



# Orange County Psychiatric Society

DISTRICT BRANCH OF THE AMERICAN PSYCHIATRIC ASSOCIATION

## September 2015 Newsletter

### PRESIDENT'S REPORT

By: Brenda Jensen, M.D.



#### The Importance of Resident Involvement

The American Psychiatric Association (APA) has been steadily increasing the emphasis placed on Early Career Psychiatrist (ECP) and Resident-Fellow Member (RFM) involvement. The APA recognizes that involvement during residency is critical to continued involvement later in one's career. It further recognizes that RFMs and ECPs are the future of psychiatry and their input can help shape the direction that organized psychiatry will take with respect to issues such as psychology prescribing and access to care.

OCPS is fortunate to have some of the most involved residents in the country. Despite only one residency program being located within our district branch, OCPS currently has significant representation at the national and state levels. Dr. Stella Cai serves as the RFM Trustee-Elect on the APA Board of Trustees, the governing body of the APA. Dr. Alexis Seegan and Dr. Jonathan Serrato hold the positions of Area 6 RFM Assembly Representative and Deputy Representative to provide a voice for California residents at the APA Assembly and CPA Council meetings.

Within OCPS, we recently began a program whereby Resident Chairs are appointed to each of our important committees to assist the Committee Chairs with leadership activities. OCPS leaders such as Dr. Kirk McNagny, Dr. Nicolaas-John van Nieuwenhuysen and Dr. Jeff Glass all became involved with organized psychiatry through committee involvement as a resident. Creating Resident Chair positions will hopefully allow this trend to continue for many years to come.

I am excited to announce that we have already filled the Resident Chair positions with exceptionally capable individuals. Dr. Alexis Seegan and Dr. Brendon Brockmann are the Resident Co-Chairs of the Government Affairs / Public Affairs Committee. Dr. Laura Lai serves as Resident Chair of the Membership Committee. Dr. Dari Aragon, in only her second year of residency, is the Resident Chair of the Education Committee. These residents have already made valuable contributions to their respective committees and I have full confidence they will make a large impact on OCPS in the future.

Another way in which residents have been involved with OCPS is through the Mentorship Program. Over the past year, RFMs were paired with ECPs and General Members to provide career guidance and encourage innovative program development. The results have been impressive. Through the partnership of mentors and mentees, programs such as the Women's Forum on Leadership and the Asian American Mental Health Mixer were developed. In addition, four residents were mentored by OCPS and CPA leaders at the recent CPA Advocacy Day and learned how to effectively advocate for CPA bills at the State Capitol.

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In an effort to improve communications and to save money and trees, OCPS intends to "go electronic" as much as possible, especially with its communications with its membership. To that end, please provide your E-mail address to Holly in the OCPS office ([happelbaum@ocps.org](mailto:happelbaum@ocps.org)). Starting with this issue, the OCPS Newsletter will be sent to members by E-mail and also will be posted in the "Members Only" section of the OCPS website ([www.ocps.org](http://www.ocps.org)). We appreciate your assistance and cooperation in this effort.

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*President's Report... continued from page 1*

The CPA Annual Meeting will be held locally at Dana Point this year and we anticipate large participation among OCPS residents. Dr. Seegan and Dr. Serrato helped to establish a new system within CPA whereby residents will receive a full refund of CPA Annual Meeting registration fees upon attending the meeting. Dr. Dave Safani and the CPA Annual Meeting Planning Committee developed a series of lectures specifically designed to address topics relevant to RFMs and ECPs. Dr. Safani, a former RFM leader who is now Treasurer of OCPS, will also be speaking as part of this program. The future of OCPS looks bright with such talented and dedicated residents already assuming active involvement in organized psychiatry. It will be exciting to see how these young psychiatrists shape our field for the better.

**NAMI-Orange County's Update:  
Assisted Outpatient Treatment – the First Year**

By: Brian Jacobs, Chair, NAMI-OC Government Affairs

On May 13, 2014, the Orange County Board of Supervisors voted unanimously to implement Laura's Law (AB 1421) in Orange County. Our Director of Orange County Behavioral Health Services (OCBHS) told the Board of Supervisors the AB 1421/Assisted Outpatient Treatment (AOT) program could be up and running by October. We were skeptical that it would happen so quickly and were pleasantly surprised when the promise was kept. Fortunately, similar programs were running in Orange County and OCBHS was able to staff the program with competent, qualified and dedicated personnel.

The AOT program in Orange County is coming up on its first anniversary. OCBHS reviewed a large number of requests as of this date and confirmed 422 referrals/clients. Of the referrals, 299 are not included because they: didn't meet criteria for services; had extended hospitalizations; were granted conservatorship; were incarcerated in jail or state prison or unable to locate. The clients were connected to Full Service Provider (FSP) programs where family members and care givers were included and clients were treated respectfully and successfully. So much so that 123 accepted voluntary treatment and only 8 people have required the court ordered AOT program which 7 clients accepted on a settlement order with only one "contested" court order speaks to the impressive success ensuring clients and their families are involved in creating their individualized treatment program.

We are pleased and thankful that lives are being saved and OCBHS is fully implementing Assisted Outpatient Treatment in Orange County.

For more information about AOT, go to: [www.lauraslawoc.org](http://www.lauraslawoc.org)

# A CASE for DEPRESSION SCREENING IN SCHOOLS *By: Margaret Moodian, Ed.D.*

It is tough for students to succeed in life and in school if they suffer from depressive disorders. We test our youth for so many things, including intelligence and scoliosis, so why not depression? Three hundred and fifty million people around the world are affected by depression, and it is important for health care professionals to detect it early. According to the Maternal & Child Health Journal, 2% of young children and 8% of teens have depression at any point in time. "The number one illness worldwide that causes morbidity is major depression. It causes people to miss work, school, and not function at the level they should be able to," stated Rimal Bera, M.D., a psychiatrist at U.C. Irvine Medical Center. Dr. Bera believes that there should be depression screening in schools because, in his view, "Depression screening is just as important as [checking] weight and blood pressure."

According to the Journal of Child and Adolescent Psychiatric Nursing, the latest studies on teen depression in the United States show that the issue has worsened, but tools to screen accurately the illness in youth have improved. Recognizing depression in teens is currently a significant mental health issue of the World Health Organization, mainly because it contributes to low grades and suicide risks. It can have a terrible impact on physical and mental wellbeing and academic success if it is not treated. Occasionally, students miss school because of depression, which is a financial burden to taxpayers. A student at Lincoln High School in San Diego missed 87 days of the 10th grade (approximately half of the school year), which cost her school \$2,464.71. Sometimes students even drop out of high school because of depression. When this happens, there are correlations with higher unemployment and incarceration rates.

**Regular screening in a school environment is a great way to detect the illness early. Dr. Bera said:** Doing a depression screening every year of school could be helpful, but certainly doing it towards the end of high school would be beneficial. It could be done at a school assembly or a science class with a lot of other screenings, such as a bullying assessment. The Journal of Child and Adolescent Psychiatric Nursing explains that there are many factors that have to be taken into consideration when screening teens for depression. Important stakeholders must be involved before the screening takes place. These stakeholders may consist of school administrators, teachers, families, and mental health organizations. Agreement must be acquired from students getting assessed, parents/guardians, and school districts. Then, guidelines should be determined for the implementation, compilation, scoring, analysis, and follow up of the assessment.

Dr. Bera added, "Depression screening should be simple and user friendly at first, and school counselors, nurses, and teachers could administer it." He recommends the Hamilton Rating Scale for Depression and the Beck Depression Inventory. Some other well known evaluations are the Children's Depression Inventory and Reynolds Adolescent Depression Scale. Technology is making significant advances everywhere, including depression screening. Dr. Bera shared: "There are some smart phone applications now to help track depression. Someone could track depression on his or her phone and the data could go straight to the doctor's office. If the doctor saw the patient was getting worse, they could call him and see if he's taking his medication."

In fact, a professor and an alumnus from my alma mater, Pepperdine University, created an app called MoodKit, which helps with depression and other mental health issues. This app works by having people link their mental states, behaviors, and thoughts. It is different from reading books since it is interactive. "This is a market that investors are getting excited about since there is so much room for growth," said Dr. Bera. Perhaps technology could assist with this issue since there is a shortage of psychiatrists.

According to the Maternal and Child Health Journal, some factors that affect bringing depression screening into schools, besides proven effectiveness, are school budgets, politics, the feelings of everyone involved (which can include a stigma toward mental illness), and what parents want. Parents are very important in the big picture since they pay taxes, school board members listen to them, and they are very involved in their children's health. Studies show that education about depression and mental health reduces the stigma toward it. Dr. Bera said: "The stigma of mental illness will always be stronger than the stigma of physical illness since depression can't be found with a blood test or an X-Ray. The diagnosis will always be based on what you say, what I pick up, and what family members say. There will always be guardedness or shame, but it will get less." He added, "The stigma associated with depression will lessen with education in places like schools and places of worship. In fact, Saddleback Church in Lake Forest, CA is holding a large conference on mental illness in October." Education is key to informing people about mental health. Taking steps toward improving students' wellbeing, and assisting them with living their lives to the fullest without the burden of depression is essential. Depression screening in schools is fundamental to this.

*This article was printed with permission from Margaret Moodian, Ed.D. It was originally posted on September 9, 2015 in the Huffington Post's The Blog. Dr. Moodian is an educator, non-profit leader, and court-appointed special advocate for foster youth.*

# REPORT from the MAY 2015 APA ASSEMBLY MEETING

*Submitted by Barton J. Blinder, M.D., Past Area 6 Assembly Representative  
(Attended for Richard Granese, M.D., OCPS Assembly Representative)*

We are indeed fortunate to have continued the tradition of “Assembly Notes” begun by Peter Forster and myself in 2010 and now carried on by Adam Nelson (NCPS). Here, (<https://goo.gl/lalXy>) you will find an almost “minute by minute” summary of Assembly procedures and presentations of which I will present the highlights.

First and foremost Assembly Speaker Jenny Boyer emphasized that the Assembly is the “voice of the APA membership”. Major emphasis of APA strategic priorities (advocacy, quality, member welfare, scientific advancement) will focus on clinical dimensions of care for our patients (access to care, integrated care, collaborative care, expanding and monitoring parity and the Affordable Care Act, and the role of psychiatrists in accountable care organizations).

APA Medical Director Saul Levin presented the new branding of APA (iconic symbol, vastly improved and user-friendly website), appointment of new Directors of Education and Diversity, a “Find a Psychiatrist” function, and easily accessible components and staff directory on the website. APA is to be presented as the “Voice of Psychiatry”. Renee Binder, APA president, emphasized her conviction and our theme for the year: “There is no health care without mental health care”. She will work with the Board of Trustees to revise our Code of Ethics, explore emerging and expanded use of telepsychiatry, which promotes access and treatment. There will be a special APA 2016 event focusing on the crisis of mental health in jails.

The Assembly has undergone a partial reorganization stimulated by the budget restrictions of 5 years ago and is attempting to assume the most equitable and diverse representation for all state associations, DB's, specialty societies, and special interest groups. This was a lengthy process with careful analysis, suggestions and opportunity for debate, expression of opinion and revision. While not perfect, it is hoped that it represents a step forward to an Assembly that is both representative and effective in its deliberations and actions.

The Assembly was addressed and had a Q & A with Lois Nora M.D., president of the American Board of Medical Specialties, dealing with reform in MOC. We all considered our responsibility to patients and society for maintaining competence in our clinical work and scope of medical knowledge. What is needed is an assessment procedure that is reliable, accessible, and acceptable to members. While it is critical that there be a separate examining organization independent of the APA, there needs to be accountability for a feasible non-burdensome, valid process.

The liaison specialty group to the Assembly will be named Assembly Committee of Representatives of Specialty Societies. These colleagues and leadership are increasingly vital to assure members with sub-specialty interests and concerns are represented. Working Groups, Committees of the Assembly, perform an essential function of carrying on special projects, formulating initiatives for action (access to care, membership, public psychiatry, communications, maintenance of certification, metrics (assessing the value of Assembly operations and effectiveness)).

Among the significant Action Papers presented to and passed by the Assembly were support to ensure timely reimbursement in electronic systems of payment, improved diagnosis and treatment in college mental health, support of Assisted Outpatient Treatment, promote and coordinate all APA efforts to improve access to care, address the emerging crisis in patients boarding in emergency rooms, promote increasing understanding of stressors and conflict affecting military families.

With the changes in communication and structure it is hoped the Assembly will be a dynamic center of ideas for APA responsibility to patients, members and the community.

## ETHICS CORNER

As a service to our members we are presenting ethics questions and their answers as reprinted from Opinions of the (APA) Ethics Committee on the Principles of Medical Ethics with Annotations Especially Applicable to Psychiatry.

**Question:** I am a psychiatrist providing services for seriously mentally ill indigent persons. The doctors have been asked to fill out a Social Security Administration form titled Medical Source Statement of Ability to do Work-Related Activities (mental). My concern is that I am placing myself in an unethical situation of dual agency and that completing this form places me in an evaluative as well as a treating role. Could you advise?

**Answer:** Psychiatrists commonly find themselves in dual roles. While there is nothing inherently unethical about dual roles, they may lead to outcomes that are not in the patient's interest. Academic psychiatrists are torn by allegiances to patient and medical school; prison psychiatrists have duties owed to their patients and to the prison system, and so on. In some contexts the balancing act is easy, and in others it requires considerable thought and reflection. An important question is whether one can adhere to both commitments, without undermining the connection to the patient.

When facing such a dilemma the clinician is well advised to think through, and perhaps discuss with a colleague, the pros and cons of conducting the evaluation. In some cases, doing the evaluation may be an act of beneficence. In other cases, doing the evaluation would be of no service to the patient and could injure the patient's interests. Similarly, not doing the evaluation could reflect the physician's lack of commitment to the patient. But not doing it could also be a reasoned outcome, as the clinician recognized an inability to do the evaluation honestly and objectively. The point is that the decision should be clinically informed and not decided casually. The spirit of the ethics guideline in this context is to protect the patient's interests.

**Question:** Can I ethically solicit the support of my patients to advocate for political or societal issues that affect their health care?

**Answer:** Implicit in your question is the recognition of the conflict between Section 2, Annotation 2 (APA), concerning protection of the unique relationship psychiatrists have with their patients from influence outside of the treatment goals, and Section 7 (APA), dealing with our responsibility to strive to improve our communities by interpreting social forces that affect mental illness treatment. It is laudable for physicians to lobby for important political and social causes, especially for those affecting the health care of our patients. However, when we seek to engage our patients in these efforts, we must exercise utmost sensitivity to the vulnerability of patients to our influence, and their desire for privacy. Conversations about political matters may be appropriate in the clinical setting with patients and their families, but vigilance must be exercised to avoid abusing the doctor–patient relationship. Blanket solicitations of support, waiting-room materials, or generalized mailings about social or political issues are usually insensitive to the unique circumstances of each patient. Optional referrals to lobbying or advocacy groups (such as NAMI) might be an effective means to avoid potential inappropriate use of the doctor–patient relationship and allow for the strengthening of the patient's freedom to choose how best to act. Finally, it is important for the ethical psychiatrist to ensure that his or her own personal needs or biases are not influencing the request made of the patient. Indeed, our own passions about a particular cause are best directed through our own advocacy work, rather than enlisting a patient's assistance.

# OCPS WOMEN'S FORUM

By: Michelle Park, M.D.



## Organizers:

Stephanie Lei, M.D.  
Michelle Park, M.D.  
Yujuan Choy, M.D.  
Deena McRae, M.D.  
Laura Lai, M.D.

The OCPS Women's Forum met for their third quarterly meeting on July 30, 2015 at the OCMA facility in Irvine to discuss various topics regarding professional leadership including the gender gap in institutional psychiatry, work-life balance as it pertains to taking on leadership roles, and strategies as outlined by Sheryl Sandberg, Joanna Barsh and Susie Cranston in the popular books "Lean In" and "How Remarkable Women Lead". The forum began, as it always does, with a delicious (and nutritious) dinner from Urban Plates and Veggie Grill, followed by an hour of discussion while enjoying a smorgasbord of desserts, generously donated by Dr. Deena McRae. The 17 OCPS members who joined included a diverse group of women from Resident-Fellow Members to retirees, who shared a wide range of perspectives and personal experiences that made for thought-provoking discussion. Many thanks to all those who attended for helping to create a warm, respectful and supportive atmosphere for first-timers and "seasoned" veterans of all three forums! Also, special thanks to Drs. Yujuan Choy and Beverly Parr who contributed books of interest to the Women's Forum to the OCPS BookShelf maintained by Drs. Lesley MacArthur and Varsha Iyer.

The next Women's Forum event will be on Tuesday, October 27, 2015 and the topic will be Negotiation/Assertiveness. Please join us for scintillating conversation and unbeatable company.

The OCPS Women's Forum organizes regularly scheduled quarterly events to provide networking opportunities and discussion of important topics that are of particular interest to women psychiatrists. Events are free of charge to OCPS members, but open to non-member psychiatrists with a fee to cover the cost of food and facilities. We also have a Google Group (listserv): [OCPSwomensforum@google.com](mailto:OCPSwomensforum@google.com). Please contact any of the founding members for more information: Drs. Yujuan Choy, Laura Lai, Stephanie Lei, Deena McRae, or Michelle Park.

## OCPS CALENDAR OF EVENTS

Sept. 24, 2015	Ethics Roundtable – Office located at University Center, Irvine – 6:30 p.m. – 8:00 p.m.
Sept. 25-27, 2015	CPA Annual Meeting, Laguna Cliffs Resort and Spa, Dana Point
October 10, 2015	NAMI Walks, William R. Mason Park, Irvine
October 19, 2015	Panel Discussion - "The Role of Psychiatric Physician Assistants in your Practice" – OCMA Offices – 6:30 p.m.
October 26, 2015	OCPS Career Panel, The Catch in Anaheim
October 27, 2015	OCPS Women's Forum, OCMA Offices
Nov. 18, 2015	Donna Vanderpool, PRMS – Telepsychiatry – OCMA Building
January 27, 2016	Dennis Greenberger, Ph.D., "Mind Over Mood" presentation and book signing, OCMA Offices

# RESIDENTS' CORNER

By: *Alexis Seegan, M.D. and Ijeoma Chukwu, M.D.*  
Co-Chief Residents, UCI Department of Psychiatry

Summer is a time of significant change within residency programs. In June we celebrated the graduation of our PGY-4 residents, though luckily many of them have not strayed too far! Then in July the UCI Psychiatry Residency welcomed nine fantastic new interns to the UCI family and they have jumped into their psychiatry education at full speed. It seems like only yesterday that Ijeoma and I were interns learning about emergency medications and worrying about taking call, and now here we are as the program's chief residents! As you may already know, there have been some leadership changes within the program. Dr. Deena McRae, one of our OCPS Council members, stepped down as Program Director in order to accept the prestigious position as a Dean of Graduate Medical Education at UCI. Dr. Adrian Preda, a longtime UCI faculty member, has taken over as Program Director and Dr. Kirk McNagny remains on board as the Assistant Program Director.

We are grateful for the support so many OCPS members provide to our program. Dr. David Safani, OCPS Treasurer, graduated from his fellowship in Child and Adolescent Psychiatry and is continuing his tenure at UCI as an attending. Many OCPS members also serve as therapy supervisors and the second- and third-year residents have been excited to meet with their supervisors to discuss their new therapy cases in detail. I could continue naming all of the fantastic OCPS members who work with the UCI residents as attendings, volunteer faculty, and mentors, but I would need the whole newsletter for that! Suffice it to say that the OCPS members have been generous in their dedication to our program and I know that all of your participation plays a great role in our educational development and training.

We also appreciate OCPS's willingness to facilitate resident involvement and this year we have resident chairs on several committees including the Membership Committee, the Education Committee, and the Public Affairs/Governmental Affairs Committee. Ijeoma and I know that this year is off to a great start, and we look forward to continuing to work with OCPS and its members to further resident education as well as advocate for psychiatrists and patients with psychiatric illness in our community.

## TMS CLINICAL TRIAL FOR OCD

Please use this announcement to refer patients. There is no cost for study subjects.

**See [ClinicalTrials.gov](https://clinicaltrials.gov) NCT02229903 for more information:**

IDE# G130267 A Prospective, Double Blind, Randomized, Controlled Study to Evaluate the Safety and Efficacy of the Deep Transcranial Magnetic Stimulation (DTMS) for the treatment of Obsessive Compulsive Disorder. Researchers at Advanced TMS Center, Mission Viejo, CA, are recruiting for a multi-center clinical trial of HAC-coil Deep Transcranial Magnetic Stimulation (DTMS) as treatment for Obsessive-Compulsive Disorder (OCD).

### YOU MAY BE ELIGIBLE TO PARTICIPATE IN THIS STUDY IF YOU:

- Are 22-68 years old
- Have been diagnosed with OCD
- Have been on SSRI medication for at least 2 months and/or are receiving psychotherapy.

Participation in this research study consists of 33 visits, including psychiatric assessments and 29 DTMS sessions over 12 weeks.  
Subjects may be reimbursed for expenses incurred.

#### Contact:

**Jamie C or Dr. Kinback at 949-768-2988**

PI: Kevin Kinback, MD, Advanced TMS Center,  
Assoc. Clin. Prof of Psychiatry, Loma Linda University

# IN MEMORIAM

*Luke Ik Chang Kim, M.D. - April 22, 1930 – July 12, 2015*

Dr. Luke Ik Chang Kim, 85, passed away on July 12, 2015 in Seal Beach, California. A resident of Davis from 1969-2006, he served for three decades as Chief Psychiatrist and Chief of Research and Staff Development at the California Department of Corrections' California Medical Facility in Vacaville. During his tenure, he provided psychiatric treatment to inmates Charles Manson, Sirhan Sirhan, Juan Corona and Timothy Leary, among others. Additionally, he was Clinical Professor of Psychiatry at UC Davis Medical School from 1973-2005.

Dr. Kim was actively involved in the American Psychiatric Association and founded the Association of Korean American Psychiatrists. Much of his career was focused on raising awareness of and promoting cultural psychiatry: understanding one's cultural background, customs and values in order to effectively diagnose and treat psychiatric disorders. He also published extensively on the mental health and psychiatric care of Asian American immigrants.

In 2006, he and his wife established the Luke and Grace Kim Endowed Professorship in Cultural Psychiatry at UC Davis Medical School in order to build on its nationally-renowned training and research center for cultural psychiatry.

Dr. Kim was born on April 22, 1930 in Sinuiju, Korea. His youth was marked by turmoil, political strife and great personal loss as a result of events surrounding the Japanese occupation of Korea followed by the Korean War. His family managed to escape to South Korea in 1945 in order to flee the communist government which took over North Korea following World War II.

Four years after receiving an M.D. from Seoul National University in 1956, Dr. Kim earned a Ph.D. in Clinical Psychology from the University of Arizona. He completed post-doctoral training in Arizona, New York and California.

He is survived by his wife of 53 years, Grace; sons David of Vienna, VA, and Danny, of North Tustin, CA; daughters-in-law Julie and Janet; grandchildren Tessa, Jaisohn, Jeffrey and Luke; and siblings Iknan Kim of Seoul, Korea, Iksung Kim of Bridgewater, NJ and Paul Ikpoong Kim of Seal Beach, CA.

In lieu of flowers, contributions in his honor are appreciated to: The Luke and Grace Kim Endowed Professorship in Cultural Psychiatry, Department of Psychiatry and Behavioral Science, UC Davis Health System, 2230 Stockton Blvd., Sacramento CA 95817.



## BOOK CORNER — SUMMER 2015

By: Lesley A. MacArthur, M.D.

The following is an occasional review of books of interest to psychiatrists. In it, I hope to stir interest in the lending library which, for now, is a small shelf of books in Holly's office. For a list of the books available through the OCPS library, please use this link:

<https://www.librarything.com/catalog/OCPSBookShelf/ocpsbookshare>

**Psychodynamic Psychiatry in Clinical Practice** by Glenn O. Gabbard, M.D., fifth edition. American Psychiatric Publishing, 2014.

An easily readable reference text with a surprising amount of up-to-date biological and psychological research references.

With a single author and a coherent, unified vision, this nifty book seems short at 639 pages. I had not read the previous editions of this book, so I was unfamiliar with the vast clinical application it offers. Never has a book seemed so designed for actual clinical practice and the complexities of individual patient cases. Emphasizing that the psychodynamic approach involves recognizing each patient for not only how he or she fits into a psychiatric construct, but how he or she differs from that same construct, Gabbard's writing treats patients with the understanding that "the patient is a person."

What I especially appreciated is the reminder that psychodynamic psychiatry makes use of the doctor's experience of the patient and the interaction between the two as a very enlightening and helpful aspect of clinical information. I found myself wishing I had had this when I was in training. Working with patients is both challenging and rewarding, and this book is like a helpful mentor who guides you along the way.

The general psychiatry world seems dominated by descriptive psychiatry: diagnoses, one-dimensional rating scales and medication options whose ubiquity tends to obscure our consideration of the rich world of the patient's unconscious. Perhaps that's because subjective experience seems so hard to monetize. But to ignore this element is to ignore an enormous part of what is going on in the suffering of our patients and their response to our efforts to help.

This book is a fascinating and very welcome reminder to think about dynamic issues. When I was finished, I decided to buy it for my personal library.

# CLASSIFIED ADS

## PSYCHIATRIST WANTED

Seeking a psychiatrist to join our growing practice in Arcadia.

Qualified candidates will possess an MD or DO, be board certified in psychiatry and hold a California medical license in order to be eligible. A strong interest in building a private practice is needed, as well as a comprehensive approach to treating the psychiatric patient to provide excellent continuity of care.

Interested applicants, please forward your CV to:

**wendy@soutenders.com**

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**Addiction Recovery Rehab** is actively recruiting an Addiction Medicine physician or an Addiction Psychiatrist to join its established, high-end Addiction Residential and IOP program in Villa Park, California. We are a dynamic and growing multi-specialty group. We have an Addiction Recovery program that includes inpatient detoxification, inpatient residential and outpatient rehabilitation and therapy services. Job includes recovery medication management and individual therapy. Work with case managers and counselors to provide comprehensive inpatient and outpatient services. Villa Park is in an exclusive high-end living area in Orange County, California and ranks as the "heaven on earth" area due to its wonderful weather all year round and the clean, beautiful beaches with its highly ranked school system.

REQUIRED EDUCATION/EXPERIENCE: California Board Certified Psychiatrist (M.D. preferred but not necessary.)

If interested, please contact **Izzy Hirson at (949) 289-0350 or izzyh@addictionrr.com**

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## OFFICE SPACE AVAILABLE

Prime location psychotherapy office for full-time sublease MacArthur at Jamboree in Irvine/Newport area.

Quiet, after hours AC \$550/month. E-mail

**Micwolfmd@Gmail.com** if interested

OC psychiatrist and psychologist currently sharing fully furnished office suite, in ideal location near John Wayne Airport. We are looking for 3rd person to join us as a co-tenant or subtenant. Current tenants are only in the office in evenings and some weekends, so space is available--immediately--on weekdays, during regular business hours. Will consider month-to-month option.

Please contact **Dr. David Block at [info@drdavidblock.com](mailto:info@drdavidblock.com)** for more information.

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**Lake Forest.** Unfurnished office (180 sq. ft.) in four-office suite with large waiting room. Beautiful courtyard. Excellent freeway access. \$575/mo.

Contact: **Dr. Lola Brown (949) 768-8109**

**LolaBrown@cox.net or**

**Dr. Susan Novak (949) 297-6680**

**drnovak@southcountypsychological.com.**

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Nicely furnished, spacious office with view for rent (to share) in psychologist's office.

Available up to 3 1/2 days per week.

Located right off the 5 freeway at La Paz Rd.

Referrals possible.

**Contact Dr. Seeb  
949-586-2311**

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Please call **(530) 304-0931** for information.

# CURES DATABASE REGISTRATION MANDATE

As many of you may know, effective January 1st, 2016, California Health and Safety Code, Section 11165.1 will mandate that all California-licensed health care providers authorized to prescribe, order, administer, furnish or dispense Schedule II, III, or IV controlled substances must be registered to access the Controlled Substance Utilization Review and Evaluation System (CURES). The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and all confidentiality and disclosure provisions of California law cover the information contained in CURES. All users must comply with HIPAA Privacy Rule Requirements when using CURES.

Registering for CURES access allows clinicians online access to patients' controlled substance histories and to quickly review information via Patient Activity Reports (PAR) in an effort to identify and deter drug abuse and diversion. This database is a valuable investigative, preventive, and educational tool for the healthcare community, regulatory boards, and law enforcement.

In an effort to assist those clinicians affected by the mandate, we would like to provide the following information and steps. While the Department of Justice is developing a streamlined version of CURES registration that does not require a notary, it is recommended that clinicians take steps to register as soon as possible:

## **STEP 1:**

Submit a registration form electronically by going to the website listed below and choosing the correct form.

1. Be sure to provide an email address that you will be checking over the next 72 hours.
2. **DO NOT SIGN THE FORM** until you are in the presence of a notary or physically visiting a Medical Board office.

Website: [https://pmp.doj.ca.gov/pmpreg/RegistrationType\\_input.action#](https://pmp.doj.ca.gov/pmpreg/RegistrationType_input.action#)

## **STEP2:**

Mail a NOTARIZED signed copy of the printed and signed Application Confirmation to the appropriate address. Non-notarized applications can also be taken in-person to a Medical Board office near you and signed there.

## **INCLUDE COPIES OF THE FOLLOWING DOCUMENTATION:**

DEA Registration certificate (prescribers only)

Medical or Pharmacist license

Government-issued photo identification

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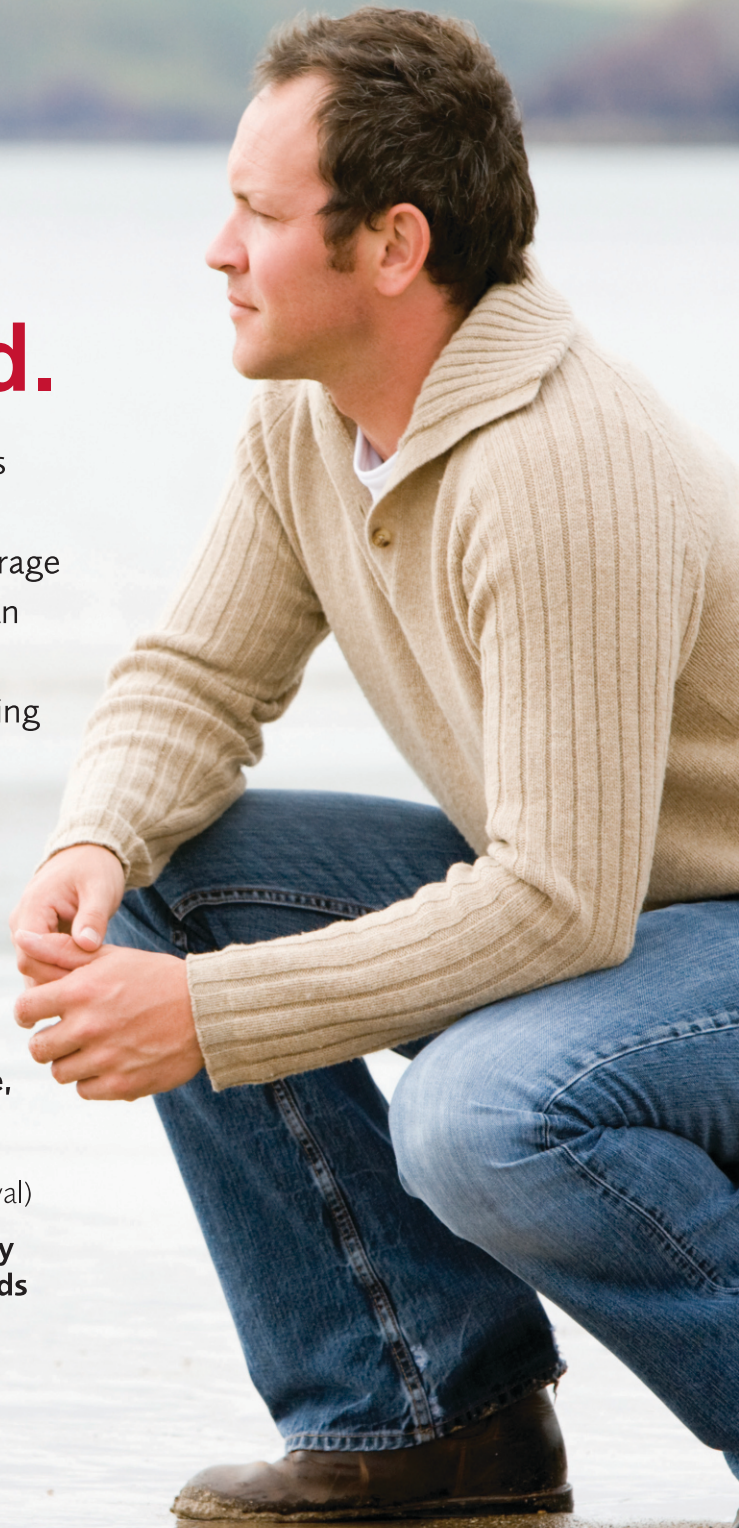
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