephraim McDowell Regional Medical Center's Behavioral Medicine Program from 20 to 38 beds has created the need for an Associate Medical Director to direct our geropsychiatry service. Lack of competition, strong local business and industry, and an excellent payor mix provide for an outstanding practice opportunity. Located 35 miles south of Lexington, Danville offers unparalleled natural beauty and charm, a strong economy, local college and more! For details please contact Maureen Corrigan, Vice President, Recruitment, Specialty Healthcare Management, Inc., 3060 Williams Dr., Suite 200, Fairfax, VA 22031; FAX (703) 205-7690.

(800) 388-6449
APA Booth #1034

LOUISIANA

GET CONTROL OF YOUR PRACTICE!

DIRECTOR and ASSOCIATE CLINICAL STAFF needed for a medical system just a short drive from New Orleans. Position offers excellent fixed compensation, 9 weeks off, no on-call, academic affiliation, CME, and Paid Malpractice. Call Gary Michael Smith at (800) 331-7122; direct 24-hour message line is (610) 617-3698; or send your CV to: LIBERTY HEALTHCARE CORP., 401 City Ave., Suite 820, Bala Cynwyd, PA 19004; FAX (610) 667-5559. EOE.

MEDICAL DIRECTOR

Talented psychiatrist needed for leadership position at Lakewood Hospital in Morgan City, Louisiana. Opportunity for inpatient and outpatient practice in this underserved area located 1.5 hours from New Orleans and minutes from the Gulf.

You'll come for the professional opportunity, you'll stay for the...music, charm, history, culture, food, sports and people!

CONTACT:
Maureen Corrigan
VP Recruitment
Specialty Healthcare Management, Inc.
3060 Williams Drive, Suite 200
Fairfax, VA 22031
FAX (703) 205-7690
(800) 388-6449
APA Booth #1034

CHARTER MEDICAL CORPORATION
****SEE OUR AD ON PAGE 33****

New Orleans—Excellent opportunities for psychiatrists to be an integral part of developing programs in Public Health Psychiatry within the Department of Psychiatry, LSU School of Medicine in New Orleans, LA. The positions carry a full-time academic appointment with rank appropriate to the individual's academic background, and offers major opportunities for research, teaching and other academic pursuits. Position responsibilities will vary depending on the program, position, skills and interests of the individual. Individuals experienced in the area of adult psychiatry are being sought. Salary is competitive and negotiable depending on qualifications and experience. LSUMC is an equal opportunity, affirmative action employer. Contact: Howard J. Osofsky, M.D., Ph.D., Head, Department of Psychiatry, LSU School of Medicine, 1542 Tulane Ave., New Orleans, LA 70112; (504) 568-6004.

MAINE

SOUTHERN MAINE
BC/BE ADULT, CHILD, ADOLESCENT AND GERIATRIC PSYCHIATRISTS

Exciting practice opportunities are with Integrated Physician Services, P.A., Maine's premier psychiatric and behavioral health group practice. Based in South Portland, Maine, IPS, whose primary affiliate hospital is Jackson Brook Institute, provides psychiatric care in an expanding network of inpatient, outpatient, partial hospital, and community-based programs throughout southern and central Maine. Through its broad range of clinical programs, IPS serves the needs of northern New England's most therapeutically challenging psychiatric and chemically dependent patients including children, adolescents, adults and the elderly. We offer stimulating work in a supportive professional environment, an excellent salary and benefit package, and a reasonable call schedule. Immediate availability. The greater Portland area, located on the coast of Maine 100 miles north of Boston, offers an excellent quality of life and easy access to a wide range of recreational, educational, and cultural activities. For further information about these unique opportunities, please contact Steven E. Katz, M.D., Medical Director/Executive Vice President or John Gale, Vice President/C.O.O., Integrated Physician Services, P.A., 25 Long Creek Dr., South Portland, ME 04106; telephone (207) 775-5527.

HALF-TIME CHILD PSYCHIATRIST

COAST OF MAINE—Mid-Coast Mental Health Center, a community mental health center, located in Rockland, Maine, is seeking a Board Certified or Eligible psychiatrist for a twenty hour position with our Child and Adolescent team. Other opportunities are also available. Mid-Coast Mental Health Center offers competitive compensation and an excellent benefit package.

For more information or confidential consideration, please call (207) 594-2541 or send your curriculum vitae to:

Robert Snead, M.D.
Mid-Coast Mental Health Center
P.O. Box 526
Rockland, Maine 04841
EOE/AA/504

PSYCHIATRIST/MEDICAL DIRECTOR—Immediate opening for BE/BC adult community psychiatrist and medical director for new and growing behavioral service organization in Maine's lakes and mountains region. Program provides emergency mental health services, outpatient mental health, and substance abuse services to 40,000 residents in rural communities of Franklin and northern Androscoggin counties. Responsibilities include clinical direction to a multidisciplinary team, acting as liaison with the community and medical service system, medication administration and monitoring, and outreach to clients. Region enjoys four seasons recreation with three major ski resorts and six golf courses close-by. Portland and the Maine coast are just ninety minutes away. Benefits include: competitive salary, excellent health benefits, 6 weeks paid vacation and CME, and malpractice. Send CV to: Andrea Nurse, Franklin Memorial Hospital, One Hospital Dr., Farmington, ME 04938; telephone (800) 987-2824, Fax (207) 779-2548.

MARYLAND

PSYCHIATRISTS

The Dept. of Psychiatry, Univ. of MD, is recruiting junior level board-eligible faculty in its Addictions, Adult, Child & Adolescent, Community, Consultation/Liaison, Geriatric and Research Psychiatry programs. Academic rank and salary commensurate with experience. CVs will be retained and considered for vacancies that occur in the next six months.

Send CV to: John A. Talbott, M.D., 645 Redwood St., Baltimore, MD 21201.

The Univ. of MD is an AA/EEO, ADA employer. Minorities and women are encouraged to apply.

"THE MARYLAND PLAN" is a nationally acclaimed program in training, recruitment, and retention of qualified psychiatrists in public psychiatry. Positions for child and adult psychiatrists in inpatient, residential, psychosocial, forensic, and community programs throughout MD. Academic involvement with med. schools in Baltimore and D.C. in your area of interest is encouraged. Job flexibility to meet personal and professional goals essential component of our programs. Salary is competitive. Please contact, with CV, professional area of interest, and geographic preference: Brian Hepburn, M.D., Co-Director of Psychiatric Education and Training, Mental Hygiene Administration, 201 W. Preston St., Baltimore, MD 21201.

PSYCHIATRIST with Training in Addictions—Carroll County Health Department Mental Health Bureau is in need of a part-time (15-20 hrs per week) psychiatrist with training in addictions work to work with our highly qualified staff in our dual diagnosis program starting July 1995. Please contact Michael J. Bisco, M.D., Medical/Clinical Director at (410) 876-4800.

PSYCHIATRIST

Frederick Memorial Hospital, a state of the art community hospital, located in historic, picturesque Frederick, Maryland, seeks a general psychiatrist to join our multidisciplinary team. Responsibilities include providing psychiatric care in our 15-bed inpatient unit, partial hospitalization program, and consultation liaison services. Opportunities will exist to support expanding services and programs.

Board certification/eligible required. Competitive salary and full benefit package.

Frederick is located in central Maryland and is convenient to Washington, DC, Baltimore, Chesapeake Bay, and mountains.

Please direct CV and phone inquiries to Frank Venuto, Vice President Human Resources, Frederick Memorial Hospital, 400 W. 7th St., Frederick, MD 21701; Phone (301) 698-3998, fax (301) 698-3511.

MEDICAL DIRECTOR/ADDICTION MEDICINE SPECIALIST—Pathways, an affiliate of Anne Arundel Medical Center, is recruiting a full-time ASAM certified (or eligible) physician to coordinate the treatment of a 40-bed Inpatient facility with a full continuum of OP services. Must be Maryland licensed or eligible. Salary commensurate with experience; excellent benefit package. Annapolis is convenient to both Baltimore and Washington, DC, and offers a broad range of cultural and recreational opportunities. Send letter of interest and CV, in confidence, to: Angela Sweetin, AAMC-HR Dept., Franklin & Cathedral Sts., Annapolis, MD 21401.

ADULT PSYCHIATRIST—BE/BC, FTE required for modern inpatient open-door JCAHO-accredited state psychiatric facility with 64 beds, located on the estuary of the upper Chesapeake Bay. Enjoy life in a historical collegiate Eastern Shore rural area, yet with easy access to the academic medicine of Baltimore, Washington, and Philadelphia. EOE. Maryland license required. Send CV to Judith Hegarty, M.D., FAPA, Clinical Director, Upper Shore Hospital Center, P.O. Box 229, Chestertown, MD 21620; (410) 778-6800.

CHARTER MEDICAL CORPORATION
****SEE OUR AD ON PAGE 33****

Baltimore—PSYCHIATRIST. Franklin Square Hospital Center is seeking a psychiatrist for an expanding network of private-public sector services for Adults and Seniors. The psychiatrist needs to be interested in providing care across a continuum of outpatient, partial and inpatient settings. Position is full-time and available as of January 1, 1995. Requirements: Board Certified/Board Eligible for licensure in Maryland. State any interests/qualifications in treating special populations. Competitive salary with excellent fringe benefits offered. FSHC is located close to the Chesapeake Bay and Metro Baltimore/Washington, D.C. areas. Submit resume to **M. Lawrence Spoont, M.D., Chairman, Department of Psychiatry, Franklin Square Hospital Center, 9000 Franklin Square Dr., Baltimore, MD 21237. EOE.**

Salisbury/Eastern Shore—The Chesapeake Bay and Atlantic Ocean resorts await you! Board certified **Child & Adolescent Psychiatrist** and a BE/BC **Geriatric Psychiatrist** sought for multidisciplinary group practice. Salary guarantee, benefits and incentives. Contact Richard Adler, M.D., Comprehensive Psychiatric Group, 120 E. Main St., Salisbury, MD 21801; (410) 548-9400; FAX (410) 546-9587.

MASSACHUSETTS

CHILD PSYCHIATRIST
SOUTHEASTERN MASSACHUSETTS/CAPE COD

Family and Community oriented agency seeks **PSYCHIATRIST(S)** to work with multidisciplinary teams providing clinical services to children, adolescents and adults. Our successful, expanding network of care is principally in eastern Massachusetts. Work in support of a variety of services including outpatient, home-based, residential, and emergency. We are a congenial group offering excellent opportunity, flexible hours, and a competitive salary.

Send CV to William Lesner, M.D., FCP, Inc., Crown Colony Office Park, 300 Congress St., Suite 305, Quincy, MA 02169.

AA/EOE

ADULT PSYCHIATRIST—Busy 3 M.D. psychiatric group practice located 20 minutes south of Boston seeks highly motivated psychiatrist to participate in expanding managed care opportunities.

Psychopharmacologic and consultative skills crucial. C.L. skills an asset. No psychiatric inpatient. Opportunity for full partnership.

Please send CV to: Akos Beszterczey, M.D., 210 Whiting Pl., #5, Hingham, MA 02043.

HOLYOKE HOSPITAL CENTER FOR PSYCHIATRY

Excellent opportunity for Board Eligible or Board Certified Psychiatrist to join our successful short-term psychiatric inpatient unit practice. This department is part of a general medical hospital with a full continuum of psychiatric services. Ability to work in short-term treatment model is necessary. Outpatient practice is encouraged and supported through office services. We are located in the beautiful Pioneer Valley College area, offering diverse recreational and cultural opportunities. **Position available June 1, 1995. Send CV to: Harry Rockland Miller, Director of Behavioral Services, Holyoke Hospital, 575 Beech St., Holyoke, MA 01040.** An Equal Opportunity Employer.

STAFF PSYCHIATRIST

South Bay Mental Health Center, a growing and innovative private outpatient mental health center, seeks an energetic, team oriented psychiatrist. The Clinic services a diverse population in nine offices located throughout southeastern Massachusetts. Duties include service on Multidisciplinary Team and Utilization Review Committee, training and consultation to staff, and psychopharmacology. Candidates should be board certified or eligible. Hours are flexible. Inquiries and resumes to:

Rose Scanlon
South Bay Mental Health Center
37 Belmont Street
Brockton, MA 02401
(508) 580-4691

CHARTER MEDICAL CORPORATION
SEE OUR AD ON PAGE 33

CHILD PSYCHIATRIST

Harvard Community Health Plan, New England's largest and most experienced HMO has a 30-35 hour per week staff position for our Braintree Health Center. This opportunity is for a board-certified/board-eligible Child Psychiatrist with expertise in psychopharmacology, short term individual, family and group psychotherapy (25% adult). Strong team skills and a collaborative effort a must. Teaching and research opportunities may be available. We offer an excellent compensation and benefits package including paid malpractice.

If you are interested or would like additional information, please send your curriculum vitae to: Paul Solomon, M.D., Director, Physician Recruitment and Career Development, Harvard Community Health Plan, 10 Brookline Place West, Brookline, MA 02146, or call (617) 731-8275, Fax (617) 730-4675. An equal opportunity/Affirmative action employer.

Boston—Cambridge Psychiatric Services recruits for F/T, P/T, locum tenens, and moonlighting positions at hospitals and other healthcare organizations. We match physicians and positions with care. Call Esther Doggett, (617) 864-7452 for information.

Boston—PSYCHIATRISTS. Vinfen Corporation has a number of moonlighting vacancies for board-certified and board-eligible Psychiatrists in Massachusetts. Some near Cape Cod. Send CV to Dr. Joseph Paretti, Vinfen Corporation, 950 Cambridge Street, Cambridge, MA 02141 or call (617) 441-1788. An EO/AAE.

BOSTON—Massachusetts General Hospital, affiliated inpatient unit, expanding its service, has positions for attending Psychiatrists for acute and continuing care. Training site for MGH residents and Harvard medical students. Excellent salary and benefits. MGH and Harvard Medical School appointments. Opportunities for research. Please send C.V. to Patricia Pickett, M.D., Inpatient Director, Erich Lindemann Mental Health Center, 25 Staniford Street, Boston, MA 02114, or phone 617-727-5500 ext. 168. AA/EOE

Brockton/West Roxbury—VAMC, Chief of Psychiatry Service sought for this dynamic center with 330 psychiatry beds, extensive outpatient facilities. 57 Psychiatry Service members (full-time equivalents) and a record of excellence in the Department of Veterans Affairs system. Opportunities for teaching and research in this Harvard-affiliated center with its own residency program (Harvard-South Shore). Appointment at appropriate Harvard academic level, up to, and including, Professorial rank. Interested psychiatrists should send cover letter and CV to Robert W. McCarley, M.D., Deputy Chief of Staff/Mental Health, and Head, Harvard Department of Psychiatry, Brockton/West Roxbury VAMC, 116A, 940 Belmont St., Brockton, MA 02401. EOE.

Norfolk—Neponset Valley Health System—30 miles southwest of Boston, is seeking Psychiatrists for its Center for Behavioral Medicine. The Center for Behavioral Medicine is a well-established, growing system including Norwood and Southwood Community Hospitals with inpatient and outpatient psychiatry and substance abuse services.

Associate Medical Director, Geropsychiatric Services: Responsibilities include program leadership with excellent team participation in multidisciplinary quality assurance efforts, sharing in house and beeper coverage, cover outpatient clinic (5 hours/week) and treatment of inpatients.

Consulting Psychiatrist, Outpatient Services: Responsibilities include program development, psychopharmacological assessments and psychiatric assessments in our Norwood and South Weymouth Norcap Outpatient Clinics. Population consists of psychiatric and substance abuse patients. Up to 10 hours per week.

Competitive compensation packages with ample opportunity for private practice.

Please contact or send CV to Richard Young, M.D., Chief of Behavioral Medicine at Southwood Community Hospital, 111 Dedham St., Norfolk, MA 02056 at (508) 668-0385, x-440.

Pembroke—Adult Psychiatrist at Pembroke Hospital. This is a full-time position with an excellent salary and is best suited for a high energy individual who has outstanding focal treatment and managed care skills. Responsibilities include work in our emergency, inpatient, and outpatient services. Direct inquiries to Michael Engel, M.D., Medical Director, Pembroke Hospital, 199 Oak St., Pembroke, MA 02359.

Worcester—Private multidisciplinary mental health clinic is recruiting for full and part-time psychiatrists, child and adult. Excellent compensation, to start as soon as 5/95. Send CV to Cheryl L. Labossiere, Boston Road Clinic, 108 Belmont St., Worcester, MA 01605.

MICHIGAN

WAYNE STATE UNIVERSITY—The Department of Psychiatry and Behavioral Neurosciences is recruiting an EMERGENCY CARE PSYCHIATRIST. This position requires skills for the rapid management of some of the most difficult situations in psychiatry. The candidate should be seeking a challenging academically oriented program. MD and experience in Emergency Care is preferred. Please send CV and letter stating interest to: Dr. Thomas Uhde, Chairperson, Department of Psychiatry and Behavioral Neurosciences, 9B University Health Center, 4201 St. Antoine, Detroit, MI 48201; (313) 577-1808, FAX (313) 577-5900. Wayne State University is an equal opportunity/affirmative action employer. People working together to provide quality service. All buildings, structures and vehicles at WSU are smoke-free.

CHILD/ADOLESCENT PSYCHIATRISTS—Diversified opportunities in **Lansing, Grand Rapids and Kalamazoo** include working in established situations with IP, OP and partial programs. Excellent compensation/benefit package. For confidential consideration, please call David Lassiter at (800) 844-0080 or send your CV to:**Vendell Healthcare, Inc., 3401 West End Ave., Suite 500, Nashville, TN 37203. FAX (615) 269-7525.**

MINNESOTA

MEDICAL DIRECTOR

Board Certified Psychiatrist with administrative interests needed to provide medical leadership and "state-of-the-art" care in a 250+ bed chemical dependency, mental retardation, and mental health treatment center in Fergus Falls, MN.

- Highly Competitive Salary ($93,413 - $149,422, depending on qualifications)
- Relocation Expenses
- Paid Malpractice
- Joint Commission approved
- 60 miles to Fargo/Moorhead
- 160 miles to Mpls/St. Paul
- Excellent school system
- Great community support

For information call Michael S. Ackley, Chief Executive Officer at (218) 739-7224 or send CV to P.O. Box 157, Fergus Falls, MN 56538-0157.

AA/Equal Opportunity Employer

PSYCHIATRIST—Ramsey Clinic/St. Paul-Ramsey Medical Center. Ramsey Clinic, a 215-physician multi-specialty group , based at St. Paul Medical Center is seeking a psychiatrist to assume a position that would encompass both inpatient (60%) and outpatient (40%) work. Opportunities to teach and conduct research exist and are encouraged, but not required. Depending upon experience and professional accomplishments, this position includes a University of Minnesota Medical School faculty appointment. The level of academic appointment would be commensurate with qualifications.

Please forward your curriculum vitae to: Janet Zander, M.D., Associate Chair, Department of Psychiatry, St. Paul-Ramsey Medical Center, 640 Jackson St., St. Paul, MN 55101.

St. Paul-Ramsey Medical Center, Ramsey Clinic and the University of Minnesota are equal opportunity educators and employers.

PSYCHIATRIST—The St. Cloud Minnesota Veterans Affairs Medical Center is dynamic 556-bed facility providing excellent psychiatric intermediate, and chemical dependency care to veterans.

An exceptional opportunity exists for a physician who possesses leadership skills and is board certified/board eligible in Psychiatry with an interest in addiction therapy to be the Medical Director of a Chemical Dependency Center. We offer competitive salary and benefits combined with a stable 40-hour weekly schedule.

To explore this unique opportunity, call or write: Pat Barth, Human Resources Management Service at (612) 255-6301, or Dr. William Jordan, Chief, Psychiatry Service, at (612) 255-6368, VA Medical Center, 4801 N. 8th St., St. Cloud, MN 56303. An Equal Opportunity Employer.

CHILD & ADOLESCENT PSYCHIATRIST—The Department of Psychiatry & Psychology at Mayo Clinic Rochester is seeking a Board-eligible or Board-certified child and adolescent psychiatrist. This position requires strong integration of child psychiatry into a multispecialty integrated practice. Training/interest in community-based psychiatric programming is desirable. The responsibilities of this position will include both inpatient and outpatient psychiatric care of children and adolescents and teaching of residents and medical students. Academic appointment level would be commensurate with experience. Outstanding salary and benefits. We are particularly interested in qualified minority and female applicants. Interested applicants should send letter of application, curriculum vitae and three letters of reference to: J.E. Huxsahl, M.D., Division of Child & Adolescent Psychiatry, Mayo Clinic, 200 First Street SW, Rochester, MN 55905. Mayo Foundation is an affirmative action and equal opportunity educator and employer.

STAFF PSYCHIATRIST—FERGUS FALLS—BE/BC—Psychiatrist needed to provide leadership and "state-of-the-art" care in a +250-bed chemical dependency, developmentally disabled, and mental health treatment center.

- Highly Competitive Salary ($88,973-$142,530 depending on qualifications
- Relocation Expenses
- Paid Malpractice
- Joint Commission approved
- 60 miles to Fargo/Moorhead
- 160 miles to Mpls/St. Paul
- Excellent school system
- Great community support

For more information call Bill Klein, Assistant Administrator at (218) 739-7260 or send CV to PO Box 157, Fergus Falls, MN 56538-0157

AA/Equal Opportunity Employer

Rochester—Mayo Clinic, Department of Psychiatry and Psychology, is seeking to add a psychiatrist with expertise in addiction psychiatry. Qualified applicants must be board certified and eligible/certified for added qualifications in addiction psychiatry. Only candidates who have completed a fellowship in addiction psychiatry or who have comparable experience will be considered. The responsibilities of this position will include clinical practice and teaching of both general and addiction psychiatry. Candidates with a demonstrated aptitude for research are especially encouraged to apply. Please send curriculum vitae and the names of three professional references by July 15 to: Joyce A. Tinsley, M.D., Department of Psychiatry and Psychology, Mayo Clinic, 200 First St. SW, Rochester, MN 55905. Mayo Foundation is an affirmative action and equal opportunity educator and employer.

JUNE 2 ISSUE DEADLINE - FRIDAY
MAY 19, 2:00 p.m., ET

MISSOURI

PSYCHIATRIST/CHILD PSYCHIATRIST

Comprehensive mental health center located in scenic southwest Missouri seeks applicants for Psychiatrist/Child Psychiatrist. A progressive community based mental health rehabilitation program with an interdisciplinary treatment setting dedicated to quality service. Minimum qualifications include M.D. or D.O. with residency completion in psychiatry, board eligible or board certified, and licensed to practice in Missouri. Salary negotiable with legal liability coverage and excellent fringe benefits. Enjoy a relaxed rural lifestyle within short driving distance of major metropolitan and lake resort areas. Contact Personnel Office, Southwest Missouri Mental health Center, 600 West Edwards, Nevada, MO 64772; (417) 448-2117 or 2126.

The Missouri Department of Mental Health does not deny employment or services because of race, sex, creed, marital status, national origin, disability or age of applicants or employees.

CHILD/ADULT/GERIATRIC PSYCHIATRIST(S) (BE/BC)—Join our team of psychiatrists and behavioral health specialist and become part of a rapidly growing integrated health system, located in the beautiful Ozark Lakes region of southwest Missouri. Involvement with an exceptional range of treatment options, traditional as well as progressive. Flexibility for a hospital-based practice and/or outpatient-based practice. Competitive salary and benefits package. Low cost of living in community of 155,000 with a regional population of over 500,000. Contact Mary Jackson, Cox Health Systems, 1423 N. Jefferson, Springfield, MO 65802; (417) 836-3056 or FAX CV (417) 836-8204. EOE.

MEDICAL DIRECTOR—Position available for BC/BE Psychiatrist as Medical Director of 125-bed acute care psychiatric hospital in St. Louis, Missouri. Prior psychiatric administrative experience expected. Knowledge of Medicaid and Managed Care Initiative preferred. Familiarity with CQI, JCAHO and HCFA standards are essential. The facility also is a training site for psychiatric residents and medical students from Washington University School of Medicine. Clinical appointment with the Department of Psychiatry is available. Additionally, a new psychiatric hospital will be constructed with an opening date in 1996. St. Louis offers symphony, summer opera, major league sports and other attractions. Our new facility will be within 6 blocks of the fabulous Forest Park, home of the Art Museum, Zoo, Planetarium and Science Museum. Please send resumes to:

Yale S. Wolff
Personnel Officer
Malcolm Bliss Mental Health Center
5400 Arsenal Street
St. Louis, Missouri 63139
(314) 644-8038

"The Department of Mental Health does not deny employment or services because of race, sex, creed, marital status, national origin, disability or age of applicants or employees."

CHARTER MEDICAL CORPORATION
SEE OUR AD ON PAGE 33

GERIATRIC PSYCHIATRIST

The Department of Psychiatry and Neurology at the University of Missouri-Columbia is seeking to expand its geriatric psychiatry program. This new position begins at seventy percent time and can be increased as the program expands. Duties involve: Associate Medical Director for a geriatric inpatient and partial hospitalization program at a nearby hospital, outpatient work in the new University outpatient clinic and residency training in both locations. Applicants should have two years of geriatric fellowship training or its equivalent. They should be certified with added qualification in geriatric psychiatry or be prepared to do so in the near future. Write to Bernard D. Beitman, M.D., 102 MMMHC, Three Hospital Dr., Columbia, MO 65201 by June 15, 1995 or until filled. For questions about Americans With Disabilities Act, or if you are in need of reasonable accommodations, please contact Richard Erwin at (314) 882-3176, x-243. The University of Missouri is an Equal Employment Opportunity/Affirmative Action Institution.

MISSOURI—40 hour week. Hospital based practice with one other psychiatrist. No night call. No paper work. No weekends. No HMO hassles. No drive by shootings. No gangs. No high taxes. No city congestion. In our community, you will know the police, sheriff, and teachers on a first name basis. You will be in the shopping mall of enter-

tainment with large lakes of 1,000 miles of shoreline, scuba, boating, fishing, hunting, amusement parks, water parks, 5,000 caves, canoeing, wineries and Branson with over 50 musical shows. One of the top schools in Missouri. Call (800) 255-4419.

St. Louis—Psychiatrist positions are available now at Malcolm Bliss Mental Health Center, providing services for the mentally ill in the St. Louis metropolitan area. Recruiting for Staff Psychiatrists, Board Certified or Eligible, faculty appointment with Washington University School of Medicine with research opportunities available. Salaries are $110,076-$123,900 based on years of experience special training (e.g., for ECT), and board certification. Excellent benefit package including health, life and long-term disability insurance plan, 3 weeks vacation, 12 holidays, 3 weeks sick leave per year, no on-call responsibilities, short-term leave for professional workshops and deferred compensation plan.

We are located in a stable middle class residential neighborhood with excellent living facilities within walking distance. We are within 15 minutes of downtown St. Louis, the Gateway Arch, Union Station and St. Louis Centre. We have major league sports, excellent schools, the Art Museum, St. Louis Symphony. The Fox Theater and summer open air theater. If you are interested in working in a high quality Mental Health setting, please send resumes to Lori DeRosear, D.O., Clinical Director, Malcolm Bliss Mental Health Center, 5400 Arsenal St., Mailstop 152, St. Louis, MO 63139.

MONTANA

MEDICAL DIRECTORSHIP for 18-bed Child and Adolescent Unit in hospital-based program with 7 F/T Psychiatrists. Salary or income guarantee in excess of 140K. Call (610) 889-4850 for details. Many other opportunities available nationwide.

Butte—Seeking PT/FT Psychiatrist for Inpatient/Outpatient work in **Child/Adolescent** environment. Excellent compensation and benefit package. Outstanding mountain region offers unlimited outdoor activities and quality lifestyle. For confidential consideration, please call David Lassiter at (800) 844-0080 or send your CV to:

Vendell Healthcare, Inc.
3401 West End Ave., Suite 500
Nashville, TN 37203
CALL (800) 844-0080
FAX (615) 269-7525

Southwestern Montana—Position for psychiatrist on a 20-bed acute care unit (average length of stay 40 days). Join the six psychiatrists serving this 200-bed state hospital. Excellent outdoor opportunities. Mountains surround the area. Excellent skiing, hunting, fishing and hiking. Trout stream less than one mile from hospital. Salary $90,291 - $104,500, based on experience. Send CV or inquiries to Carl L. Keener, M.D., Medical Director, Montana State Hospital, Warm Springs, MT 59756; (406) 693-7008. EOE.

NEVADA

Reno—The Department of Psychiatry and Behavioral Sciences at the University of Nevada School of Medicine is seeking a BC/BE psychiatrist for clinical academic appointment at the Nevada Mental Health Institute. Salary $108,781, malpractice, and excellent faculty retirement plan and benefits. Located in the Reno area, the Institute is a licensed, JCAHO accredited, HCFA certified inpatient facility (average census 40-50) with an active outpatient medicine clinic, staffed by six psychiatrists. Other services include an on grounds residential care program and case management services. This public sector program features a progressive multidisciplinary approach with focus on alternatives to hospitalization, continuity of care, quality services. Teaching on site includes medical, nursing, psychology, social work, pharmacy, recreational therapy, medical students and psychiatric residents. Facility site accessible, attractive grounds in progressive, convenient metropolitan area. Good locale for family, excellent schools and university, shopping, world class entertainment daily. Year round sports include fishing, hiking, camping and skiing. Setting is the beautiful Sierra Nevada mountain range with Lake Tahoe, Sacramento, Napa, and San Francisco easily accessible. Contact Barry Cole, MD, Director, Nevada Mental Health Institute, 480 Galletti Way, Sparks, NV 89431; (702) 688-2011. The position will remain open until filled. AA/EOE.

NEW HAMPSHIRE

DARTMOUTH MEDICAL SCHOOL

The Department of Psychiatry, in a unique collaboration with the State of New Hampshire, is seeking a PSYCHIATRIST for inpatient irresponsibilities at the New Hampshire Hospital, a 132-bed acute psychiatric facility opened in 1989 and located in Concord, New Hampshire. The position is a full-time Dartmouth faculty position and the facility is the clinical research core facility for an innovative, statewide, comprehensive mental health system. Psychiatrists with expertise in general inpatient psychiatry or neuropsychiatry are encouraged to apply.

Academic duties include teaching and supervision of medical students and residents. Research opportunities available and encouraged. Candidates should be board certified or eligible in Psychiatry. Academic rank and salary consistent with experience. A curriculum vitae and three letters of reference should be sent to: Robert M. Vidaver, M.D., Prof. of Psychiatry and Vice Chair, Dept. of Psychiatry, New Hampshire Hosp., 105 Pleasant St., Concord, NH 03301. Dartmouth College is an Equal Opportunity/Affirmative Action Employer.

PSYCHIATRIST—FT BE/BC psychiatrist needed to join two physician psychiatry practice located in the capitol of New Hampshire. We are affiliated with a community hospital inpatient unit and partial hospitalization program. We have a busy office practice responding to both psychopharmacology and psychotherapy treatment needs. We will also be a clinical training site for the Dartmouth Family Practice Residency starting 7/95. The region offers excellent cultural, recreational and professional opportunities. Salary and fringe benefits are very competitive. Send CV to Concord Hospital, 250 Pleasant St., Concord, NH 03301, Attn: Kris Fay.

NEW JERSEY

PSYCHIATRIST—A full-time psychiatrist needed for a wellness oriented medical practice utilizing biofeedback, ie., Beam Testing, PET Scans and Research Foundation. Please send resume to PATH-Medical, 212 Commons Way, Bldg. 2, Princeton, NJ 08540.

CLINICAL ASSISTANT PROFESSOR
CHILD PSYCHIATRIST

We seek a Board certified/eligible child psychiatrist for a full-time position with our Child/Adolescent inpatient/day hospital services. The position includes teaching of medical students and supervision of adult and child psychiatric residents, requiring appointment to the faculty of the Department of Psychiatry of Robert Wood Johnson Medical School of the University of Medicine and Dentistry of New Jersey. Psychopharmacology research experience preferred.

We are located in Piscataway, NJ, halfway between New York and Philadelphia, half an hour north of Princeton. Application deadline is May 19, 1995.

Applicants interested in this position should reply with CV to the attention of Harris S. Goldstein, M.D., Director of Child & Adolescent Services, UMDNJ-Community Mental Health Center at Piscataway, P.O. Box 1392, 671 Hoes Lane, Piscataway, NJ 08855-1392.

UMDNJ is an Affirmative Action/Equal Opportunity Employer, m/f/d/v, and a member of the University Health System of New Jersey.

PSYCHIATRIST—Excellent opportunity for a psychiatrist to join a rapidly expanding private practice in the Toms River area, on a part-time basis (approximately 20 hours per week). We offer flexible hours and excellent working conditions. For more information contact Bio Behavioral Health, 601 Hwy. 37 West, Toms River, NJ 08755; (908) 244-2299.

CHARTER MEDICAL CORPORATION
****SEE OUR AD ON PAGE 33****

CHILD/ADOLESCENT PSYCHIATRIST—BE/BC Psychiatrist to work PT in inpatient unit in Hoboken, NJ. Excellent benefits. Send resume to: Gabriel Kaplan, M.D., St. Mary CMHC, 314 Clinton St., Hoboken, NJ 07030.

CHILD/ADOLESCENT PSYCHIATRIST—BE/BC Psychiatrist to work PT in inpatient unit in Hoboken, NJ. Excellent benefits. Send resume to: Gabriel Kaplan, M.D., St. Mary CMHC, 314 Clinton St., Hoboken, NJ 07030.

BC/BE PSYCHIATRIST—To join growing private psychiatric practice in New Jersey Shore Community. Outpatient/Consultation. Please send curriculum vitae to: Phone: (908)286-4411, Fax: (908)341-3955.

FOR THE BEST OF PHILADELPHIA
COME TO SOUTH JERSEY

Cooper Hospital/University Medical Center, Robert Wood Johnson Medical School at Camden, University of Medicine and Dentistry of New Jersey is expanding its faculty and has openings in the following Divisions:

Division of Consultation/Liaison
Division of Inpatient Psychiatry
Division of Children/Adolescent Psychiatry

Cooper Hospital/University Medical Center is located only two miles from historical Philadelphia. Extensive medical student and psychiatric resident teaching s well as an opportunity for clinical research is available. The patient population is very diverse including both large suburban and urban areas. The salaries and benefits are highly competitive with other academic institutions in the area. The position carries an appointment to Robert Wood Johnson Medical School at Camden, University of Medicine and Dentistry of New Jersey.

For application and inquiries write or call: **G. Pirooz Sholevar, M.D., Professor and Chief, Department of Psychiatry, Cooper Hospital/University Medical Center, Room 356, 401 Haddon Ave., Camden, NJ 08103; (609) 757-7799.**

COASTAL SOUTH JERSEY—Psychiatrist(s) needed to join our multidisciplinary team PT/FT. Office and Hospital work. Specialty interests welcome (adolescent, geriatric, etc.). Excellent salary/benefits with marvelous growth potential. Near Phila/NY. Must be team player with enthusiasm and sense of humor. BE/BC. NJ license. Fax CV (609) 926-1228 and call Norman Chazin, M.D., (609) 926-0013.

NEW MEXICO

CHARTER MEDICAL CORPORATION
****SEE OUR AD ON PAGE 33****

NEW YORK CITY & AREA

STAFF PSYCHIATRIST—Board Certified/Eligible for Staten Island Inpatient Gero Psychiatric Unit. Full-time and Part-time positions including one weekend per month. $100,000 and benefits for full-time career opportunity. Fax CV to (212) 595-8039.

DIRECTOR OF ACUTE PSYCHIATRIC INPATIENT SERVICES—Our growing Psychiatric Department seeks full-time Director to supervise and coordinate activities of our multidisciplinary team while ensuring quality care and service is provided to each patient. Qualified candidate will be able to interact with all levels of staff and have demonstrated experience in Mental Health and Substance Abuse settings. NYS M.D. license required, along with proven oral/written communication skills. This position also serves as the Discipline Head for the Psychiatrists of the Department.

We offer competitive salary and a comprehensive benefits package. Please forward resume, with salary requirements to: Interfaith Medical Center, Dr. Weisenfreund, Director of Psychiatry, 555 Prospect Pl., Brooklyn, NY 11238. We are an equal opportunity employer.

PSYCHIATRIST for Psychiatric clinic in Brooklyn, NY. Responsible for diagnosing and treating patients with mental, emotional, behavioral disorders, organizing data obtained from patients, relatives, other sources concerning patients' symptoms, family and medical history. Examining patients to determine general physical condition, following standard medical procedures, ordering laboratory and other special diagnostic tests, evaluating data obtained. Determining nature and extent of mental disorders. Russian and Hebrew fluency a must. 40 hrs/wk, 3 years experience, $104,700/year. Send letter and resume to: Dr. Stern, 1049 Fordham Lane, Woodmere, NY 11598.

NEW YORK STATE

PSYCHIATRISTS—Full-time opportunities throughout New York for qualified psychiatrists. Inpatient/outpatient settings. Work as much or as little as you like, and enjoy competitive rates, paid travel, housing, malpractice insurance, and access to health insurance. Short-term, long-term, and permanent positions available. Call Laura at CompHealth for more information: 800-328-3035, or fax CV to 801-264-6464.

MEDICAL DIRECTORSHIP for newly created Child and Adolescent Psychiatrist in beautiful Catskill/Adirondack resort area. Salary and generous income guarantee available. Work is either Inpatient or Outpatient, your choice. Easy call schedule. Call (610) 889-4850 for details. Many other opportunities available nationwide.

CHIEF, C&L PSYCHIATRY SERVICE—University Hospital, Stony Brook. Excellent opportunity in major academic Medical Center. Established Fellowship Program. Faculty appointment commensurate with experience. Competitive salary and benefits.

Send CV to: Mark I. Sedler, M.D., Acting Chairman, Dept. of Psychiatry, HSC, T-10, SUNY at Stony Brook, New York 11704; (516) 444-2399. SUNY Stony Brook is an EEO/AA Employer and Educator.

PSYCHIATRIST—Bassett Healthcare, a regional referral and teaching center affiliated with Columbia University, seeks a 4th BC/BE psychiatrist to provide inpatient/outpatient care as part of a 150-member multispecialty practice group. The candidate should have eclectic interests and skills in a variety of treatment modalities including treatment methods within an HMO. Opportunities exist for subspecialty development. We offer a competitive salary with excellent benefits, including malpractice coverage, relocation expenses, and academic appointment. Located in Cooperstown, New York, a rural, four season resort village with excellent schools and unusual cultural and recreation opportunities. **Contact Celeste A. John, M.D., Acting Psychiatrist-in-Chief, Bassett Healthcare, One Atwell Rd., Cooperstown, NY 13326; (607) 547-3500, FAX (607) 547-6550.**

Buffalo—Senior academic position, associate or full professor, in the Department of Psychiatry at the SUNY at Buffalo. Candidate would serve as the Clinical Director of Psychiatry at the Erie County Medical Center (ECMC) with responsibilities for the psychiatric medical staff of the Center's inpatient units, consultation liaison service and outpatient programs. The ECMC is a major teaching hospital in the SUNYAB system. The Department's main offices are located there. Seeking someone with national prominence in clinical care and research for a Department that is expanding its research and clinical service focus dramatically. Candidates with research in schizophrenia preferred; neuroimaging capabilities excellent. Candidate should be able to provide junior faculty with support for academic development and be able to work closely with the Chair of the Department in program planning, development and implementation. Board certification in Psychiatry and eligibility for NYS medical licensure required.

Women and minorities encouraged to apply. The SUNY at Buffalo is an Affirmative Action/Equal Opportunity employer. Send CV to Susan V. McLeer, M.D, Chairwoman, Department of Psychiatry, SUNYAB, 221 Cary Hall, 3435 Main St., Buffalo, NY 14214-3005.

NORTH CAROLINA

CHARTER MEDICAL CORPORATION
****SEE OUR AD ON PAGE 33****

BEST OF BOTH WORLDS—Enjoy the best of rural North Carolina, less than 25 minutes from downtown Charlotte. Join a sophisticated medical community with strong ties to Duke, while living in an outdoor recreational paradise. Positions for both adult and child psychiatrists. Call St. John Associates at (800) 737-2001, or fax CV to (812) 332-2727.

ACADEMIC CHILD & ADOLESCENT PSYCHIATRY: Bowman Gray School of Medicine—Unexpected, immediate opening for Director of Outpatient Child Guidance Services, Assistant to Associate Professor level. Teaching and administrative responsibilities in addition to clinical care. Opportunity for research. United Way clinic in Medical School. Active Board. Inquiries should be directed to Burton V. Reifler, M.D., M.P.H., Chairman, Department of Psychiatry and Behavioral Medicine, Bowman Gray

School of Medicine, Medical Center Blvd., Winston-Salem, NC 27157-1087. AA/EOE.

Charlotte—Kaiser Permanente has op-portunities for BE/BC **Adult and Child Psy-chiatrists**. Psychopharmacology and experience in short-term therapy required. Responsibilities include outpatient and inpatient care, as well as call coverage. Comprehensive salary and benefits package. Call (800) 277-2764 or send CV to Jennie Judd, Professional Recruitment, Dept. AD022, The Carolina Permanente Medical Group, P.A., 3120 Highwoods Blvd., Raleigh, NC 27604. AA/EOE.

Durham—The Duke Division of Child and Adolescent Psychiatry offers child and adolescent psychiatry residencies in the full continuum-of-care of services for children/adolescents, parents, and families. Closely supervised, individualized career tracking is emphasized. In addition to achieving the basic clinic competencies, fellows may pursue tracks in biological and clinical research, academic teaching, admin., private practice, substance abuse services, and community child psychiatry. Psychobiologic and psychodynamic perspectives are synthesized. Adult and child psychoanalytic trainings are available. Contact Charles Keith, M.D., Dir. of Trng., Div. of Child and Adol. Psychiatry, Box 2906, Duke Univ. Med. Ctr., Durham, NC 27710; (919) 684-3044. AA/EOE.

OHIO

CHILD PSYCHIATRIST—Private behavioral health care corporation in East Central Ohio has openings for board eligible psychiatrists due to recent expansion. Located in designated health physician shortage area (HPSA) MUA/MUP. Responsibilities include quality improvement, in-service training and direct patient care, involving evaluations, consultation/liaison to health care facilities and psychopharmacology. License to practice medicine in Ohio required. Interest or experience in community psychiatry and a willingness to practice in a managed care environment preferred. Salary starting at $150K but negotiable based upon experience. Liberal benefits package including fully paid malpractice insurance. Send letter of interest and CV to: SCI, 830 Orchard St., Room 90, Zanesville, OH 43701-3722. EOE.

PSYCHIATRIST—General Psychiatrist, BC/BE, needed to develop a practice in conjunction with local community, 231-bed hospital with the largest mental health system in the region, one hour from Pittsburgh, PA. This Ohio opportunity has attractive compensation, medical directorships, private, group and salaried opportunities, very attractive family lifestyle with the best of both a big city and a small town atmosphere. For more information, call (800) 443-9346 or send CV to: Richard L. Shrum, Vice President, Diamond Healthcare Corporation, 700 East Main St., Suite 900, Richmond, VA 23219.

STAFF PSYCHIATRIST—FT BC/BE—Excellent opportunity awaits you to serve our nation's veterans at the VA Medical Center in scenic Chillicothe, Ohio, 45 minutes from Columbus, 90 minutes from Dayton and 2 hours from Cincinnati. This medical center is affiliated with The Ohio State University College of Medicine. Beginning salary $103,941 and higher based on qualifications; 30 days vacation and excellent retirement benefits. Please send inquiries and CV to Rajani Thangavelu, M.D., VA Medical Center (116A), 17273 State Route 104, Chillicothe, OH 45601; (614) 773-1141, x-7897. EOE.

Cincinnati—Group practice is seeking BC Adult Psychiatrist with excellent skills in outpatient and inpatient psychiatry. Salary $100,000 to $130,000. Please send CV to Madelon Hartford, M.D., 10550 Montgomery Rd., Cincinnati, OH 45242, or call (513) 984-1441.

PENNSYLVANIA

PSYCHIATRISTS

KidsPeace National Hospital is seeking psychiatrists to work with child and adolescent patients in our inpatient facility. Part-time positions are available in our Allentown area facility.

Board eligibility or certification in child and/or adolescent psychiatry is preferred, but not essential if you have experience working with this age group.

KidsPeace provides high quality treatment for emotionally disturbed youth from around the state and nation. The children you would work with range from 5 to 18 years old with a wide variety of psychiatric problems.

Send CV to: Candace Herrman, Director, National Hospital for Kids In Crisis, 5300 KidsPeace Dr., Orefield, PA 18069. EOE M/F.

PHYSICIAN SCIENTIST POSITIONS for psychiatrists interested in substance abuse research at University of Pennsylvania. Faculty level salaries available in multidisciplinary research center with the aim of developing new independent researchers. Salaries are secure for up to five years in a rich academic environment so that a new researcher can develop a research program and obtain independent research funding. Preclinical and clinical research in the area of substance abuse will be encouraged through mentoring and assistance with pilot projects. Wide range of faculty mentors active in psychotherapy research, psychopharmacology, epidemiology or basic research are eager to help new colleagues launch a research career. Apply C.P. O'Brien, M.D., Ph.D., University of Pennsylvania, 3900 Chestnut St., Philadelphia, PA 19104-6178. EOAAE.

MEDICAL DIRECTORSHIP/CHAIRMAN OF DEPARTMENT OF PSYCHIATRY—Position available in 300 plus bed Medical/Surgical Facility in Western, PA. Only 1.5 hours from Pittsburgh; great family and recreational community! Generous salary and income guarantee in an underserved community. Call (610) 889-4850 for details.

CHARTER MEDICAL CORPORATION
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Kittanning—FT BE/BC Psychiatrist needed for an outpatient position at a CMHC in a beautiful rural area of Western PA. Evening hours 1-2/week. Experience with children and adolescents required. Teaching and academic affiliation with WPIC, University of Pittsburgh. Send CV to David Shaeffer, Ph.D., Family Counseling Center of Armstrong County, 150 S. Jefferson St., Kittanning, PA 16201.

Philadelphia Area—Board Certified/Eligible. Outpatient, private practice group. Part-time for medication evaluations, med checks and psychotherapy; (215) 997-9585.

Pottsville—INSTITUTE FOR BEHAVIORAL HEALTH. BE/BC Adult/Adolescent/Geriatric Psychiatrist to expand team of mental health professionals in psychiatrically underserved area. D&A experience a plus. Humanism and interpersonal kindness necessary. Small town with safe and sane quality of life. Good schools. Easy drive to Philadelphia, Princeton, NYC. 246-bed community hospital. Excellent relationship with county MH/MR. Coverage: 1 in 4. Competitive and flexible salary/benefits. Contact Joseph T. Marconis, M.D., Vice President/Medical Affairs, The Pottsville Hospital and Warne Clinic, 420 South Jackson St., Pottsville, PA 17901; (717) 621-5115.

RHODE ISLAND

MEDICAL DIRECTOR

South Shore Mental Health Center, Inc., seeks a board certified psychiatrist with seven to ten years of clinical and administrative experience to assume responsibility for all aspects of medical care. The successful candidate will join the senior management team, supervise three staff psychiatrists and spend a portion of time in direct care.

South Shore Mental Health Center serves adults with severe and persistent mental illness, emotionally and behaviorally disordered children, substance abusers and the general outpatient population in a variety of settings and locations.

Located in a southern Rhode Island resort community, the Center is less than one hour to the metropolitan Providence area, and within 90 minutes of Boston, MA or Hartford, CT.

Position available July 1. Excellent fringe benefits: salary negotiable based on experience. Send resume to: Director Human Services, South Shore Mental Health Center, Inc., 4701A Old Post Rd., Route 1A South, Charlestown, RI 02813.

SOUTH CAROLINA

CHILD AND GENERAL PSYCHIATRISTS—Excellent opportunity for private practice in a large multidisciplinary group with multiple locations in the Charleston area and expanding into the coastal South Carolina region. Guaranteed income is available for the first year. Must be Board Eligible/Board Certified. For more information contact James E. Jenkins, M.D., or Louis Storen at (803) 572-0900 or send resume to Westwood Psychiatric and Psychological Associates, 9329 Medical Plaza Dr., Charleston, SC 29406.

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SOUTH DAKOTA

CHILD AND ADOLESCENT FACULTY—BE/BC Child and Adolescent Psychiatrist, Univ. of South Dakota Sch. of Medicine, Sioux Falls. Attractive living in prosperous, growing city that is regional medical center for large rural area. Accredited child and adolescent psychiatry residency program now in second year recruiting additional faculty. Presently four bd.-cert. faculty. Major teaching duties include supervision of residents doing outpatient and C/L at integrated pediatric/child psychiatry site. Contact Mark W. Mahnke, M.D., (605) 367-5960, Fax CV (605) 330-0807.

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TENNESSEE

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MEDICAL DIRECTOR—With strong leadership skills needed to direct a very busy 34-bed (expanding to 49 in June '95) inpatient behavioral medicine program at University Medical Center in Lebanon, Tennessee. Programs in adult and geriatric psychiatry as well as dual diagnosis and partial hospitalization in place. Conveniently located 30 minutes east of NASHVILLE, Lebanon offers a very high quality of life as well as an excellent professional environment. For details please contact Maureen Corrigan, Vice President, Recruitment, Specialty Healthcare Management, Inc., 3060 Williams Dr., Suite 200, Fairfax, VA 22031; FAX (703) 205-7690.

(800) 388-6449
APA Booth #1034

Chattanooga—Positions available for BE/BC Psychiatrists who enjoy inpatient practice. Moccasin Bend Mental Health Institute is a 200-bed facility with full JCAHO accreditation and programs that range from adult acute care to child and adolescent to psychogeriatric. A creative experiment with a 12-bed Admissions Unit staffed by Psychiatrists and Social Workers in addition to Nursing 24 hours/day, 7 days a week is in development. The hospital is sited on over 300 acres on the Tennessee River, 5 minutes from downtown Chattanooga. Chattanooga is a vigorous city of 250,000 with an enchanting blend of Civil War tradition and modern and progressive community. Salary for a 37.5 hour work week is BE up to $120,000 and up to $131,000 for BC. Opportunities for moonlighting abound both within the hospital with on-call or outside in Tennessee, Georgia and/or Alabama. We are moving rapidly into TQM. Staff are empowered and supported for work to be both challenging and personally rewarding. Contact: Donald D. Gold, Jr., M.D., Clinical Director, Moccasin Bend Mental Health Institute, 100 Moccasin Bend Rd., Chattanooga, TN 37405; Phone (615) 785-3344.

Nashville—An exciting opportunity for a Board Certified (or planning to become certified within two years) psychiatrist is now available. A rapidly expanding, multidiscipline, mental health group is currently looking for a second psychiatrist. Must be comfortable with managed care philosophy of treatment. If interested, please send a curriculum vitae or your inquiries to Alliene Varner, RN, 109 Hazel Path, Suite 2, Hendersonville, TN 37075.

TEXAS

CHARTER MEDICAL CORPORATION
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TEXAS WANTS YOU!! The Texas Mental Health and Mental Retardation System (TXMHMR) is recruiting psychiatrists and other medical specialists for clinical and clinic administrative positions. Many positions offer appointments at one of Texas's eight medical schools, with opportunities for public-academic liaison in teaching and/or research. TXMHMR is committed to caring for people with serious mental illness and MR/DD, in both communities and institutional settings. Our needs are as diverse as our geography, offering qualified physicians freedom to choose how and where to put their expertise to work. **Annual compensation up to $143,000**, plus benefits, depending on location and qualifications. The Department can assist you in the Texas licensing process. **Recent changes in the state's licensure requirements for reciprocal endorsement applicants now make it easier to come to Texas.** Write or call William H. Reid, M.D., M.P.H. Medical Director (512) 206-4502 or the Physician Recruitment Coordinator (800) 833-MHMR, P.O. Box 12668, Austin, TX 78711-2668. EOE

CLINICAL DIRECTOR

Perform highly responsible clinical management functions for a 380-bed JCAHO accredited state hospital. Provide leadership and direction for psychiatric and medical services as well as supervising all medical and other clinical professional staff. Must be board eligible or certified in psychiatry and be able to obtain or have Texas medical license.

Wichita Falls is a city of 100,000, 2 1/2 hours from Dallas, good schools plus a university. No state income tax, low cost of living. Generous employee benefits. Contact:

Richard M. Bruner, Superintendent
Wichita Falls State Hosital
P.O. Box 300
Wichita Falls, Texas 76307
Telephone (817) 689-5213

Amarillo—Seeking BC/BE child and general psychiatrists Full-time academic appointment with establishment of clinical practice, on-call rotation, and the teaching of medical students and rotating residents. Salary plus excellent fringe benefits. Big city amenities; small town atmosphere. Send CV to Mitchell Jones, M.D., Chairman, Dept. of Psychiatry, Texas Tech Univ HSC, 1400 Wallace Blvd., Amarillo, TX 79106; (806) 354-5542.

Huntsville—State correctional system seeking BC/BE unit psychiatrist for inpatient facilities in Amarillo, Gatesville, Rusk. Full-time and part-time with attractive salaries. Contact (409) 291-4030 or CV to: TDCJ Psych Services, 1650 7th St., Huntsville, TX 77340.

San Antonio—CHAIRPERSON, DEPARTMENT OF PSYCHIATRY, THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO, SAN ANTONIO, TEXAS. UTHSCSA has begun a search for a Chair of the Department of Psychiatry. We seek an established, nationally recognized, academic psychiatrist with demonstrated leadership and management skills in order to take the department forward to the 21st century. The Department has 83 faculty members and 38 residents and provides the clinical psychiatric services at University Hospital and the Audie Murphy VA Hospital, as well as the San Antonio State Hospital and several outpatient clinics in the community mental health program. Please send letters of interest and a curriculum vitae to Stewart R. Reuter, M.D., Chairman, Psychiatry Search Committee, Department of Radiology, The University of Texas Health Science Center at San Antonio, 7703 Floyd Curl Dr., San Antonio, TX 78284-7800. The University of Texas Health Science Center at San Antonio is an equal employment opportunity/affirmative action employer.

VERMONT

PRIVATE PRACTICE OPPORTUNITY
VERMONT

Private practice group is seeking a general psychiatrist to complete its clinical team. The members of the practice, two doctoral level and three masters level clinicians, are all well-established in the practice community. We are hoping to find an experienced general psychiatrist who enjoys being part of an interdisciplinary team. Psychiatric/medication evaluation a requirement with psychotherapy services defined by the interests of the candidate selected. The Rutland Region is a beautiful area for hiking, skiing, and boating. We are 70 miles from the University of Vermont Medical School in Burlington and 65 miles from the Dartmouth Medical School in Hanover, NH. This is an excellent opportunity for someone interested in joining an established practice in a semi-rural area with much natural beauty. Please send CV to John J. Pekar, Ph.D., Allen Commons Associates in Psychotherapy, One Commons St., Rutland, VT 05701.

VIRGINIA

CHARTER MEDICAL CORPORATION
****SEE OUR AD ON PAGE 33****

ADULT AND/OR CHILD PSYCHIATRIST—Excellent opportunity with a growing multispecialty private group practice in Virginia Beach, VA. Includes inpatient/outpatient treatment, diagnostic assessment, medication management, consultation and psychotherapy. Affiliation with local psychiatric hospital. For confidential consideration, send CV to *Psychiatric News*, Box P-233, APA, PSD, 1400 K St., NW, Washington, DC 20005.

ADULT PSYCHIATRIST—Carilion Psychiatric Services has a position available for a BE/BC psychiatrist to join the staff of Saint Albans Psychiatric Hospital in Radford, Virginia. Responsibilities include providing direct clinical services for inpatients and outpatients. Opportunities to provide contractual services with the community mental health centers and to develop an integrated care delivery system with primary care physicians. Located in the heart of the New River Valley, this college town of 16,000 offers a high quality of living at a low cost. Radford is 25 miles from Roanoke, a community of 250,000. Selected candidates can expect strong compensation package and excellent benefits. Call Paul Hlusko, M.D., at (703) 633-4538 or send your CV to P.O. Box 3608, Radford, VA 24143-3608; Fax (703) 633-4559.

CHILD PSYCHIATRIST

Board Eligible or Board Certified to join group practice in Richmond area. Competitive salary with partnership availability. Send CV to *Psychiatric News*, Box P-232, APA, PSD, 1400 K St., NW, Washington, DC 20005.

ADULT PSYCHIATRIST FACULTY POSITION

The Department of Psychiatry and Behavioral Sciences of the Eastern Virginia Medical School has an opening for a clinical psychiatrist with academic interests and background to direct an inpatient teaching service within a tertiary care general hospital environment. Responsibilities include the clinical supervision and teaching of medical students and psychiatry residents as well as provision and direction of clinical care activities. The successful candidate must qualify for academic appointment and be strongly committed to undergraduate and graduate medical education in psychiatry. Eastern Virginia Medical School is a rapidly growing community-based school of 303 full-time faculty, 410 medical students, and 325 residents and fellows. Salary and faculty rank commensurate with experience and qualifications. Send curriculum vitae and cover letter to: Jerry H. Morewitz, M.D., Chair, Adult Psychiatry Search Committee. Eastern Virginia Medical School, Department of Psychiatry and Behavioral Sciences, 825 Fairfax Ave., Hofheimer Hall, Norfolk, VA 23507. Telephone (804) 446-5888. The Eastern Virginia Medical School is an Affirmative Action/Equal Opportunity Employer.

Charlottesville—Department of Psychiatric Medicine, University of Virginia, Charlottesville is recruiting M.D. faculty for its academic program. Candidates must be BC/BE in psychiatry. Salary and academic rank to be negotiated. Send CV to Patricia B. Porterfield, Chair, Faculty Selection Committee, Drawer D, Blue Ridge Hospital, Charlottesville, VA 22901. U Va is an Equal Opportunity/Affirmative Action Employer.

Petersburg—An excellent opportunity for BC/BE, private practice seeking a psychiatrist experienced in C&A, A&G. Share with 2 other psychiatrists providing inpatient and outpatient services. Salary negotiable. Send CV and salary requirements to: Southside Psychiatric, 4338 S. Sycamore St., Petersburg, VA 23803; phone (804) 861-2600, Fax (804) 861-5401.

VIRGINIA—Child Psychiatrist sought for large facility in metropolitan coastal Virginia. Predominantly outpatient. Excellent support staff. Endless recreational and cultural opportunities including symphony, opera, and numerous championship golf courses. Contact: Donna Herzog, AM Care Physician Search, Department J, P.O. Box 2816, Durham, NC 27715; (800) 477-0600.

WASHINGTON

Private Practice in Puget Sound—Well-established psychology practice expanding to include child psychiatrist. Preferred areas of specialization: adolescents and sexually abused children. Send vita to Elizabeth Robinson, Ph.D., 3020 Rucker Ave., #308, Everett, WA 98201 or FAX (206) 252-4778.

Just North of Seattle—Seeking Adult or Child Psychiatrist for multi-specialty practice in large outpatient Medical Center. FT/PT M.D. who has expertise in medication management and therapy. Send Vita to: T. Reisenauer, 3020 Rucker #305, Everett, WA 98201; (206) 258-4649.

Vancouver—Busy psychiatric practice for sale in beautiful Vancouver, WA. Physician with full patient load relocating to new state. Completely furnished offices with furniture, computers and software. Wonderful business opportunity for motivate provider. Please direct inquiries to David Peter, M.D., by telephone (360) 253-4450 or fax (360) 253-2104.

WISCONSIN

CHILD/ADOLESCENT PSYCHIATRIST

Appleton, Wisconsin-based group of 3 general and 2 child/adolescent psychiatrists seeks a 3rd child/adolescent psychiatrist. Need is based on rapid community growth. Practice serves population of 400,000 and the inpatient units of two major area hospitals. Opportunity for development of services is great, including potential within practice subspecialization.

Compensation: Salary guarantee of $120K plus production incentives and full benefits package. Full partnership after 18 months.

Community: Appleton is family-oriented with excellent schools, abundant recreation and cultural opportunities, and affordable homes in safe, attractive neighborhoods. Within 1 1/2 hours of Milwaukee and 3 hours of Chicago. Strong business and industry economic base.

Call Mary Shawn Cowles, Manager of Physician Recruitment at (800) 236-7772 for further information.

Lakeshore Area—Lakeshore Mental Health, Inc., a rapidly growing practice association of independent mental health providers, uniquely positioned as primary providers for larger local physician and hospital network, seek one or two BE/BC General or Specialist, (with general interest) Psychiatrists for unique independent private practice opportunity. Expect a warm welcome and rapid practice development. Clinics located in Sheboygan and Manitowoc, both Lake Michigan shoreline communities, serving a three county area with population of 300,000. Clinic staff now composed of 1.5 Psychiatrists, 2 Ph.D.s, 12 MSWs, 2 AODA and 2 educational therapists. Share weekend on-call with 4-6 area Psychiatrists. Very favorable percentage (low overhead), Signing Bonus, Medical and contracted clinical options all available. Additional administrative, business, and limited partnership options also available. At full-time expect $150-$200K annual income level within 3-6 months. Degree of FT, Vacation, and benefits entirely up to candidate. The Lakeshore area, consisting of Sheboygan, Manitowoc and Calumet counties, is rapidly growing, diversified economically, boasts high employment, and a well-insured market. Outstanding trailing spouse opportunities available. Various small to medium size communities, or rural housing options available. I-43 provides ready and low stress access to Milwaukee, Green Bay, and Door County. Motivated, well-recommended individuals may call Brian J. Eggener, M.D., at (414) 683-9906 (day) or (414) 684-0948 (eve/weekend), or send CV to Lakeshore Mental Health, Inc., P.O. Box 637, Manitowoc, WI 54221-0637.

Madison—Progressive, expanding multidisciplinary private practice seeking a child/adolescent psychiatrist to join our group as a full-time partner. We are located in lovely Madison, WI, the state capitol and home to a major university. Both inpatient and outpatient opportunities available. Please contact us for more information. Capitol Square Associates, 660 W. Washington, Suite 305, Madison, WI 53705; (608) 256-5176.

FOREIGN

NEW ZEALAND—Work and live in a country the size and beauty of California but with 27 million fewer people. Immediate and future opportunities for BE/BC psychiatrists. Locums, one-to-two year, and indefinite placements in a variety of geographic settings. Ski in August and suntan at Christmas. Visit our booth at the APA meeting in Miami. Send or fax CV to: Jacob W. Mates, M.D., New Zealand Psychiatric Workforce Development, 236 West Portal Ave., Suite 342, San Francisco, CA 94127 or FAX (415) 566-1878.

FELLOWSHIPS

FELLOWSHIP TRAINING IN INTENSIVE PSYCHOANALYTICALLY-ORIENTED PSYCHOTHERAPY IN AN OPEN HOSPITAL SETTING

The Austen Riggs Center is accepting applications for a two-year fellowship in intensive, psychoanalytically-oriented psychotherapy with deeply troubled individuals in an open hospital setting for advanced (PGY-IV year) psychiatric residents and post-residency psychiatrists. The ACGME has accredited the first year of the fellowship for one year of advanced psychiatric residency training (the PGY-IV year). All applicants must have completed at least the PGY-I through PGY-III years in a fully accredited program and be eligible to obtain a Massachusetts medical license prior to their application.

The basic training experience is intensive, individual psychotherapeutic work. The average case load is four psychotherapy patients, each seen four times a week for 50-minute sessions. Patients are ordinarily admitted to the Center's inpatient program and then step down to less intensively staffed programs according to clinical need. The intensive psychotherapy continues through all programs. The psychotherapeutic work is augmented and integrated with appropriate use of psychoactive medications and work with families, as indicated. Training is provided in negotiating with third parties for support of such care and in integrating the meaning of resource limitations into the individual psychotherapeutic work. Fellows also have an opportunity to participate in and study group process in a sophisticated therapeutic community program. The psychotherapeutic work with each patient is supervised by a member of the senior staff of the Center.

Other aspects of the education program at the Center include an active seminar and guest lecture program. These are organized around various aspects of psychoanalytic theory and technique, as well as clinical and research topics related to work pursued at the Center.

The training program provides fellows with an opportunity for a personal psychoanalysis as part of their educational experience. The Center bears a major portion of the cost of the analysis for the first two years.

Opportunities to extend the fellowship beyond the designated two years are available depending on the fellow's interest and institutional need.

For application form and additional information, please call or send a letter of interest and CV to:

James L. Sacksteder, M.D.
Director, Psychiatric Residency Training Program
The Austen Riggs Center
25 Main Street
Stockbridge, MA 01262
(413) 298-5511

FELLOWSHIP—Beginning July 1995. PGY-5. Addiction Psychiatry. Acquire expertise in addictions. Norman Miller, M.D., Division Chief, Inpatient, outpatient and CL in University and VA hospital setting. Research and teaching expected. Resume: C. Kimsey, UIC-Dept. of Psychiatry (m/c 913), 912 S. Wood St., Chicago, IL 60612. The University of Illinois at Chicago is an AA/EOE.

SUBSTANCE ABUSE FELLOWSHIPS—Funded by NIDA at the University of Pennsylvania are designed to develop future leaders in substance abuse treatment and research. The program provides clinical and research training for physicians and postdoctoral students who wish to become qualified in substance abuse treatment research. Postdoctoral fellows will be fully trained in current behavioral, psychological and pharmacological substance abuse treatment techniques and will also learn how to evaluate new treatments and to conduct their own research. A unique aspect of this program is that is combines supervised clinical experience with direct participation in ongoing research projects. All fellows will have supervised clinical training with a heterogeneous population of alcohol, cocaine and opiate abusing patients. Research experience is supplemented by clinical seminars, coursework and mentoring by faculty preceptors leading to development of an independent research project. Applications for VA Fellowships are encouraged. Interested applicants should contact Joseph R. Volpicelli, M.D., Ph.D., Fellowship Co-Director, Treatment Research Center, 3900 Chestnut St., Philadelphia, PA 19104. EOAAE.

FELLOWSHIP
Women's Mental Health and Post-traumatic Stress Disorder in Women

The Women's Health Sciences Division of the National Center for Post-traumatic Stress Disorder at the Boston VA Medical Center announces a new full-time clinical and research fellowship in psychiatry. The Women's Health Sciences Division of the National Center for PTSD is a Congressionally mandated center designed to study Post-traumatic Stress Disorder in women. The Division also provides mental health consultation and treatment to the Women's Health Center, a primary care setting for women veterans. This fellowship is divided into half-time clinical and half-time research opportunities that include: 1) psychopharmacology treatment of women with PTSD and other trauma related disorders; 2) consultation-liaison to the Women's Health Center and; 3) design and implementation of an independent research project on PTSD in women. The fellow can expect to acquire distinct skills in the psychopharmacology of PTSD, assessment and psychological treatment of traumatized women, and advanced research methods in PTSD. The applicant must be at PGY IV level or beyond. Interested applicants should contact Glenn Saxe, M.D., Women's Health Sciences Division, National Center for PTSD, VAMC (116B-3), 150 S. Huntington Ave., Boston, MA 02130; telephone (617) 232-9500, ext. 5993.

GERIATRIC PSYCHIATRY AND CONSULTATION-LIAISON PSYCHIATRY FELLOWSHIP

The Department of Psychiatry at Dartmouth Medical School, offers a unique opportunity for combined fellowship training in Geriatric Psychiatry and C-L Psychiatry, for those considering an academic career or specialization in the psychiatry of the medically ill and/or elderly. Fellows train and supervise residents and medical students providing care to older patients in a general hospital. Training experiences also include outpatient dementia evaluations, different models of nursing home C-L, and home visits. Research opportunities include social support, cancer, neuroimaging, health services delivery, and drug trials. One or two years. Includes appointment at rank of Instructor of Psychiatry. For further information contact Thomas E. Oxman, M.D., Director, Geriatric Psychiatry and Consultation-Liaison Psychiatry, Dartmouth-Hitchcock Medical Center, 1 Medical Ctr. Dr., Lebanon, NH 03756; (603) 650-6147.

WAYNE STATE UNIVERSITY FELLOWSHIP—Department of Psychiatry is recruiting physicians and clinical psychologists for fellowships (12 to 24 months) in Chemical Dependence. The department has a division specializing in addictive disorders, with significant interaction between basic and clinical research components. Fellowship training involves clinical experience with alcohol and other drug abusing patients using multiple modalities in a variety of community and academic settings. Fellows in the 24-month academic track participate in research and teaching programs. Candidates must have a minimum of two years postdoctoral training. Please send CV, three letters of reference and relevant reprints to: Dr. Thomas W. Uhde, Chairperson, Department of Psychiatry and Behavioral Neurosciences, c/o Drs. C.R. Schuster and E.P. Schoener, University Psychiatric Center, 2751 East Jefferson, Detroit, MI 48207; (313) 993-3406, FAX (313) 993-3421. Wayne State University is an equal opportunity/affirmative action employer. All buildings, structures and vehicles at Wayne State University are smoke-free. Wayne State University–People working together to provide quality service.

FELLOWSHIP TRAINING IN GERIATRIC PSYCHIATRY—UMDNJ-New Jersey's University of the Health Sciences offers a one or two year fellowship in the Div. of Geriatric Psychiatry, Dept. of Psychiatry-Robert Wood Johnson Medical School, CMHC at Piscataway, Comprehensive Services on Aging (COPSA). We have multidisciplinary dementia and geropsychiatric clinical and academic outpatient services. Curriculum topics include Geropsychiatry, Applied Neuroscience, and Neurobehavior. Fellows participate in clinical consultations, outpatient, individual, and family therapy. Research opportunities are available. Applicants must have completed PGY 3 or 4 in an accredited Psychiatry program and be able to obtain a NJ medical license. Contact Hilary Hanchuk, M.D., Director of Geriatric Psychiatry Training, RWJ Medical School, COPSA, 667 Hoes Lane, PO Box 1392, Piscataway, NJ 08855-1392; (908) 235-5640.

CHILD AND ADOLESCENT PSYCHIATRY FELLOWSHIP

Child Fellowship position is available at University of California, Irvine. Located in coastal Southern California this program offers an outstanding opportunity. In addition to balanced basic training, fellows may participate in a wide range of well established specialty areas. These extend from psychoanalytic play therapy to participation in the University's acclaimed neurobiologic research center and include infant psychiatry, autism, and child abuse; all with close supervision by renowned experts. The University of California is an Equal Opportunity, Affirmative Action Employer, "Rooted in education, enriched by diversity".

Please contact: Kenneth W. Steinhoff, M.D., Director, Child and Adolescent Psychiatry Training; UCIMC, Bldg. 3, Rt. 88, 101 City Dr., orange, CA 92668; or call (714) 753-7703.

GERIATRIC PSYCHIATRY FELLOWSHIPS

Applications are being accepted from applicants for the 1995-96 Geriatric Psychiatry Fellowship Program, Department of Psychiatry & Behavioral Neurobiology, University of Alabama at Birmingham. Interested and qualified individuals may contact F. Cleveland Kinney, Ph.D., M.D., Interim Director, Division of Geriatric Psychiatry, or Terri S. Steele, M.D., Fellowship Program Director, at (205) 934-6054, or in writing to: 1713 6th Avenue South, CPM 253, Birmingham, AL 35294-0018. AA/EOE.

NEW HAVEN, Connecticut—Yale University School of Medicine Department of Psychiatry has an opening at the level of PGY IV or PGY V in the Outpatient Psychiatry Clinic of Yale-New Haven Hospital. Opportunity to work with a multidisciplinary team to provide intensive ambulatory psychiatric consultation to primary care medicine. Consultation and liaison with the heart/lung transplant program and other specialty medical clinics is also available. Additional responsibilities could include supervision and teaching of residents and psychology interns, as well as pursuit of research interests. Yale-New Haven Hospital is a 900-bed teaching hospital within short walking distance to Yale University campus, theaters and shops. Interested individuals should contact Claudia Bemis, M.D., Yale-New Haven Hospital, Room 2046 CB, 20 York St., New Haven, CT 06504; telephone (203) 785-4628.

RESIDENCIES

TULANE UNIVERSITY Department of Psychiatry and Neurology—Unexpected opening for first year child psychiatry resident position available July 1, 1995. Applicants must have completed PGY-3 training in general psychiatry. Program is university academic medical center hospital based. Inpatient and outpatient rotations at university hospital and community mental health center, forensic, school, pediatric consultation-liaison rotations provide full range of didactic and experiential training in contemporary child psychiatry. Intense supervision offered by full-time academic faculty. Contact Betty Muller, M.D., Director of Child Psychiatry Residency Training, Department of Psychiatry and Neurology, Tulane University School of Medicine, 1430 Tulane Ave. SL23, New Orleans, LA 70112; telephone (504) 588-5401; Fax (504) 587-4264. EO/AA Employer.

7/1/95 PGY 2. Unexpected opening. Georgetown Univ. Hosp. Dept. of Psychiatry. Closely supervised inpatient and outpatient experiences. Seminar program and clinical conference. Nathan Billig, M.D., Dept. of Psychiatry, Georgetown Univ. Hosp., Washington, DC 20007-2197; (202) 687-8537.

UNIVERSITY OF MICHIGAN MEDICAL CENTER, Department of Psychiatry, has unexpected openings for PGY-II level residents beginning July 1st, 1995. Send universal application, personal application, CV and three reference letters to:

Michelle Riba, M.D., Director Resident and Fellow Education, University of Michigan Medical Center, Department of Psychiatry, 1500 E. Medical Center Drive, Ann Arbor, MI 48109-0704. Phone: (313) 764-6875. Fax: (313) 936-1130.

The University of Michigan Medical Center is an equal opportunity employer.

PGY-4 position available at Univ. of Illinois at Chicago for new Primary Care Program beginning July '95. Resident will be trained to consult with primary care team in general medicine; teach medicine residents and other health professionals to recognize psychiatric disorders and addiction problems and to manage minor psychiatric conditions in their clinics. Opportunities for psychotherapeutic and pharmacological treatment of patients available. Supervision provided by faculty from UIC and VA West Side Med Center psychiatric and medicine faculty. Contact S. Nand, M.D., Director Residency Training, UIC Dept. Psychiatry, 912 S. Wood St., Chicago, IL 60612. The UIC is an AA/EOE.

OPENING PG-2 RESIDENCY POSITION

Unexpected vacancies in PG-2 residency year for two qualified applicants at the University of Pennsylvania Department of Psychiatry. These positions in an outstanding ACGME accredited residency program are available July 1, 1995. Competitive salary and benefits. If interested please send or fax curriculum vitae to Dr. John Sargent, Director, Psychiatry Residency Education and Training, Hospital of the University of Pennsylvania, 3600 Spruce St., One Maloney Bldg., Philadelphia, PA 19104; FAX (215) 662-3512. If you have any questions please call Dr. Sargent or Ms. Rose Donisi at (215) 662-3588. The University of Pennsylvania is an affirmative action, equal opportunity employer.

POSITIONS WANTED

SW Florida—PA and FL licensed clinical Social Worker relocating to Naples or Sarasota, FL. Looking for a private practice opportunity to join a group practice, psychiatrist, or share space with potential for referrals. Experienced in family, child, individual, couple, and group counseling; for anxiety, depression, addiction (food and drug), stress and pain management, and psychoneuroimmunology. Call Judy Martin (412) 443-6795 (home), or (412) 364-4492 (office).

PRACTICE FOR SALE

Austin, TX—Private practice for sale. Moving out of state. Very reasonable terms. Over look working 24 hours/week. Call (512) 335-7727.

OFFICE SPACE AVAILABLE

New York, NY—Psychiatry/psychotherapy office space available part-time. On Grammercy park, furnished, flexible hours. Call (212) 532-0568; after June 1 call (212) 533-6566.

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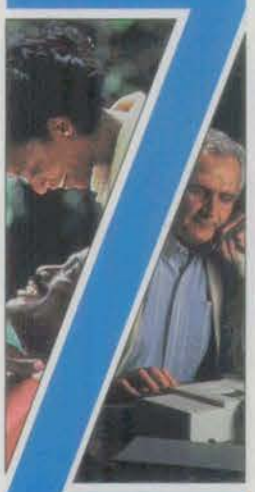




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