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## **EK #631** 0CTOBER 2014

# E-MEETING FALL

#### **Message From the President**

It is that time of year; the children are back in school, the Fall Colors are coming into bloom and the November meeting of GAP will be happening soon.

We will all feel the loss of Paul Fink who was a past president of GAP (as well as the Past President of many organizations, including the American Psychiatric Association) who attended our meetings since 1981. He was Chair of the Committee on Planning, Marketing, and Communications that has been working on increasing GAP's presence to reach a wider audience. He certainly did that well.



Paul's work would certainly fit with William Menninger's (the first President of GAP) description of the aim of GAP - "we believed that when we were faced with a problem, if we could sit down together and take time to exchange views, we could determine what we knew and did not know about the matter and could plot the course of the search for the knowledge that we lacked." (1)

Among other areas of interest was Paul's strong involvement in violence and the prevention of its effects when a child sees it. In the late 90's he developed a "rapid response team" of psychiatrists and community volunteers that would rush to the scene of a violent crime to counsel a child who might have seen the violent act.

I took on advocacy for the Criminalization of the Mentally III during my time in office as President of the American Psychiatric Association and have long applauded Paul's work in this area. The mentally ill in the Jail System is a tragedy of today's health care system. Jackie Lacey, Los Angeles's recently appointed District Attorney has made the transfer of funds for the building of a new Los Angeles Jail to Outpatient Treatment Facilities - we wish her the best of luck. And we wonder how the Affordable Care Act will handle this problem. I know that many of you will be talking about this in your committees and thinking about ways we should approach it.

I look forward to seeing you all in November and learning more about the areas you are approaching and how you are dealing with them. Safe travels!!

Best wishes,

Marcia Kraft Goin, M.D., Ph.D.

Palcin Soin, MD, PHD

Professor of Clinical Psychiatry

Keck School of Medicine

University of Southern California

<sup>1</sup> William C. Menninger, M.D., THE STORY OF GAP. By Albert Deutsch, 1959 pg. 4

#### **ANNOUNCEMENTS:**

- A. Dialogue about Resilience, Families and Culture, GAP meeting in April 2015: The Cultural and Family Committees hosts a 1/2 day Saturday retreat. The Cultural and Family Committees want to focus the attention of psychiatry on the resilience inherent in the families and cultures of our patients to promote psychiatric care that focuses on prevention and recovery. We invite GAP members to participate in a dialogue about resilience, families and culture. We hope that many GAP members will participate in an enriching cross- committee dialogue. Planning: We anticipate a 4- hour retreat with discussions led by experts on resilience, families and culture followed
  - Planning: We anticipate a 4- hour retreat with discussions led by experts on resilience, families and culture followed by small group discussions (over lunch), on specific topics. Further details will be available at the November 2014 GAP meeting.
- B. Dr. Barbara Schildkrout, Chair of the Neuropsychiatry Committee, is pleased to announce the publication of her latest book Masquerading Symptoms: Uncovering Physical Illnesses That Present as Psychological Problems. Published by Wiley, this book is a comprehensive resource for clinicians while also addressing many of the new neuropsychiatry milestone requirements for psychiatry residents.
  - Dr. Schildkrout's books are highly readable. (Her earlier book is <u>Unmasking Psychological Symptoms</u>: How <u>Therapists Can Learn to Recognize the Psychological Presentation of Medical Disorders</u>.) If you want to learn about sleep disorders, the varieties of dementia syndromes, chronic traumatic encephalopathy, anti-NMDA receptor encephalitis, Lyme, HIV, and more...."don't miss it."

In addition, Dr. Schildkrout has launched a blog for Psychology Today. Her latest blog post can be found at: <a href="http://www.psychologytoday.com/blog/the-clinical-picture/201409/how-much-do-psychotherapists-need-know-about-the-brain">http://www.psychologytoday.com/blog/the-clinical-picture/201409/how-much-do-psychotherapists-need-know-about-the-brain</a>

C. A revision to the Bylaws has been proposed and will be voted on by the membership at the Membership Meeting: ARTICLE: III

Section 6. Senior Fellows

A member who has attended ten (10) consecutive meetings will be elevated to the status of Senior Fellow. Committee Chairs will be responsible for referring names of the committee members achieving this status. The Steering Committee will confer the title of Senior Fellow to the members so designated.

#### IN MEMORIAM:

Paul J. Fink, M.D.

By Steven S. Sharfstein, M.D.

Paul J. Fink died on June 4, 2014, after complications from a stroke. He was President of GAP from 2005 – 2007, an active member for more than 20 years, and Founding Chair of the Committee on Planning, Marketing and Communications. Paul was committed to making GAP a force and presence for psychiatry and mental health more broadly through revision of the GAP website, consultation with various committees on dissemination of reports, and an aggressive and often successful approach to finding funding through philanthropy for GAP.

In addition to being a Past President of GAP, Doctor Fink was Past President of the American Psychiatric Association, the American College of Psychiatrists, the National Association of Psychiatric Health Systems, and the American Association of Chairmen of Departments of Psychiatry. He was a leader extraordinaire.

I will remember him as a tireless advocate for the field. He was outspoken about the issues related to stigma against the mentally ill and to youth violence prevention. He was founder of the Philadelphia Anti-Drug/Anti-Violence Network.

He served as Chairman of various departments of psychiatry – in the 1970's, of Eastern Virginia Medical School and in the 1980's, Thomas Jefferson University. He also served as Chairman of the Department of Psychiatry at Albert Einstein Medical Center and the Belmont Center for Comprehensive Treatment. When he passed away, he was Professor of Psychiatry at Temple University.

Paul was an opera lover and for more than 35 years, a season ticket holder to the Metropolitan Opera in New York. He was a patriarch of a wonderful family, which he adored. He had three sons and eight grandchildren and is survived by his wife, Phyllis (Peppy).

I was at the Memorial Service in Philadelphia on June 16. It was attended by nearly 1,000 people. Many family members spoke movingly about him, his smile, and his wonderful sense of humor. Most striking were individuals from the inner city of Philadelphia who were involved in his youth violence prevention efforts in Philadelphia and who spoke movingly of Paul, his energy, persistence, and education.

We will miss him at GAP. It is a loss for all of psychiatry.

#### Henry Grunebaum, M.D.

By Alison Heru, M.D.

"The Authentic Life of Henry Grunebaum"

Henry Grunebaum wrote: "Dying need not be merely a matter of letting go, of disengaging from those most dear to us, but of giving meaning, hope and a vital part of oneself to those whose lives we have touched and have touched us" ("A Final Round of Therapy, Fulfilling the Needs of 2," New York Times, Oct. 5, 2009). The reciprocity of this remark is now apt for Henry: that in his dying, he gives us a vital part of his life. Henry Grunebaum died at age 87 on Friday, April 11, 2014. He was a member of the Group for the Advancement of Psychiatry (GAP) Family Committee, which was meeting on that Friday. We missed him from his usual seat by the window. He had been a member of GAP for many decades. Henry was one of the earliest family psychiatrists: Since the 1950s, he thought, wrote, and taught us about our responsibility in caring for families. This essay is a reflection on Henry's place in the history of family psychiatry. By following Henry's interests, we take a tour of many family concerns that remain unattended by psychiatrists today. His earliest work and writings concerned the care of children when a parent has a mental illness (Am. J. Psychiatry 1963;119:927-33). He was an inspiration to many during family psychiatry's formative years.

As part of an Association of Family Psychiatrists discussion group, family psychiatrist Lee Combrinck-Graham of Stamford, Connecticut, wrote in remembrance of Henry: "I was a first-year resident and we had a young woman with a very young baby who thought she was an apple. This apparently had something to do with the Garden of Eden and Original Sin, but it definitely distracted her from caring for her baby. So, we wrote to Henry and read his paper, and we invited her husband to bring in the baby, and they all stayed there, on 10 Gates at the Hospital of the University of Pennsylvania. She was certainly able to stay more involved with her baby in the setting where she was getting a lot of coaching and input and support from the nurses. It was difficult, because there were no provisions for babies in psychiatric units – and what Henry had done was to inspire us to do something that was right to do, and make it work, and we did." Fast-forward to 2011, when the University of North Carolina at Chapel Hill inaugurated the first perinatal psychiatry inpatient unit in the United States. The most frequent admitting diagnosis is perinatal unipolar mood disorder (60.4%). The unit's success is measured by the significant improvements in symptoms of depression, anxiety, and active suicidal ideation between admission and discharge (P less than 0.0001) (Arch. Womens Ment. Health 2014;17:107-13). Henry reminded psychiatrists of his early family research when, in 2011, he wrote a letter to the editor of the American Journal of Psychiatry: "It may interest readers of the article by Wickramaratne et al. on the children of depressed mothers that a study of a similar population with similar goals was conducted four decades ago" (Am. J. Psychiatry 2011;168:1222-3).

We still have a long way to go in providing care for children who have parents with mental illness. A few individuals such as Dr. Michelle D. Sherman of Oklahoma City (<a href="http://www.ouhsc.edu/safeprogram/">http://gampod.org</a>) and Dr. William Beardslee of Harvard University (<a href="http://fampod.org">http://fampod.org</a>) have developed programs for these children that are accessible to all practitioners, but we still lag far behind places such as the United Kingdom and Australia, which provide state programs for children who have parents with mental illness. Henry next became concerned about the therapeutic neglect of fathers (J. Child. Psychol. Psychiatry 1964;5:241-9). He enrolled fathers in group therapy and wrote empathically about their difficulties (Br. J. Med. Psychol. 1962,35:147-54). Psychiatry still lacks a focus on fathers, especially those with mental illness. Next, Henry turned his attention to the topic of love. Psychiatrists rarely speak of love, except with caution and a lack of comprehension. What do we say to our patients who ask us about love? There is no psychiatric theory of love. Martin S. Bergmann, Ph.D., explained: "Freud approached the topic of love reluctantly, fearing to encroach on a territory of poets or philosophers like Plato and Schopenhauer endowed with poetic gifts. Not without irony he claimed that when psychoanalysis touches the subject of love, its touch must be clumsy by comparison with that of the poets" (J. Am. Psychoanal. Assoc.1988;36:653-72).

Psychiatrists have written for the public, explaining love through brain chemistry. "A General Theory of Love" (New York: Random House, 2000), written by psychiatrists Thomas Lewis, Fari Amini, and Richard Lannon, is immensely popular and has been translated into many languages. In "Can Love Last? The Fate of Romance Over Time" (New York: W.W. Norton & Co., 2003), Stephen A. Mitchell informed readers that "romance depends on mystery, but longterm relationships depend on understanding. Romance gets its fizz from sexuality, but partnership demands tenderness and caring, not lust. Romance is based on idealization of the other, and idealizing anyone is asking for trouble." Freud described his yearning patients neatly: "Where they love, they have no desire; where they desire, they cannot love." What hormones are important in love? Oxytocin is a significant hormone involved in the neuroanatomy of intimacy. It has a role in many biological processes, such as the promotion of wound healing (Curr. Opinion Psychiatry;2012;25:135-40), and in human bonding. Researchers recently reported on the role of partners' hormones at the initiation of romantic love (Soc. Neurosci. 2014;9:337-51). Test subjects were 40 singles and 120 new lovers (60 couples). Couples were assessed for empathy and hostility. Oxytocin showed direct partner effects: Individuals whose partners had higher oxytocin showed greater empathy. Low empathy, on the other hand, was associated with high cortisol, but only in the context of high partner's cortisol. High cortisol in both partners is associated with relationship breakup. The mutual influences between hormones and behavior highlight the systemic nature of relationships. Empathy also is important in the recovery from schizophrenia. Investigators have identified the importance of warmth in reducing relapse rates (J. Abnorm. Psychol. 2004;113:428-39). On the flip side, the role of criticism is a well-known key family factor linked to relapse in many illnesses, both psychiatric and medical. Putting those ideas into clinical practice, however, has proven to be difficult, and the gap between research and practice is still quite large. Henry considered romantic problems from the perspective of a practicing clinician. He stated: "There are no easy solutions available to the clinician whose clients are experiencing problems with romantic/erotic love. There are no easy solutions, because love itself, in all of its manifestations and disguises, is complicated and perplexing. But why should we expect it to be less so than life? We desire to have another to love, for without one we will be lonely and there will be no one who truly knows us. We desire to become one with the other, to be selfless, and to lose ourselves in sexual intimacy. But we are also afraid of losing ourselves, for we know that the person we love is other, independent, and that we can never truly know him or her. This is the predicament of love" (J. Marital Fam. Ther. 1997;23:295-307). A fairly recent study validated Henry's focus on love. When couples are asked to describe the main themes that determine the quality and stability of their relationships, they answer decisively "love" (Fam. Process 2003;42:253-67). Throughout his life, Henry continued to share his own experiences of therapy in an authentic way. When he wrote about his visits with a dying patient in the New York Times in 2009, Henry revealed his own personal reflections on illness and death. In that piece, he taught us to be always considering our responses to our patients. He also taught us that we are always learning. His last published work is a reflection on the relationship between a patient and therapist when that relationship spans decades (Am. J. Psychiatry 2012;169:434). He asked whether this is therapy or companionship – and if this matters. Henry resisted biological reductionism in psychiatry with a gentle wisdom that pointed to the role of narrative and family throughout history and in our work. He still reminds us that love and compassion are needed to do our work well.

Henry's legacy for family psychiatry is deep, and he had several lessons for those of us who attend to patients:

- Work to maintain the mother-child bond when maternal illness is present.
- Attend to fathers.
- Romantic/erotic love is a topic of great importance to psychiatry and health.
- Relationships with patients hold truths that we may not yet fully understand.
- Love and compassion make work into a life's joy.

#### David McDowell, M.D.

By Jack Drescher, M.D.

Doctor David McDowell, 51, of New York, died at him home on June 4, 2014.

He was born in Middletown, Connecticut, the son of Jacqueline (Larson)McDowell and the late Doctor Arthur McDowell, Jr. Doctor McDowell was a graduate of Xavier High School in 1981 and went on to attend The College of the Holy Cross, where he graduated as valedictorian of the class of 1985. He then graduated from Columbia University's College of Physicians and Surgeons in 1989. While in medical school, he served as the president of the class and began publishing scientific papers.

<sup>\*</sup>This was reprinted with the permission from Clinical Psychiatric News.

After a medical internship at The Presbyterian Hospital in New York City, Doctor McDowell completed a residency in psychiatry at the New York State Psychiatric Institute/Columbia University. He later completed a fellowship in Substance Abuse at Bellevue Hospital/NYU Medical Center in 1995. At that time, he began a private practice in psychiatry in New York City.

Doctor McDowell joined the faculty of Columbia University's Division of Substance Abuse in the Department of Psychiatry in 1995. Along with his mentor, Herb Kleber, M.D., the former Assistant Drug Czar under the first Bush administration, he founded STARS, the Substance Treatment and Research Service. He acted as the medical director until 2004, after which he served as the senior medical director of STARS. In 2004, he founded the Buprenorphine Program at Columbia University, the first such opiate treatment program in the nation.

Doctor McDowell was the author of numerous scholarly articles and chapters in addition to the well-regarded book <u>Substance Abuse: From Principles to Practice</u> (Bruner-Mazel, 2001). His scholarly work focused on co-occurring psychiatric disorders and substance abuse problems. In particular, his academic expertise focused on club drugs, such as MDMA and marijuana. He wrote widely on issues of sex and sexuality and was a regular guest and contributor to talk shows, magazines, newspapers, and national news organizations.

Doctor McDowell served in a wide variety of positions. He was the longest serving member of the American Psychiatric Scientific Program Committee, and served as the Vice Chair and Acting Chair from 2005-2007. He was named Distinguished Fellow from the American Psychiatric Association and was named one of the Best Doctors in America. He consulted widely on a variety of topics and was involved with a number of highly successful plays and films, including the Pulitizer Prize winning musical, Next to Normal.

In 2008, he joined the faculty of Mt. Sinai Medical Center, where he expanded the teaching and clinical services for those with substance abuse issues and the dual-diagnosed.

At Mt. Sinai, Doctor McDowell was honored for his transcendent teaching work. He won the Teacher of the Year Award (voted on by all residents) in both 2013 and 2014 as well as the Excellence in Residency Education Award (voted on by graduating residents) in 2014.

Also in 2014, Doctor McDowell as honored at his 25 year Columbia Class of 1989 reunion with two Chairs in the new Graduate and Medical Education Building. One in his name and one for "Dave's Friend (because he always has one with him)."

David was the consummate physician and personality who brightened every room he entered.

In addition to his mother, he is survived by his brothers, Doctor Arthur McDowell, III and his wife Gail of Higganum, Steven McDowell and his wife of Vicki of Portland, Thomas McDowell of Middletown, his sister Elizabeth McDowell-Smith of East Hampton, his life partner, Carlos Moreira of New York; also several nieces, nephews, cousins, any many friends.

Memorial contributions may be made to the The David M. McDowell, M.D. Fund, payable to Columbia University, ATTN: Faye Farese, Columbia University.

### FALL 2014 MEETING 135th MEETING OF GROUP FOR THE ADVANCEMENT OF PSYCHIATRY

#### THURSDAY, NOVEMBER 13

10:00 a.m. GAP Office Opens Masefield A Room
10:00 a.m. Finance Committee Meeting Masefield B Room
12:30 p.m. Publications Board Hutchinson A Room
2:00 p.m. Board of Directors Cooper B Room

4:00 p.m. Fellows Meeting with Selection Committee Cooper A Room

4:30 p.m. Fellowship Selection Committee Masefield B Room

5:30 p.m. Reception of the Board of Directors with Fellows – Room 634

6:30 p.m. Fellows Dinner Cooper A Room

9:00 p.m. - Hospitality Room Irving A and B Rooms

11:00 p.m. Hosted by: Disasters & The World

**Thursday Committee Meetings:** 

Administration and Leadership
Child
6:30 p.m.
Restaurant (6-Saeed)
Restaurant (6-Stubbe)
Restaurant (6-Stubbe)
Restaurant (8-Stoddard)
Remily
8 p.m.
Restaurant (6-Heru)
Restaurant (6-Heru)
Restaurant (4-Schildkrout)

Neuropsychiatry 6:30 p.m. Restaurant (4-Schildkrot 7:30 p.m. Restaurant (6-Osher)

Psychopathology 3:30 p.m. Gallery Room

Research 7 p.m. Restaurant (12-Kramer)

#### FRIDAY, NOVEMBER 14

7:30 a.m. Breakfast Cooper-Greeley Rooms

8:30 a.m. General Membership Meeting Cooper-Greeley Rooms

9:30 a.m. Committee Meetings

10:30 a.m. Coffee Break

12:00 noon Luncheon Cooper-Greeley Rooms

Steering Committee Meeting Irving A Room

Fellows Meeting Irving B Room

2:00 p.m. Committee Meetings

3:00 p.m. Coffee Break

5:00 p.m. Plenary Session: GAP Fellows Cooper-Greeley Rooms

Gun Violence

6:30 p.m. Cocktail Reception Red Oak Terrace

7:30 p.m. Cooper-Greeley Rooms

9:00 p.m. Hospitality Foyer - Cooper-Greeley Rooms

**Hosted by: Cultural Psychiatry** 

SATURDAY, NOVEMBER 15

8:00 a.m. Breakfast Cooper-Greeley Rooms

Steering Committee Meeting Irving B Room

Fellows Breakfast Meeting Irving A Room

9:00 a.m. Committee Meetings

11:30 a.m. Lunch Cooper Room

**COMMITTEE MEETINGS** 

ADOLESCENCE ROOM 305

AGING MASEFIELD B ROOM

ADDICTIONS ROOM 203

ADMINISTRATION & LEADERSHIP

CHILD PSYCHIATRY

COLLEGE STUDENT

ZENGER ROOM

LIBRARY ROOM

VERANDA ROOM

CRITICAL THINKING IN PSYCHIATRY ROOM 211

CULTURAL PSYCHIATRY PORTICO ROOM

DISASTERS AND THE WORLD

FAMILY

GENDER ISSUES AND MENTAL HEALTH

GLOBAL PSYCHIATRY

HISTORY AND PSYCHIATRY

KYKUIT SUITE/ROOM 103

HUTCHINSON B ROOM

HUTCHINSON A ROOM

VANDERBILT/ROOM 107

JOHN JAY SUITE/ROOM 102

HUMAN SEXUALITY ROOM 207

LGBT CARRERE SUITE/ROOM 101

MEDICAL EDUCATION PARLOR ROOM
MENTAL HEALTH SERVICES HUDSON A
MILITARY PSYCHIATRY ROOM 223
NEUROPSYCHIATRY ROOM 201
PLANNING, MARKETING AND COMMUNICATIONS ROOM 434
PREVENTIVE PSYCHIATRY ROOM 215
PROFESSIONALISM AND ETHICS ROOM 221

PSYCHIATRY AND THE COMMUNITY

LYNDHURST/ROOM 104

STEEDY HOLLOW/ROOM 10

PSYCHIATRY AND THE LAW SLEEPY HOLLOW/ROOM 105

PSYCHIATRY AND RELIGION
PSYCHOPATHOLOGY
PSYCHOPHARMACOLOGY
PSYCHOPHARMACOLOGY
ROOM 634
PSYCHOSOMATIC MEDICINE
PSYCHOTHERAPY
RED OAK TERR

RESEARCH ROOM 217
TERRORISM and POLITICAL VIOLENCE HUDSON B

WORK AND ORGANIZATIONS VAN CORTLANDT/ROOM 106

**PSYCHIATRY AND THE ARTS** 

**ROOM 219** 



#### **DATES OF FUTURE GAP MEETINGS**

2014 November 13-15 2015 April 16-18 November 12-14 2016 April 14-16 November 10-12

2017 April 6-8 November 9-11 2018 April 12-14 November 8-10 2019 April 11-13 November 7-9

2020 April 2-4 November 12-14

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