

The Westchester Psychiatrist

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Message From Our President—Living The Mission

James P. Kelleher, M.D.



The Westchester Psychiatric Society continues to inspire. Recently we were privileged to host a discussion of DSM 5 by Drs. Michael First and Eric Marcus, colleagues on the faculty of the Columbia Department of Psychiatry. Their differing perspectives prompted important questions about the essence of psychiatric diagnosis and even about the science and art of medicine. I believe many in the brimming audience shared my impression that too few forums exist for this type of debate and I am confident that all were enriched by the event.

The following month our legislative brunch presented the most immediate annual opportunity to voice our concerns to government. The local legislators in attendance welcomed our expert opinion on important decisions regarding mental health. We are grateful for their attention. As a centerpiece of our advocacy work, this is one of the most important events of the WPS year.

Mental health concerns were exemplified in early December when I was invited on RNN-TV to discuss the tragic Sandy Hook school shooting one year later. Sadly, the Colorado school shooting earlier that day became the main topic. At times like these, I think it is important to remember that those with mental illness are rarely dangerous to others. I have also taken these opportunities to demystify treatment and to seek reconsideration of barriers to seeking help. Let us hope for more positive outcomes.

We continue to work to make our organization stronger. After a period of transition, our organization has achieved financial stability. Additionally, more of our members are also joining the Medical Society of the State of New York. Our legislative and social impact as psychiatrists is empowered by our alliance with other physicians. The impact of our physician group is also strengthened by increased representation of psychiatry.

As always, I appreciate the hard work and vibrance of my colleagues on the Executive Council. They continue to show that much is possible. ■

Miltiades L. Zaphiropoulos, MD—A Founding Member of PSW is 100 Years Old

By: Karen Gennaro, MD

It was in the process of my applying to psychoanalytic training institutes in 2009 that I first met Miltiades L. Zaphiropoulos. "Milt", or "Zaph", two nicknames by which he is affectionately known, was one of my interviewers for admission to the William Alanson White Institute, where I ultimately matriculated and graduated last year. It was

May, 2009, and we scheduled our interview to occur shortly after his return from attending that year's APA annual meeting in San Francisco. His voice had a certain vitality over the telephone, he had a slight accent and he was clearly a lively orator. When we met for the interview, I was impressed by a mature, healthy man with

vibrant eyes and a strong gait, and I had absolutely no idea he was already 95 years old, and that he was still seeing patients. After a series of interview questions regarding my life and what prompted me to want to become a psychoanalyst, the tone of our meeting changed as it drew to a close, and he revealed to me that he had

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been one of the founding members of the Psychiatric Society of Westchester County (PSW). He told me he knew I had completed my presidency of PSW the year before and he told me he had read all my quarterly presidential columns in the newsletter. When I heard this, I was surprised, and embarrassed; my husband had always told me it's the obligation of a president of an organization to know its past presidents, and here this man was not only a President from 1961-1962, but one of its founding members. Milt went on to tell me he formerly lived in White Plains where he raised his family, had moved to NYC later in his life, had chosen to always maintain his APA membership in Westchester district branch and enjoyed keeping up with all the PSW activities by regularly reading its newsletters. I know he's reading this now, despite this newsletter recently becoming electronic, because this centenarian is always on the web and could teach any of us younger people a thing or two about technology.

I'd like to tell you about Milt's 100th birthday party last month (January, 2014), celebrated by his colleagues at the William Alanson White Institute, organized by Pasqual J. Pantone, Ph.D., Director of Clinical Education. It started with a review of some of some of the historic events of his early life. Milt was born and raised in Egypt, in Alexandria and Port Said. His father was a

sea captain, as was his father before him, and his father became one of the first captain pilots of the Suez Canal and was present at its opening. Milt went to Greek school in Port Said and became fluent in Arabic as a young boy, later also becoming fluent in French and English, in addition to his native Greek. He had always wanted to study literature and history, but his family was concerned this wasn't an adequate way to make a living. Eventually his father and his colleagues at the Suez Canal decided his fate, "They decided to ship me into medicine to become a second Louis Pasteur", and he started University in Paris at the age of 15. After completing his medical studies, he decided to take two years off to study ancient Greek and moral comparative literature at the Sorbonne, and when a surprised professor asked what a young doctor was doing studying literature, he answered that there was much in literature that would serve him well in becoming a psychiatrist. During the time he was studying literature he was also working on research projects, one of which was experimenting with producing catatonia in cats (no pun intended.) He was one of only a few psychiatric interns invited to attend a meeting of the International Psychoanalytic Association (IPA) and this is how he had the honor of first meeting Marie Bonaparte while attending a party at her home; he recalls being intrigued with Maria Bona-

parte's scholarly work on Edgar Allan Poe (Sigmund Freud wrote the preface to her 700 page psychobiography of Poe.) Milt met his first wife at the Sorbonne, and she later became a teacher of French at Sarah Lawrence College in Bronxville, NY. Milt served in WWII in San Antonio, TX, in Fort Smith, OK, and then in the South Pacific where he worked as a psychiatrist. He had two children, pre-war Leigh and post-war Bryn (McCornack), who were both in attendance at his birthday celebration. Milt worked at the Psychiatric Institute, Rockland State Hospital (now RPC) and the VA Hospital clinic, and he eventually started a private practice in NYC and sought analytic training. For his application to the William Alanson White Institute, he was interviewed by Clara Thompson, Janet Rioch and Ed Tauber and he was impressed that their inquiries focused on his interests and how he pursued them, including politics (he revealed he was a member of "The Progressive Citizens of America", which eventually landed on Joseph McCarthy's 'list'.) This contrasted with the interview style he endured at one of the more classical institutes in the city, which focused on a candidate's intellectual interest in psychoanalysis and whether he had a personality that would allow him to absorb and practice psychoanalysis according to the restrictive set of that Institute's coursework, and Milt said "That is when I started feeling funny, it seemed like



Miltades L. Zaphiropoulos, MD



Milt singing along with the recording of Edith Piaf singing "Non, Je Ne Regrette Rien"



Milt on the left, Pasqual J. Pantone (the moderator) on the right, and Milt from the 2007 video on the screen above.

an orthodox thing...almost like you would need to 'bow' to what was being taught." So he chose to enter psychoanalytic training at the William Alanson White Institute (first chartered in 1943), graduating in its second class in 1951. He was analyzed by Ralph Crowley and Clara Thompson and his supervisors included Eric Fromm and Freida Fromm-Reichmann.

A video interview from a 2007 interview conducted by Stefan Zicht, Ph.D. was played for the crowd at Milt's birthday well-wishers, revealing a younger Milt speaking about his years at the White Institute, which has been his professional home and identity. After this, the tributes began and people spoke of their affection for their beloved teacher.

Jay S. Kwawer, Ph.D., the current Director of the William Alanson White Institute, shared a little known fact that Milt kept a small aerosol can of "bullshit repellent" in his office, given to him by a patient for difficult sessions. Dr. Kwawer went on to describe Milt. He has an extraordinary, stunning memory and could recount Institute politics, policies and details of specific administrative meetings from decades earlier. He is a consummate gentleman who was often known to break out in song. He is thoughtful, perceptive, and has a unique perspective with a lyrical and unique style of speaking, likely arising from his fluency in Greek, Arabic, French and English and resulting in his characteristic ability to "think in jazz". Dr. Kwawer said, "Milt, you are our link to the past, you embody our visions and dreams of the future, but above all you are a reminder to us to live life fully in the present."

Edgar A. Levenson, M.D. then gave a tribute which described Milt's sense of egalitarianism, democracy and respect for others. He described noticing that Institute meetings never seemed to end until Milt gave the summary (he was the fat lady singing) and that this wasn't narcissism but rather a wonderful example of his style of inclusion, making sure everyone had their say and that discussions included everyone's contributions. He then acknowledged Milt's second wife, Doris Lawson, the beloved Social Worker in the Institute's clinic who shepherded generations of candidates through their training. Dr. Levenson ended by wishing Milt a Happy Birthday, adding his own cultural touch, "and if you've heard it once, you've heard it a hundred times".

Joerg Bose, M.D., immediate past Director of the Institute, described Milt's six decades of leadership. In addition to being a teacher, supervising analyst and training analyst, Milt served on a wide range of the Institute's committees and as the Director of Training, Director of Clinical Services and Chair of the Council of Fellows. He has also been a continuous member of the Executive Committee for decades, offering wise support to four different Institute Directors. Dr. Bose said we could always count on Milt's pithy formulations to end endlessly reiterating debates. He described Milt as comfortable with irony, paradox and uncertainty... arriving at insight through peripheral vision. Dr. Bose went on to describe him as loyal and caring to both his colleagues and the Institute, the kind of person who makes one better for having known him. He has been a constant generous presence on the list serve, always ready to provide the name of a referral anywhere in the world or to praise a colleague's achievements. Dr. Bose found one of Milt's list serve comments, quoting Milt's posting, "To misread or misunderstand is human, and all too frequent; to clarify and uphold the right to compassion borders on the divine." Dr. Bose then played a recording of Edith Piaf singing "Non, Je Ne Regrette Rien" and Milt spontaneously broke into song, taking the microphone and entertaining the crowd. Dr. Bose referred to Milt's autobiographical essay "The Search for the Understanding of Human Beings" in the 1998 book by Joseph Reppen, *Why I Became a Psychotherapist*. In his chapter, Milt wrote "The ability to observe what goes on around me was fostered from an early age. I received some recognition for it, mostly from adults and girls, and became the object of envy and resentment among many of my male peers. Such ability obligated one to become and remain objective. As for temptation – subjectivity - the observer's part was neither to be denied nor ignored, but should be a matter of vigilant awareness and constant mistrust to be reckoned and dealt with. Those who claimed pure objectivity with attendant hold on the truth, not as a search but as an achievement, were to be questioned, albeit painstakingly, and would usually be found to be highly subjective. There were some intimations of the meaning of participant-observation in the process." (Harry Stack Sullivan, one of the founders of the William Alanson White Institute, based his interpersonal psychoanalytic theory on what he termed 'participant-observation'.) Dr. Bose noted how Milt then delineated what characterizes his non-dogmatic and non-political way of being at the Institute when he wrote "I did not mind, nor should I hide, my experiencing some satisfaction and some pride in being a participant in what I see as a cutting edge of psychoanalytic thinking and psychotherapeutic practice... I was not meant to be a follower and I have not sought any following. My heretofore analysands, supervisees and students have chosen their own paths, ranging from interpersonal to relational to self psychological... Our art oscillates between the inspired and the empirical, and we do need patience... (in order) to pursue our search for understanding human beings... while being capable of living with an unfinished view of man."

Margaret Black Mitchell, L.C.S.W., widow of Stephen A. Mitchell, Ph.D., described Milt's communication style as "pithy, linguistically complex, witty", and described him as "a generous scholar ... he demonstrates a comfort with other minds... (wandering) to a perspective from anthropology (or to) the words of a philosopher... (but) his mind actively resists being captured by any way of thinking... nor is he a person who lives in his head, he lives here on earth". Ms. Mitchell stated, "his interest in ideas and his fundamental humanity is regularly tempered by a common sense pragmatic directness evident in his thinking about analytic issues... (he had) a fuller appreciation of the cultural/interpersonal issues... (such as in the history of) an obsessional patient (who) seems to be incapable of learning ... 'having to know before he has an opportunity to learn, never managing to feel free from the anxiety regarding the precious right to

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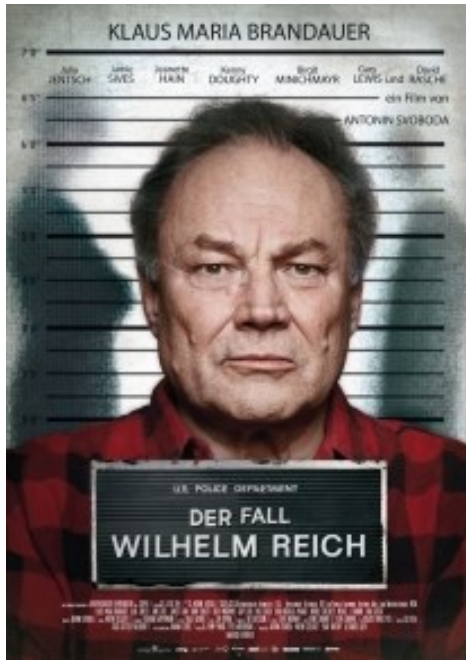
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Film Review—Der Fall Wilhelm Reich (The Case of William Reich)

By: Karl Kessler, M.D.



Wilhelm Reich was one of the stars of the second generation of psychoanalysts. His communist politics and his theoretical conflicts with Freud led to his expulsion from the International Psychoanalytic Association in 1934. After leaving Austria ahead of the Nazis, he lived in Norway for several years and immigrated to the US in 1938, where he was initially on the faculty of the New School for Social Research. He continued to follow his own theoretical and scientific path. He believed that he had reified the libido in his discovery of a new energy, which he called “orgone.” Reich’s focus on the importance of sexuality and the orgasm in mental health was a large factor in his notoriety. By the late 1940s, he was considered a quack and/or insane by the scientific and medical establishment. He experimented with using orgone therapeutically in orgone accumulators and thereby ran afoul of the FDA. The FDA classified the accumulators as fraudulent medical devices and carried out a prolonged investigation and prosecution of Reich, resulting in his imprisonment in a Federal penitentiary, where he died in 1956.

The FDA’s campaign against him from 1947 until his imprisonment is the subject of the Austrian director Antonin Svoboda’s 2012 film. The film casts the FDA and the American Psychiatric Association as the villains, the latter because the APA supported the prosecution of Reich. The APA is represented in the film by Dr. Ewen Cameron, APA President 1952-53. The investigation is presented as a conspiracy to “get” Reich, which perhaps it was, but the juxtaposition of the innocent researcher versus the evil establishment is crudely handled. An example is a clumsy attempt to spice up the slow pace of the film by having law enforcement men in black suits descend on Reich to harass him. The movie portrays the anticommunism of the 1950s as another factor leading to Reich’s persecution; but by that time Reich was an anti-communist and the campaign against him was initiated by hostile leftists, rather than from the right.

The academy award winning Klaus Maria Brandauer does an excellent job of portraying Reich as an intelligent, genial and sane scientific explorer, in the service of mankind. Reich’s relationships with his family and co-workers are portrayed at length, along with Reich’s ongoing research into the orgone, all while he is being investigated and prosecuted. Aurora Karrer, his last girlfriend, is depicted as being pressured into betraying Reich. The issues and personalities involved may be confusing for a viewer without a good knowledge of the events involved.

Unfortunately, the film glosses over the legal issues. Reich was actually imprisoned for violating an injunction against the interstate transport of accumulators. The violation was committed by an assistant, but Reich took responsibility, partly because he wanted to fight for his belief that the courts should not have jurisdiction over matters of science.

The film posits Reich as a healer and a champion for human freedom against authoritarian and reactionary forces, but a better film is needed to really make this case.

Der Fall Wilhelm Reich, directed by Antonin Svoboda (Austria, 2012, 110 minutes) can be obtained in the US as an import film on DVD. It is dubbed in English. It is in the PAL format (not NTSC). ■

Book Review: How is Digital Technology Changing Our Lives?

The New Digital Age: Reshaping The Future of People, Nations and Business

by Eric Schmidt and Jared Cohen (315pp., Alfred A, Knopf: New York, 2013)

Smarter Than You Think: How Technology Is Changing Our Minds For The Better

by Clive Thompson (341pp., The Penguin Press: New York, 2013)

Change is disruptive. Books like these make the digital evolution easier to accommodate.

In *The New Digital Age*, Eric Schmidt, a former Google CEO, and Jared Cohen, Director of Google Ideas and a former advisor to Secretaries of State Rice and Clinton, describe current and imminent technological developments including driverless cars, 3D printing, and the proliferation of drone aircrafts. They also consider how the individual empowerment afforded by smartphones is impacting governance.

In *Smarter Than You Think*, technology writer and New York Times Magazine contributor Clive Thompson focuses on the effects of three characteristics of handheld devices — infinite memory, the ability to make connections, and the ability to publicize — for individuals and communities. Thompson places these developments in a historical context citing the development of libraries, for example, as a relevant precedent. His conclusions are illuminating and timely.

I found these books compelling and I recommend them for perspective on these powerful tools and their influence. ■

PSW MEETING UPDATES

DSM and Us—This Again?

November 20, 2013

by Alex Lerman, MD

At the time of its release in 1980, the DSM-III was hailed as a breakthrough in psychiatry, which would bring replacement of unsubstantiated theory by objective data, and thus the scientific determination of the causes and optimal treatment of mental illness. The likelihood that such causes and treatment would be biologically-determined was often implied, and often openly stat-

ed as the new “atheoretical” system was emplaced.

Thirty three years later, the arrival of DSM-III’s close descendent, the DSM-5, served to bring two distinguished psychiatrists, Eric Marcus, MD (Director, Columbia University Center for Psychoanalytic Training & Research; Professor of Clinical Psychiatry, Columbia University) and Michael First, MD (Professor of Clinical Psychiatry, Columbia University) to discuss the DSM-5, and its implications for the future of psychiatry. The meeting was organized for

the Westchester Division Branch by Anthony Stern, MD, Program Committee Chairperson.

The DSM-III arrived in the United States, Marcus stated, at the time when the tradition of descriptive psychiatry had already decayed. Marcus noted that the DSM-II possessed but only two broad diagnostic categories “neurosis: and “schizophrenia”. The profession needed to change, Marcus said—but every revolution tends to go too far, behaviorally and conceptually.

The DSM-III, Marcus stated, offered a system that could be useful as long as its purpose and limitations were understood by the practitioner. Absent such understanding, the system became dangerously shallow and arbitrary when misused, replacing concept with category, and conflating inter-rater reliability with validity. Since 1980, Marcus stated, the DSM has been (mis)used to drive algorithmic diagnosis and treatment schedules, in which Marcus referred to as “the industrialization of medicine”, in which patients are conceptualized as inter-

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Miltiades L. Zaphiropoulos, MD—A Founding Member of PSW is 100 Years Old (continued from page 3)

to be wrong (Zaphiropoulos)' ". She said "Milt's thinking remains fluid, he is continually interested, alert to what's being missed... to what happens to us when 'we think we know'... (leading to a dulling of) our openness to experience." She said, "coming from a different culture himself, he has warned against the ease with which we criticize the flawed universalism of Freudian imagery and symbolism while frequently remaining unaware that cultural specifics, picked up through learning, imitation, often taken in without conscious awareness, are inherent in the American engagement and practice of psychoanalysis as much as in Freud's. He has also warned against blind loyalty to knowledge that comes from outside (the) idiosyncratic specifics of the clinical encounter."

Amnon Issacharoff, M.D., an octogenarian, reminded us that Milt taught him the Freud courses at the Institute, and that he was the only teacher to ever require written exams, quipping "probably because he came from the Sorbonne".

Jay R. Greenberg, Ph.D., editor of *The Psychoanalytic Quarterly*, and former editor-in-chief of *Contemporary Psychoanalysis*, first met Milt during his own interview for admission to the White Institute. About his first analytic supervisor, who was Milt Zaphiropoulos, Dr. Greenberg said "I found myself learning a tremendous amount about my patient, in a quiet and gentle way about myself, about the humanity of a psychoanalyst and ultimately about the exuberance of life. And for thank I thank you, Milt, and I think about you all the time."

Finally, Greek friend and colleague Spyros D. Orfanos, Ph.D. chronicled some of their travels and conversations in sacred places, and Dr. Orfanos quoted "Men like you should live a thousand years".

Milt said "Life must be a many splendid thing, because here I am with you today. What an amazing turnout. I don't know how to thank you. I appreciate it."

Some of Milt Zaphiropoulos' contributions to the literature include the following:

Zaphiropoulos, M. (1987). Clinical Controversies and the Interpersonal Tradition a Scientific Symposium—Introduction. *Contemp. Psychoanal.*, 23:181-182.

Zaphiropoulos, M. (1991). Perspectives on the Analytic Stalemate (Panel Presentation). *Contemp. Psychoanal.*, 27:482-482.

Zaphiropoulos, M. (1993). Responsibility, Accountability and the Pursuit of Foolishness. *Contemp. Psychoanal.*, 29:123-129

Zaphiropoulos, M. (2006). I Remember It Well: Reminiscences on the History of the Academy. *J. Amer. Acad. Psychoanal.*, 34:13-18

Zaphiropoulos, M. (2007). A Reflective Appraisal: Discussion of Mi Yu's "Across Generations, Genders, and Cultures". *Contemp. Psychoanal.*, 43:445-448

Zaphiropoulos, M. (2011). Responses to Dr. Forrest. *J. Amer. Acad. Psychoanal.*, 39:631-632.

Zaphiropoulos, M. (2013). Recollections of Greenberg and Mitchell. *Contemp. Psychoanal.*, 49:8-10. ■

PSW MEETING UPDATES—DSM and Us (continued from previous page)

changeable "widgets" and assigned to treatments driven by statistically-derived population, without regard to the invalidity of statistical data under the condition of $n=1$.

A further difficulty, Marcus stated, arises from the artificial manner in which the DSM applies concepts and data developed from the study of rare individuals suffering

from severe, single diagnoses (this achieving high levels of inter-rater reliability), to members of the general population, whom Marcus stated suffer from more complex, less severe, and less clearly-demarcated mental illness.

"The DSM is not a good tool for research," Marcus said, "because it truncates nature, and produces what is not

found in nature. Pure DSM categories, and therefore research generated by it are not very applicable in the clinic. Most patients have milder illnesses, and substantial comorbidity. "

Most "real world" patients benefit from combination diagnoses and treatment Marcus stated, contrasting the approximately 60% response rate of depressed

subjects to antidepressants in most academic studies, to the 90% response rate of depressed patients in his own practice; a difference Marcus attributed to a more-careful diagnosis of a biologic mood disorder prior to the initiation of medication therapy, and multi-drug pharmacotherapy once a decision to treat had been made.

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PSW MEETING UPDATES—DSM and Us (continued from pg. 7)

Marcus objected to the superficiality that follows from the substitution in the DSM of the concept “syndrome” for that of “illness” used in all other branches of medicine but psychiatry. A syndrome represents a group of symptoms that can often appear together – e.g. jaundice and nausea – which may or may not represent an illness. As a result, Marcus stated, statistical considerations of reliability replaced diagnostic validity, leading to what Marcus termed “a radical change in the epistemology of psychiatry...There was no scientific reason for doing this. It was a tactic of convenience on the surface, and perhaps the denigration of clinical work underneath.”

Marcus stated that Robert Spitzer MD (a principle architect of the DSM-III) believed the system eliminated non-scientific assumptions about the nature of mental illness and mental life; but in the end merely substituted his own assumptions and biases for those that preceded them. Marcus cited Tom Insel MD's (Director, NIMH) abandonment of the DSM for the new RDoC system as further evidence of the limitations of Spitzer's concept of the DSM as an “atheoretical” document.

Yet the RDoC instrument itself, in Marcus's view, suffers from the deficits in our understanding of the phenomena we study. The complexities of individual human beings, the polygenetic and epigenetic nature of phenotypic expression, render psychiatric diagnosis an undertaking to be approached with caution.

Marcus went on to criticize the move to “evidence based” treatment, including the implication that clinical observation does not constitute “evidence.” Marcus again noted the non-validity of the application of population-derived data to individuals. “There is no evidence-based method for applying evidence-based data to people,” Marcus said.

First:

Dr. First appeared to accept Marcus's arguments, stating that “the DSM was not meant for people like Dr. Marcus.”

Yet despite its flaws, First said, The DSM-III served a critical function at a time when the validity of psychiatric diagnosis was under assault from widely-publicized critics such as David Rosenhan (author of a series of trials in which non-mentally ill individuals complaining of vague symptoms received diagnoses of schizophrenia and were committed to involuntary inpatient care) and Thomas Szasz (author of “The Myth of Mental Illness”).

The DSM-III, First stated, provided a “desperately-needed veneer of science,” even if the science behind its claims was incomplete.

The initial promise of the DSM was reliability. “Prior to the DSM-III, the odds of two psychiatrists agreeing like flipping a coin,” First said. Until problems with reliability were resolved, First stated, the issue of validity would have to wait.

Despite its limitations (e.g. a statement that “all schizophrenics have red hair” would be reliable but invalid), First maintained that the DSM aided in recruitment of patients, and the standardization of patient populations. The standardization of diagnosis means that different research conducted decades apart can still be trusted to be referring to roughly the same kinds of patients. The lack of subsequent progress in pharmacotherapy and psychiatry was not due to a failing in the DSM.

First agreed with Marcus's description of the process by which Spitzer's concept of an “atheoretical” DSM-III led to the evolution of the descriptive syndrome, in placement of that of illness. The view at the time was that better descriptive efforts would lead to biological tests to establish or rule out the presence of major mental illness, and developments that would “allow us to get into the black box”.

But that, First stated, hasn't happened: “Here we are 35 years later, and there's still not a single laboratory test for any psychiatric condition.”

First acknowledged Marcus's rejection of the “atheoretical” basis of the DSM-III, which he described as built upon a theoretical postulate of ignorance about the causes of psychiatric illness, and thus represents a doctrine of how to proceed, based upon that postulate. First the validity of Marcus' objections of the DSM, but that the question of “What you want to replace it with?” usually ends any discussion.

PSW MEETING UPDATES—DSM and Us (continued from previous page)

First stated that he views the development of RDoC by the NIMH as “a bold move – a conclusion that the DSM is so flawed – blaming the lack of progress in research and the genetics of mental illness on the deficiencies of the DSM.” The basic unit of RDoC is based on the concept of brain circuitry. “They’ve broken the world down into different brain functions which are linked to known brain circuitry. RDoC is simply a list of the different circuits we know something about with some vague labels. It’s not actually a classification system.”

But even the proponents of RDoC, First stated, acknowledge that the new system is “Just a hope.”

First described the effect of the DSM on trainees as “a big problem,” and psychiatric education as “one of the casualties of the DSM.” At the same time, First maintained that the simplifying effect of the DSM can allow it to serve as “a life preserver in a sea of psychiatric symptoms” for medical students and residents, who he stated lack the maturity and life experience to make the kind of diagnostic assessments Marcus described in his clinical vignettes.

First stated his belief that the DSM is “aggressively abused” by commercial interests, through use of screening and other practices to generate commercial revenue. He noted that while there are 40,000 psychiatrists and perhaps 300,000 other mental health professionals in the United States, the DSM-5 has already sold more than 1 million copies. Hundreds of thousands of people buy the book who do not possess the training to understand the DSM or its limitations. “That’s a success for the DSM,” First stated, “but also a problem.”

So where did the presentation leave us?

Both discussants seemed to agree that the DSM-III and its successors have failed to live up to the promise made more than three decades ago. Both appeared to agree that the influence of the misapplication of the DSM has serious adverse effects on research, clinical practice, and psychiatric education. Both appear to agree that commercial interests and what Marcus called the “industrialization of medicine” represents a serious threat to the competence and practice in psychiatry.

While the arrival of the end of the evening limited the scope of his remarks, Marcus appeared to be calling for an ambitious campaign of reform in psychiatric training, theory, and practice. First appeared to be more pessimistic, suggesting through the tone of his remarks that, in this imperfect world we live in, the DSM-5 is as good as it gets. ■

PSW MEETING UPDATES

27th Annual Legislative Breakfast

December 8, 2013

by Rachel Fernbach, Esq.—Deputy Director & Assistant General Counsel, New York State Psychiatric Association

The Psychiatric Society of Westchester hosted its 27th Annual Legislative Brunch on December 8, 2013, at the Crowne Plaza Hotel in White Plains, New York. The event was moderated by the Society's Legislative Representative Susan Stabinsky, M.D.

Barry Perlman, M.D., Chair of the NYSPA Legislative Committee, opened the day's program by providing an overview of

issues facing psychiatrists in New York. As Dr. Perlman noted, 2013 brought with it an onslaught of new regulatory and legislative requirements affecting the practice of psychiatry, including the SAFE Act, the NYS Justice Center, I-STOP and continuing challenges with respect to implementation of “prescriber prevails” in the Medicaid program.

Dr. Perlman also discussed legislative items that NYSPA and the Psychiatric Society are monitoring and plan to oppose, including scope of practice bills, encroachments to the prohibition against the corporate practice of medicine, and a bill that would freeze the definition of autism at DSM-IV. NYSPA continues to pursue legislation that would ensure that physi-

PSW MEETING UPDATES—Legislative Breakfast (continued from previous page)

cians are protected from liability in the event the hospital where they are employed becomes insolvent or declares bankruptcy. Finally, NYSPA supports with recommended changes pending legislation that would prohibit health care professionals from engaging in sexual orientation change efforts in minors.

Dr. Stabinsky then welcomed Assemblyman David Buchwald who addressed the group, stating that he supports NYSPA's position on autism legislation. He also expressed his support for NYSPA's fight against possible encroachments on the scope of practice of medicine, particularly psychology prescribing.

The next legislator to speak was Assemblywoman Shelly

Mayer who noted that she previously worked in the health care field and has a passion for many of the organization's legislative priorities. Assemblywoman Mayer stated that is concerned about the pending reorganization of the state mental health system and supports continued services for children and adolescents with mental illness.

Next, Assemblyman Gary Pretlow addressed the group, noting that he plans to sponsor a bill proposing amendments to the SAFE Act and asked for the Society's support.

The next legislator to speak was Assemblyman Thomas Abinanti who noted his support for improvements to the SAFE Act and implementation of the NYS Justice Center.

He also supports NYSPA's position that any savings achieved from state hospital closings must be reinvested in the system to ensure that community services are in place to serve those with serious and persistent mental illness. Finally, Assemblyman Abinanti expressed his support for pending legislation that would raise the age of criminal responsibility from 16 to 18.

Next, Senator George Latimer addressed the group and noted that he also supports improvements to the SAFE Act and the NYS Justice Center. He stated that he expects the 2014/15 state budget to be released on January 22, 2014, and that prescriber prevails and state hospital re-organization are issues likely to be addressed as part of the budget ap-

proval process.

County Legislator MaryJane Shimski and John Tomlin, Deputy Chief of Staff for Senator Andrea Stewart-Cousins also made brief comments.

Finally, Melissa Staats, Acting Commissioner for the Westchester County Department of Community Mental Health, provided an overview of the department's mission, current projects and new initiatives, including On Track NY, a first episode psychosis early detection program and Safer Communities, a collaboration between several county agencies to prevent public acts of violence.

The successful event was concluded with a question and answer period.

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2014-2015 BALLOT

Listed below are the names of the nominees for office for the 2014-2015 year as proposed by the Nominating Committee and accepted by the Executive Council:

<u>Check Here</u>	<u>Name</u>	<u>Position</u>
	Barbara Goldblum, MD	President-Elect
	Anthony Stern, MD	Secretary
	Richard McCarthy, MD	Treasurer
	Alex Lerman, MD	Program Coordinator-
	Edward Herman	APA Representative (2 year term)
	Enrique Teuscher, MD	Councilor (2 year term)
Write-In		

After voting above, please return your Ballot to the Society by fax at (516) 873-2010 or by mail to:
400 Garden City Plaza, Suite 202, Garden City, NY 11530

Please note that Ballots must be received by April 30, 2014 in order to be valid.

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