



News for Women in Psychiatry

Newsletter of the Association of Women Psychiatrists

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PRESIDENT'S MESSAGE

It is with intense emotion that I start writing my last column as President of the Association of Women Psychiatrists. For the past two years, I have been in the company of each and every one of you. I had the luxury of communicating with you through my thoughts and experiences with a sense of intimacy and belonging difficult to describe. At the same time that I do not know every one of you, I write to each of you sharing what I consider part of my being, creating a sense of belonging that at times face-to-face encounters might not provide. And so here we are, at a very exciting time for our Association. In 2003 it will be 20 years since Allie Symonds together with a group of courageous women psychiatrists decided to create this Association. Because we only meet as a group once a year, at times it is hard to value what this Association through every one of us has accomplished. We are a forum that recognizes the potential in each of us through our honoring those women, and as of recent times those men, who personified what is dear

to all of us: dedication, commitment, creativity, friendship, honesty, mentorship and a genuine belief in one's self. Each of us within our own sphere of influence and on a daily basis are using these qualities to affect and hopefully better the lives of those we serve. Often this personal effort becomes a synergistic force that changes reality in a manner we all can appreciate. During the past 20 years we have seen slow but evident changes in the status of women in general yet not enough parity in life and professional spheres in spite of such gains. Still some of those crucial gains are the development of a research initiative that includes women of all ages, the understanding of women's health and mental health in reference to women's life cycle, an increased respect for multiple roles, a freedom to choose different paths than the ones assigned by tradition. The Association of Women Psychiatrists, either through its individual members or its voice as a collective association, has participated in these changes and is committed to continue its participation. In this context of past, present and future involvement on those issues important to all of us, it has been a great pleasure to have received from the American Psychiatric Association the notice that ***"the Association of Women Psychiatrists (AWP) has been selected by the APA Board of Trustees to receive the American Psychiatric Association's Organizational Distinguished Service Award of 2003"*** (paragraph quoted from the letter I received as President of AWP, italics and bold added). Deserved recognition, though, seldom happens without the help of "fairy godmothers." The person who in her quiet but firm way (a manner that we all at AWP have learned to love and admire) brought our Association as de-

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President's Message continued from cover

...serving of recognition to the attention of the APA was our own Leah Dickstein. She said it was easy to call attention to an organization and a cause she strongly believes in, still we thank her for her constant support. We agree with her that the Award is given on the merits of the Association, yet this experience reminds us that positive outcomes most often are and will continue to be the result of collective effort.

In that light I now have the honor of introducing you to our next President: Altha J. Stewart, MD, is a psychiatrist, healthcare administrator, and nationally recognized expert in public sector behavioral health care. She is a principal and the managing partner at Behavioral Health Associates (BHA), a minority and woman-owned healthcare consulting firm established in 2001 with offices in Pennsylvania and Michigan. Prior to joining BHA, Stewart was Executive Director of Detroit-Wayne County Community Mental Health Agency (1999-2001), one of the largest public mental health systems in the nation. She supervised the creation of a service delivery system that was accountable and sensitive to the diverse population served and provided high quality, cost-effective care, based on the principles of consumer choice, self-determination

and independence. Stewart has served in several other high level positions nationally: CEO of the Philadelphia Medicaid Behavioral Managed Care Program, Commissioner of Mental Health for New York City, and CEO of the New York State Manhattan Children's Psychiatric Center. A native of Memphis, Tennessee, Dr. Stewart received her medical degree from Temple University Medical School and completed her residency at Hahnemann University Hospital. She is a member of the APA and chairs the Council on Social Issues in Public Psychiatry. She is chair of the APA Presidential Workgroup to Reduce Disparities in Mental Health Care, charged with developing the APA's plan for implementing the recommendations of the Surgeon General's report on *Mental Health: Culture, Race and Ethnicity*. She also serves on the advisory board of the APA's newly launched lifelong learning journal, *FOCUS*. She has served as a director of the American Psychiatric Foundation since 1999. She maintains a private practice, working primarily with African-American female professionals suffering from anxiety, stress-related disorders and depression. She lectures nationally on public mental health issues, managed mental health care and its impact on vulnerable populations, psychosocial factors affecting the mental health of women

and minorities, and delivery of evidence-based, culturally competent mental health services.

What makes Altha the person she is though is not her long list of very impressive accomplishments, but her human core. She is energetic, funny, warm, accessible, caring, committed and with a keen capacity to be vocal at the right time and the right moment so as to focus the issue and foster the change. She is fair and balanced, characteristics that she uses extremely well to stay in the fight. When she speaks, the other always listens. She believes in fostering change from within, so she stays involved even when she is the only "voice in the wilderness." She inspires, she motivates, she organizes, she succeeds. I have felt honored by her friendship and supported and inspired in our quest.

I will miss "communicating" with you through this column (I can hear Ann Turkel telling me, "Silvia, you know you can always write for this newsletter"), but I look forward to an exciting time under the leadership of Altha Stewart. It has been an honor to serve you and to represent you for these past two years and I look forward continuing to work and play within the folds of this exciting, nurturing and inspiring group of professional women that you are.

News for Women in Psychiatry

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AWP Symposium, May 2002

The papers that follow were originally presented at the 2002 AWP Annual Meeting in Philadelphia.

Introduction

AWP, as you may and definitely need to know, is an independent national organization with international members, formed in a crowded Manhattan hotel room at the 1983 APA meeting by Dr. Alexandra Symonds. The first president and editor of our newsletter, Symonds was an extraordinary pioneer into insights about women's issues as patients and as psychiatrists. She is remembered as a generous coach to many of us fortunate to have worked with her.

As this new millennium progresses we must continue to look back to the 1980s and 1990s and earlier, to compare our progress in all professional areas, opportunities and continued road blocks, (i.e., Lexan ceilings stronger than steel). Only with more understanding of the past can we plan and develop workable techniques and strategies that involve those now in power to enable willing, competent women to move ahead fairly.

The prediction for the past decade has been that by 2010, one third of all physicians will be women. However, all of us, whether we seek leadership roles ourselves, or want to see other women access them, must know that the leadership numbers at the highest ranks are not changing for competent women seeking such opportunities. The percentage of women full professors has increased 1% in the past 20 years to 11%.

This symposium offers insights to needed changes and ways to continue moving toward gender equity in our profession.

Leah Dickstein, MD

Academic Leadership Opportunities: Gender, Assumptions, Outcomes

BY LEAH J. DICKSTEIN, MD

Confirmation hearings for Dr. Elias Zerhouni to be director of the National Institutes of Health, and Dr. Richard Carmona to be Surgeon-General, were scheduled by the Senate Health, Education, Labor, and Pensions Committee for April 30, 2002. The President announced both nominations on March 26th. According to both the White House and Senate web sites, neither nomination has been formally submitted to the Senate. May 7, 2002, Roderic I. Pettigrew, PhD, MD, was named first Director of the National Institute of Biomedical Imaging and Bioengineering by acting NIH director, Ruth L. Kirschstein, MD. Dr. Robert M. Cook-Deegan has been appointed Director of the Center for Genome, Ethics, Law and Policy at Duke, effective July 1. Currently, he directs the Robert Wood Johnson Foundation Health Policy Fellowship program at the Institute of Medicine. The Bill and Melinda Gates Foundation announced May 10 that Dr. Richard D. Klausner, former National Cancer Institute Director, will be Executive

Director of their Foundation's global health program. A February 24, 2002 television program about women physicians included the following: leaders should be ACE: assertive, competitive, emotionally distant. Women are seen as NEE: empathic, nurturing, emotionally expressive.

I sent Tony Mazzaschi at AAMC a 100 word recommendation in response to a national request for suggestions on how to increase the numbers of women and minority faculty.

My professional experiences suggest:

1. the formation of a GFA (Group on Faculty Affairs) because a formal structure enables and allows opportunities for changes to occur, in this instance, increasing the numbers of women and minority faculty;
2. local; and 3. regional faculty development seminars can increase chances minorities and women can find peers, mentors, increase their networking and develop successful academic careers and thus serve as role models for women and minority residents and students;
4. Establishing awards for the school, the dean and chairs who are successful in increasing the numbers of women and minority faculty also work. I have done many of these recommendations. I signed this letter:

Leah J. Dickstein, MD

*Professor and Associate Chair for Academic Affairs
Director, Division of Attitudinal and Behavioral Medicine
Department of Psychiatry and Behavioral Sciences
Associate Dean for Faculty and Student Advocacy*

I copied Dr. Jordan Cohen, AAMC President. He congratulated me on my retirement, said I was irreplaceable, but did not ask me to be consultant on these issues as I offered.

Currently, there are two women physician permanent and full deans at the 125 allopathic U.S. medical schools: Dr. Deborah Powell, pathologist, at the University of Kansas, Kansas City, Missouri, and Dr. Patricia Montelione pediatrician, at St. Louis University, St. Louis, Missouri. There will be a third in July, Dr. Ponjola Coney, obstetrician-gynecologist and chair at Southern Illinois University, Springfield, who will become the new permanent full dean at Meharry Medical College, Nashville, Tennessee. At Drew University School of Medicine, Marcelle Willock, MD was appointed Dean for Summer 2002. Yet competent women have applied continuously during the past two decades.

There are 180, or 7.5% of women physicians, who are permanent department chairs. There are 5 permanent women psychiatry department chairs:

1. Dr. Susan McCleer, Buffalo, now moved back to Philadel-

Stanley. For men it's a Corvette or Ferrari, for women a pair of diamond earrings or a luxurious spa to celebrate the pinnacle of career success or a long dreaded midlife crisis. Andrea Jung, chief executive of Avon Products responded, "Right now, time is the only luxury I covet." Another executive woman responded, "7 to 10 days of total pampering, wellness and introspection." Sue Callaway, general manager for Jaguar North America said, "We want women to view a Jaguar as a beautiful piece of jewelry." Or, a car like a spa with a massage (i.e., the active seat).

For women, practicality will always come first. Another short note in the Business Digest column of *The New York Times'* Business Day section: "Rona Fairhead (with photo) will succeed Mr. Makinson, a move that gives Pearson two women in its top ranks, a rarity for a British company (Educational publisher and owner of *The Financial Times*. Majorie M. Scardino 55 is chief executive [photo])."

The issues of power or misuse of power, definition of power, and powerful people, are major. Though most of us have not played football, we know about good uses and abuses of power. At the Johns Hopkins University School of Medicine, Department of Internal Medicine, concrete and large changes in the numbers of women being promoted occurred when the chair, John Stobo, was approached, listened and acted with the guidance and assistance of several smart women faculty. He is now President of the University of Texas, Galveston.

"Contraculture," a term created by Sharon Benson, describes the middle manager who selects a man to fill a position because the chief, a man will feel most comfortable and will then give the middle manager accolades and a promotion too. Women middle managers can function in the same way. Some women choose to be the "queen bee" (i.e., the only woman with power at a certain level). We must identify her early. Too often, women who are nice and helpful as well as smart and competent, are seen only as "dumb." The aggressive football "win at any cost paradigm" doesn't fit the nice woman so she's off the candidates list.

"Men of Good Conscience" remain scarce. This is my 1991 term for a man with power, not threatened by a competent woman seeking power, who is willing to promote her to a deserved leadership position and/or to recommend her to others for such roles.

Dr. Leonard Lawrence, child psychiatrist, Student Affairs Dean and United Way Director in San Antonio, knows I tell this history repeatedly. We were at a Southern Group on Student Affairs meeting in the early 90s, I learned from the current chair that I had not been nominated to assume a leadership role though I had fulfilled expected responsibilities. I told Len I was going home to be with the boys. He went to the Saturday a.m. business meeting, asked from the floor if nominations from the floor were accepted, the answer was 'yes, I guess so.' Then the chair told him nominees needed to make a speech. Len said he would make mine. He did, I don't know what he said, I won; he called me the next Monday to tell me. I went on to serve as AAMC National GSA Chair, was senior editor of an AAMC compendium ATM: *Appropriate Treatment in Medicine*, in your Deans' offices, about appropriate treatment in medicine toward students (i.e., no abuse or harassment) and tried to offer competent oth-

ers fair opportunities, worked and still do, with the Minority Affairs Section national representatives.

So one good turn by a 'man of good conscience' led to consecutive leadership opportunities: I lectured to the Council of Deans at an AAMC D.C. meeting, and have served on two LCME site teams. The opposite experience is what too many of us undergo: a series of microinequities which continue to add up to frustration, perhaps boredom from lack of opportunities to use our intelligence, creative thought processes and leadership skills at higher levels in different roles and perhaps in different, though equally productive ways.

Too many stereotypes and lack of courage on the parts of our colleagues and superiors keep the statistics static. I have noted that when deans have daughters, they may begin to see the issues, and us, differently. Leonard is the Association of Women Psychiatrists 2003 Man of Good Conscience Awardee.

In the early '90s I represented AMWA on a COGME (Council on Graduate Medical Education) task force and helped write

the Vth Report: *Women Physicians in the Workplace*. Another committee member—vice chair George Bryan, from Galveston, former pediatrics chair and the dean—seemed to understand the need for opportunities for women and the frustrations and recommendations I outlined for the Report. One day at HHS I asked him, "George, why do you understand all this?" He must have been in his mid to late 60s. He said, "My mother raised me right." It is as simple as that. It's also what Jackie Robinson—UCLA graduate, Brooklyn Dodgers' second baseman, first African American in the National League, and my childhood hero wrote: "I don't need to be liked (at work), I want to be respected."

We must not be naïve. We must make time-line plans for our goals. We must identify and ask people, men and women with power at our institutions, and at other institutions to advocate for us in timely ways.

Another important and unique gender issue is 'ageism.' Women, despite our longer life span, are seen as too old and over the hill in our 50s, while men are offered chairs, and deanships, in their 60s, and presidencies and senior academic leadership opportunities even later in their lives.

I have also noted nationally, as have others, that, too often, when someone gets into difficulty, they are rescued, professionally, usually men. I have not noticed it as often or rather only rarely, for women.

Reading *Walking Out On The Boys*, by neurosurgeon Dr. Frances (with an "e") Conley, will offer numerous examples of what I have just described. You have to get appointed to the right committees, discover what would be most helpful to accomplish for your department chair, vice and full deans, so they will recognize your talents. You must also self-promote, the last is definitely not easy nor comfortable for most women.

The system must be changed as well. If women are to have

fair access to academic leadership roles, the responsibilities connected to these roles must be seen differently—not in the stale 7:00 a.m.–6:00+ p.m. framework. Many, not all women, usually want children. We all know for those who do, yet who delay pregnancy for careers or lack of good partners, sadness and frustration may result. Job and leadership sharing and considering potential candidates for leadership outside the current paradigms can be quite useful, productive and, once more, fair.

Although I never failed in my professional duties, I wore a beeper 24/7, though I was paid for a half-time job, once the baby left for college—he is completing his third year of residency now—I chose to work even longer hours, 8 to 6 and still was available 24/7, yet was seen as too old to assume new leadership roles.

Another needed change: why are those who have had many grants funded, necessarily excellent, or the best, administrators? Clearly, the vice dean for research and the vice chair for research, should be accomplished researchers, but automatically why the dean and chair candidates, too? I disagree, and challenge search committees to choose creative leaders who can be educators and/or excellent administrators fostering not only student and resident education and excellent patient care, but mentoring junior faculty as well.

We know women have entered academic medicine in larger numbers in recent decades and also still are leaving through the “revolving door” (my term), in greater numbers. They left for lack of mentoring, for being assigned to the clinical track without discussion, for being assigned to more clinical and teaching responsibilities without being asked, for not being mentioned fairly or at all, for lower salaries. We know women are sued less frequently in every specialty except OB/GYN (data from the COGME Report I mentioned earlier). Generally, we spend more time with patients and are better listeners. Perhaps these qualities would also be of benefit in academic leadership. In *Science* 294: 2001: women employed full time as life scientists earn 23% less than male counterparts.

Dr. Martin Symonds, our first Association of Women Psychiatrists’ Man of Good Conscience Awardee in 2001, psychiatrist-analyst, volunteer at orphanages as he served as Deputy Police Surgeon for the New York City Police Department, asked me to tell people, particularly women, to “salute the gorilla” i.e., follow the chief’s expectations as long as they are fair, ethical, though not your style; don’t expect to be liked or to like the chief (i.e., the gorilla) but stay in the system in order to get your goals met slowly for the good of others.

Consider an MBA on-line or through ACPE: The American College of Physician Executives. I have maintained my membership in order to read the journal, though never attended a meeting or took a course. An article about a woman athlete read, “She may not look the part, but she has lifted twice her weight at 5’1” and 105 lbs.” Olympic gold medal winner in weight lifting: 230 lbs., from the Sydney Games. Why must I, or you women, look the part like the paintings of Caucasian men we see hanging on our schools’ walls?

Frances Conley, MD, neurosurgeon, received many federal grants when it was unusual for women to do so. Perhaps the primarily male reviewers didn’t notice how Frances was spelled.

Finally, a nun, Sister Marie LaBollita, a pastoral associate at

a Newton, Massachusetts Catholic church feels betrayed by a male-led scandal covering U.S. and world newspapers in recent months. She stated: “Women of the church have been discouraged from public roles, yet have been indispensable in helping parishioners through one of the most turbulent chapters in the history of American Roman Catholicism.”

My wish and recommendation is that competent women physicians, interested in assuming higher leadership roles, be offered fair opportunities to do so and to succeed or fail as men have heretofore, without gender stereotypes keeping the Lexan ceiling in place. Lexan is a plastic at one-quarter inch stronger than steel. I created the term in 1991 to replace the incorrect “glass ceiling,” which stated all a woman had to do was to work harder to break through. The Lexan ceiling requires “men of good conscience” and women now, to take it down together with the courageous woman seeking a new role.

Leah J. Dickstein, MD, is a Past-President of AWP and of AMWA.

Looking Back to Move Forward: Experiences of African-American Women in Leadership Positions

BY ALTHA J. STEWART, MD

Black women and psychiatry have always had an interesting relationship. Psychiatry has come a long way since 1840 when the field contributed to the scientific evidence needed to support the insidious form of slavery practiced in the US.

It is believed that African-American women, as “double minorities,” have a “double advantage” over others. We are frequently described as “two-fers” in affirmative action jargon. This is believed to result in better opportunities for entry and mobility on the job. The theory behind this suggests that the two negative statuses of being African-American and female cancel each other out and enable African-American women to parlay this dual negative status into a positive experience. This theory and its perceived positive outcome gives little acknowledgement to the possibility that instead of being doubly advantaged, African-American women may actually face a double burden.

Literature Review

Numerous authors have reviewed the common myths regarding African-American women in positions of leadership. Issues confronting African-American women in administrative positions in psychiatry have been the basis for little discussion and even less research.

Dumas (1979) discussed the dilemma facing African-American women in leadership positions based on myths about the privileged position and role of black women in slavery.

These myths prompt others to press African-American women into symbolic roles that circumscribe the nature and

Bottom line: the reality is that neither racism nor sexism disappears from our lives because we become psychiatrists.

scope of their functions and limit their options and power in the organizations in which they work. The preference is to have them assume a variety of functions consistent with those described for “mammy” during pre-civil war times. However, the power of the African-American female “leader” is as illusory as was “mammy’s”—derived from her relationships in an informal system and her willingness to put her person at the disposal of those around her. Her “power” is maintained only as long as she is willing and/or able to provide what is demanded of her.

Leggon (1980) described the black woman professional as the product of the confluence of unique socio-historical, economic and psychological factors. Delgado (1985) wrote that while African-American women have been exposed to better administrative positions since the 1960s-initiated affirmative action programs began, they have also faced excessive and un-

due anxieties in these positions.

Epps (1986) reported on her review of literature related to black women in medicine. She concluded that most articles focused on unique contributions and problems of African-American women physicians and more frequently than not are based more on anecdotes and impressions than hard research data. Much of the information concerning women physicians has been relegated to medical newspapers, throw-away medical journals, and popular women’s magazines.

Spurlock, 1999, chronicled the stories of many black psychiatrists, including several women, who held leadership positions in psychiatric systems of care.

Recommendations to Future African-American Women Leaders in Organized Psychiatry

Bottom line: the reality is that neither racism nor sexism disappears from our lives because we become psychiatrists. In order to increase their numbers in the male-dominated, higher status, higher paying leadership positions, we must stress the following for the next generation of African-American female psychiatrists: seek out role models and establish mentor relationships; create support networks for women in and aspiring to these positions; pursue formal training in administration and management; and learn to choose “battles” wisely.

Altha J. Stewart is the incoming President of the Association of Women Psychiatrists and President/CEO of Behavioral Health Associates, a minority, women-owned consulting group. References are available from the author upon request.

ASSOCIATION OF WOMEN PSYCHIATRISTS

The Association of Women Psychiatrists (AWP), was founded in 1983 by Alexandra Symonds, MD, to facilitate mentoring and leadership development among women psychiatrists, as well as to promote the health and mental health of all persons, particularly women.

AIMS AND PURPOSES:

- Form a national and international network of women psychiatrists
- Improve communications and provide support to women psychiatrists
- Promote women psychiatrists into leadership positions in all aspects of health care
- Collect and disseminate information on women’s mental health issues
- Encourage and support activities and research in women’s mental health issues
- Advocate for just legislation for women
- Encourage women psychiatrists to actively participate in the American Psychiatric Association, both locally and nationally
- Influence the policy and procedures of the American Psychiatric Association and to work collaboratively to achieve the same ends.

Happy A

Editor's Note: To help us celebrate our 20th Anniversary, the editor invited messages from a number of colleagues. The responses appear below. Special thanks to Nada Stotland who structured the specific questions which appear in some of the replies.

As we celebrate our 20th anniversary I want to express my gratitude to the visionary women who brought us to this very special place in time. At times like this we must stop and remember to honor them and reflect on the reasons why we are still needed. During such periods of reflection we feel the presence of our ancestral sister-mothers walking alongside us as we move forward into the next phase in our development. We remember those gone before and those still among us. American psychiatry has benefited from the contributions of many AWP pioneers.

Time and maturity have taught us that the same issues keep coming up over and over, forcing us to update our responses to issues important to us as women and as professionals. It is truly an honor to be a part of this tremendous organization and I look forward to the next 20 years of growth and accomplishment.

—Altha Stewart, MD, President-Elect, AWP

Our contributions are enduring and shaped by our founder, Dr. Alexandra Symonds, who strove for recognition and opportunities for all women. Our mission reflects our strength: "To mobilize women psychiatrists to work together for quality mental health care for all persons, AWP promotes inclusive leadership, professional development, and networking among women psychiatrists. AWP advocates for women psychiatrists and patients alike supporting mental health through research, education and clinical care informed by gender."

We accomplished much in 20 years—we broke new ground with a series of firsts—the first endowed lectureship named after a woman psychiatrist, the first early career award for women psychiatrists, the first fellowships award for women psychiatry residents, the first medical student award honoring women medical students for excellence in leadership. Our newsletter reaches over 2000 members and crosses national and international borders. We centralized and organized our efforts. We strengthen APA and improve resources for women. My hope for AWP focuses on advocacy, the second part of our mission: to mobilize fully as the collective voice for women psychiatrists to target the prevention of traumatic stress in all people.

The enduring courage of Dr. Rita Newman—AWP chair for the Committee of Human Rights—brought this issue to AWP foreground. Our narratives as women psychiatrists coupled with the events of 9/11 demonstrate the pressing need to prevent trauma and alleviate suffering. It is time to draw from our strength and to channel this strength. If we are to answer the second calling of our mission, that of advocacy, we will serve

our profession well. Twenty years—strong, growing, and with much yet to do—Marian Butterfield, MD, Past President, AWP

Psychiatrist and psychoanalyst Alexandra (Allie) Symonds, with strong support from several women colleagues and her wonderful husband "Man of Good Conscience" Marty, founded the Association of Women Psychiatrists at the APA annual meeting in New York May 1983 in a crowded (with women) hotel room. I was in the back listening and inspired to believe and trust that, with time (20 years is a good bit), women psychiatrists would experience equity in leadership roles in academia and organized medicine, as all women reached pay equity, access to general health care and knowledgeable psychiatric treatment meeting their unique diagnostic, physiologic and other treatment needs. All this has not yet occurred, though some changes have.

As a distinct organization, AWP has served to educate increasing numbers of women and men psychiatrists, other mental health professionals, trainees, and medical students about unique gender and sex differences as well as further research, clinical and professional issues needing recognition, answers and implementation. AWP will, in fact receive the Distinguished Service Award at the APA' 03 annual meeting for its (our) two decades of efforts and accomplishments.

For the future, we must increase our membership among women psychiatrists, men associate members who will read our newsletter, women and men trainees, and medical students, so that at every stage of education, training, practice and leadership, unique important issues relating to women as physicians, particularly psychiatrists, and about women as patients, more and more of the general public become aware of and informed proactively of the issues.

An ongoing AWP column in *Psych News* would be useful. An AWP annual award for a paper by a male resident or practicing physician (The Martin Symonds Award?) about gender issues should also be instituted. A video should be produced about AWP: first 20 years, to be shown nationally and internationally, at district branches and medical schools, to raise issues and share accomplishments. The video should include our '03 celebration and the 20 posters and book displays by and about women.

Allie and AWP definitely impacted my awareness, knowledge, actions and life in countless positive ways; I have tried to perpetuate her goals and messages as have so many others.
—Leah J. Dickstein, MD, Past President, AWP and AMWA

As the Association of Women Psychiatrists (AWP) marks its 20th anniversary, it is a propitious moment to examine our achievements and to redefine our goals and objectives. It is a privilege to share my anniversary message with you in this special publication.

Founded by Alexandra Symonds in 1983, the Association of

Women Psychiatrists was a somewhat revolutionary organization. What was the need to have a separate organization for women psychiatrists, when the American Psychiatric Association's charge has been to represent all psychiatrists regardless of gender? Or to expand the issue, what was/is the need for AWP? Suffice it to say that the goal of equity has not been achieved and as Nancy Andrews wrote recently in support of encouraging more women in science: "It is now obvious that good intentions are not enough."

I speak to these issues from several vantage points: as a member and past president of AWP; as a member and current president of the American Medical Women's Association (AMWA) and as a longstanding advocate of partnerships, collaboration and outreach. First let me put the "why" question aside, because as Toni Morrison points out: "Since why is difficult to handle, one must take refuge in how."

As I said during my AMWA Presidential Inauguration, aside from the obvious issues of personal and professional development for members and of advocacy for the needs of patients, there is a pressing need to "partner more with other groups and organizations that share our goals and objectives.... We need allies, men of good conscience who, like us, are also change agents.... We should reach out to all women. We are our sisters' keepers."

It is my goal to bring AMWA closer to AWP and to other women's specialty organizations. Just as I worked to have AWP partner with APA's Committee on Women, I am committed to having AMWA join that partnership this spring at the annual meeting.

In closing, I share my words from AMWA: "The present is both our future and our past. We are making and writing history and we want each day to bring us closer to our goals and objectives."

Like AMWA, AWP should redefine its commitment to: "The Whole Woman—More than a career...a LIFE. More than what you do...Who you are. Not just the personal...Not just the professional. Not just for you. Not just for me. For ALL OF US. Health and well-being. Opportunity. Dignity and Respect. The Whole Woman. For all women. It is the AMWA prescription!" It's also the AWP prescription.

Lynn C. Epstein, MD, Past President, AWP and President, AMWA

Despite the fact that the answers to these questions seem so obvious when we look back to how far we as women have come in the last 20 years of "solidarity" and look forward to see how much more there is left to do to, the question remains a challenging one. Coincidentally with the establishment of AWP in 1983, Carol Gilligan published her famous book, *In a Different Voice*, in which she emphasized the differences between men and women, not superior or inferior one to the other, not dominant or submissive one to the other, but different where it counts and with the same opportunities for stature, earnings and quality of life.

Organizing together helps us formulate and confirm these many differences and move them ahead, have them eventually recognized, valued and appreciated by the still mostly male prevailing power structures of most of our institutions. We can give each other awards for accomplishments we value

while men give each other awards for what they value. We can give each other confidence and encouragement and be available as mentors to those who join us early in their careers. Above all, we can practice being leaders amongst ourselves and move on to be leaders in more diverse settings.

More and more women are assuming the challenging tasks of both career and family and slightly more men participate as partners in the family rather than 'just help out' while expecting their wives to look after them and their children. Household help and home care, home repair, and lawn care need to become respectable, recognized positions in the United States with appropriate certification, standards and salaries.

Women need the companionship of other women in their careers and social life as much as they need the companionship of men. Most employers, including academic institutions and our culture in general, need the strength and commitment of women to help make changes within their organizational structures to allow for the activity of care-giving and enhancement of quality of life of children, aging parents and grandparents without jeopardizing advancements and income. In order to accomplish this over time, women need to remain organized with each other and for each other.
—*Marion Zucker Goldstein MD, MS, Past President, AWP*

Why do we need an Association of Women Psychiatrists? We are independent, we complement the work of the American Psychiatric Association, and we nudge—or confront—the American Psychiatric Association to address the research, education, and clinical care relevant to women psychiatrists and patients. Because of the AWP, the APA has an award lecture named after a woman psychiatrist—our founder, Alexandra Symonds. The AWP offers awards for medical students and residents. The AWP monitors crucial APA activities such as the development of the successive *DSMs*; there is ample evidence that gender-based biology, a field exploding with new knowledge, is not being taken into account in the development of *DSM-V*. The AWP honors our pioneers and role models, and provides support, collegiality, and intellectual stimulation for women psychiatrists. Congratulations to us on 20 years of growth and success!
—*Nada Stotland, MD, MPH, Past President, AWP and Past Speaker, Secretary-Elect, APA*

My congratulations to the Association of Women Psychiatrists on its 20th anniversary! By providing a venue for women in psychiatry to come together and discuss problems common to women in our profession, the AWP has performed an invaluable service. Moreover, by focusing attention on psychiatric problems of particular concern to women, its members have helped to stimulate the development of research and services targeted to these often-neglected needs. I will be delighted to recognize AWP's accomplishments at the APA meeting this May in San Francisco by awarding AWP the 2003 APA Organizational Distinguished Service Award.

At a time when the president-elect, senior vice-president, and treasurer of APA are all women, and women hold many other positions of authority in APA, what role might the AWP

play as part of organized psychiatry? Despite improvements, women remain underrepresented on the APA Board and in APA components. Cultivating and bringing forward women leaders continues to be an important task. And the battle is not yet won for clinical services that are uniformly sensitive to women's needs.

Hence, as I salute the AWP and its members for their accomplishments, I personally look forward—and APA as the umbrella organization for all psychiatrists looks forward—to continuing to work together on these issues. Happy 20th anniversary!

—*Paul S. Appelbaum, MD, APA President*

This May we celebrate the 20th anniversary of the founding of the Association of Women Psychiatrists and pay tribute to its founder, the late Alexandra Symonds. In many respects Dr. Symonds stands as a 20th century equivalent of Dr. Elizabeth Blackwell. Dr. Blackwell, in 1849, was the first U.S. woman medical school graduate. She turned the spotlight on women's health, founding the New York Infirmary for Women and Children. Similarly, Alexandra, in originating the AWP, championed scientific inquiry and education on issues of women's health and mental health and strove for the support of women in medicine. The organization she founded in 1983 presaged the election of the first woman President of the American Psychiatric Association, Carol Nadelson, in 1985.

We've come a long way since 1849 and made remarkable progress since 1983. However, the advances in women's health and the focus on research, education and clinical advances continue to require strong advocacy. Without such advocacy there is a grave danger that the current momentum and activity will diminish. We must never take the continuance for granted.

The organization founded by Alexandra Symonds has grown from strength to strength and must sustain its vitality and commitment in the years ahead.

—*Marcia Goin, APA President-Elect*

Although women physicians have achieved great inclusion in the medical profession in the past 50 years, the whole story of women's physical and mental health and social well-being has just begun to unfold. Everything we have learned must be fully integrated and maximized. The deliberate organization of women psychiatrists as a cultural and political force should continue in addition to the effort to find professional equality in established organizations. It is not enough for an occasional woman psychiatrist to serve on an occasional board. The very way all psychiatrists think about their discipline needs to expand in the direction of what is good for women and families as well as men, and for this to happen we must not only raise consciousness but also work to change structures and systems.

Statistics show that a certain feminization of higher education is occurring as more women than men persevere through undergraduate and graduate programs in gaining a degree. Other scientific and cultural establishments—corporations, religious institutions, the legal profession—also feel the pressure of a deep cultural shift in the reception of women as participants. Unless the affiliative experience of women is

counted as knowledge in psychiatry, and unless the science of women is integrated into all arts and sciences, the 21st century will simply intensify the Cartesian dualism that left late modernism in fragments, and psychiatry will fail to develop. So I opt for continuing to move forward on all fronts and integrating that new knowledge as we go.

—*Mary Jane England, MD, Alexandra Symonds Award, 1999, APA President, 1995-96, AMWA President, 1986-87*

Although we have had many women in leadership positions in American psychiatry over the past several decades, we have not seen a significant culture change reflecting the number of qualified women entering and achieving in the field. We continue to have a paucity of women deans, department chairs, hospital leaders and leaders in research. Culture change is slow and difficult. It requires persistence, focus, commitment and leadership. We must be visible and influence the future of psychiatry. The voices of women leaders cannot be marginalized and quickly forgotten so that woman psychiatrists do not know their history and do not have the opportunity to build on its strength. The Association of Women Psychiatrists is an important voice. It brings us together, fosters communication, and enables us to influence our future.

The AWP reminds our colleagues of the diversity of our field and the contributions of all of its members. In advocating for women, the AWP advocates for all of psychiatry: for our patients, our trainees and our colleagues. The AWP informs its membership on issues important to women psychiatrists, but these issues are important to all psychiatrists. In effect, women's issues are all psychiatrists' issues.

—*Carol Nadelson, Past President, APA*

Congratulations on the 20th Anniversary of AWP. The Association of Women Psychiatrists can be proud of their successful development of leaders in American psychiatry and the American Psychiatric Association.

Through combining the meetings of the APA Women's Caucus and the AWP at the APA's Annual Meetings, working closely with APA has helped to integrate the work of interest to women psychiatrists and their patients. AWP has organized meetings of women psychiatric leaders with the current elected and staff leadership of the APA. AWP has established the first APA award/lectureship to be named after a woman psychiatrist. Through the combined efforts of APA and AWP, women psychiatrists who have made sustained, high-level contributions and shown significant leadership in advancing women's health are honored by the Alexandra Symonds lecture award. Previous award winners include the following noted leaders: Leah Dickstein (1998); Mary Jane England (1999); Nada Stotland (2000); Ann Turkel (2001); Carol Nadelson (2002); Donna Stewart (2003).

In addition, the AWP has tracked the representation of women on APA components and in elected positions. The activity of AWP keeps women's issues visible in the larger professional organization. A number of years ago the AWP created a track of activities for the Annual Meeting for women. This function is now covered by APA's Department of Women and Career Development, thanks to the stimulus

provided by AWP. In fact, many of the successful endeavors of the Department of Women's Programs had their origins in AWP. For example, now both organizations fund travel awards for women residents with outstanding leadership potential.

APA is proud of the fruits of our mutual relationship, promoting our common goals of the involvement of women psychiatrists in academic, research, administrative and professional organizations and defining actions to meet the mental health needs of women. Congratulations on 20 years of outstanding contribution to American psychiatry!

—James H. Scully, Jr., MD, Medical Director, APA

The 20th anniversary of the Association of Women Psychiatrists is indeed cause for celebration. Over the past 20 years, the face of American psychiatry has changed dramatically, with increasing numbers of women and minority psychiatrists entering our profession. But sadly the leadership of organized psychiatry has not changed to reflect these changed demographics. How many women are Chairs of Psychiatry? Where are women on the *DSM-V* task force? Where are the women presenters on prestigious Industry Sponsored Symposia at the APA annual meeting? We are present, but not in proportion to our numbers—and not in proportion to our accomplishments. The Association of Women Psychiatrists affords us the opportunity to be mentored and to mentor others, to honor our colleagues whose accomplishments may have gone unnoticed by the broader field, and to offer that most important gift to our students and junior colleagues: hope—hope that they will be included within mainstream psychiatry far more than have been the accomplished women psychiatrists in the past. AWP addresses issues that are critical to all psychiatrists, men and women, but which are too often are overlooked by other parts of the profession. AWP advocates for all of us, and in return it is an organization deeply valued by its members. Happy Birthday to You! And Happy Birthday to us!

—Deborah Spitz, MD, Chair, Committee on Women, APA

The Association of Women Psychiatrists provides an important network for women psychiatrists. As a minority member of the APA, I can readily identify with the need to have an organization to provide communication, support, leadership, and mentorship. The organization serves an important role in bringing to attention gender issues with regards to treatment, careers, research, and legislation, and will continue to do so in the future. Women resident physicians at the UC Davis Department of Psychiatry have organized and now meet on a regular basis to address some of these needs, which highlights the need for the Association of Women Psychiatrists. For the future, I see that support and facilitating the development of women psychiatrists in national organizations as well in academic medicine as the key to impacting psychiatry both in general and with respect to gender issues.

—John Luo, MD, Chair, Committee of Asian-American Psychiatrists, APA

Congratulations to The Association of Women Psychiatrists as they celebrate their Twentieth Anniversary. They have provided and

invaluable forum for women colleagues that has become a resource for networking, support and education. Their influence extends beyond their members to all in the field and the community. May they continue to grow and promote recognition and opportunities for women psychiatrists and women's mental health. Best wishes for the future,

—Michelle O. Clark, MD, President, Caucus of Black Psychiatrists, APA

I would like to take this opportunity to congratulate the Association of Women Psychiatrists on reaching this 20th anniversary milestone. On such an important occasion, not only is it salutary to reflect upon the organization's accomplishments to date—something I'm sure other contributors to this newsletter will be doing—but to outline some tasks that remain for the future.

Historically, women's health issues have not received the same attention or funding as men's health issues. It is vital that the AWP take an ongoing leadership position in raising public awareness of the mental health needs of our women patients.

Conservative trends in the national politic are gradually eroding women's rights to control their own bodies. It is vital that AWP be a strong advocate, from the medical and psychiatric perspective, for women's reproductive rights.

Although women psychiatrists now outnumber the men, that demographic change is not reflected in the leadership of American psychiatry, either in the APA or in academic settings. AWP should foster leadership development for its members so that qualified women will have equal opportunities to contribute to and advance the state of knowledge in psychiatry.

—Jack Drescher, MD, Chair, Committee on Gay, Lesbian, and Bisexual Issues, APA

When I was asked to write something regarding the Association of Women Psychiatrists my response was: "I know a lot about some things...and a little about a lot of things. I know next to nothing about women." Perhaps this thought evolves from my perception of the mystery of women. Unfortunately in our current cultural milieu, adolescent boys are deprived of the deeper mystery of boy-girl relationships. In studying the lives of Marie Curie and Karen Horney in Europe and Mary Walker in the United States, one understands the historical perspective of male prejudice and control over women. For example, in turn of the century Germany, one professor wrote that women who become professionals are not real women at all but a man-woman hybrid—"just the sort of bony, cold, and aggressive freak...the woman who goes after and achieves what she wants will lose some essence of womanhood in the process." Otto Weininger wrote: "All women who really strive for emancipation are sexual intermediate forms...either strongly masculine or imprinted by man or overestimated." This was at a time when the first women medical students were beginning to enroll in classes. (When I began Jefferson Medical School in 1962, we had the first woman students they would admit. The "experiment," as it was called, proved a success. This was a long time in coming.) I maintain that these ideas persist in modified form in our professional circles. Not long ago, I attempted to

publish a professional paper dealing with a Southwestern Native American artist, Helen Hardin. The anonymous reviewers, all men, trashed the paper. They implied that I, the author, had used confidential clinical notes from a patient, the subject of the paper, and one reviewer described her as a "half-breed." Another reviewer assumed I was a woman!! I was very upset with the content of the critiques, especially the comment about the "half-breed." I turned to the editor of the journal as well as my colleagues with my outrage. Men and women alike told me to "forget about it," "don't cause trouble," "cool off." I received absolutely no support from my colleagues.

The Association of Women Psychiatrists was founded 20 years ago by Allie Symonds of The American Academy of Psychoanalysis, and many other pioneering women psychiatrists, including Academy members, were in at the beginning. Given my comments, one can understand how important it is for women to present themselves with a professional organization such as AWP as well as to enrich the professional perspectives of others with their unique contributions precisely because they are women. I congratulate the members of AWP on their anniversary. Hopefully the mystery will continue and we will all be the better for it. As Emily Dickinson once said: "The truth dazzles gradually or else the world would be blind."

—Ronald Turco, MD, President, *The American Academy of Psychoanalysis and Dynamic Psychiatry*

As residents-in-training, we often sign-up for membership

in professional organizations and then become passive members. With limited precious time, we make conscious priorities about our extra-curricular activities. Should I spend time with my loved ones or should I better my knowledge base in psychiatry? Time for active participation in a organization or committee? "No way," I said until encouraged by my mentor, Ann Turkel, MD. Surprisingly, I enjoy the experience as an active AWP member.

The value of AWP as an organization increased exponentially as my contacts with other professional and resident members increased. Beyond its mission to further equity, visibility and the voice of women psychiatrists, I found genuine fuzzy warmth and caring among AWP members. Networking opportunities provided firsthand collective experience of women psychiatrists. Answers to fellowship choices, balancing life as a career psychiatrist and motherhood, taking on leadership roles assertively, and discussing challenging clinical problems are but a few topics the AWP organization membership material does not allude to.

Nothing is better than self-discovery. With inspiration from AWP members, you learn that the sky is not the limit. With every step you take as a resident-in-training or as a professional, you are assured of sound professional advice, strong encouragement and support. My time is well spent as an active AWP resident member, no regrets.

—Fatimah A. Tahil, MD, MPH, Trainee Member and Trainee Representative, *NWP Editorial Board*

LETTERS

PERSONAL DIGITAL ASSISTANTS

To the Editor:

Personal Digital Assistants (PDAs) like other computerized technology are constantly improved and upgraded with new features. The latest PDAs have a larger memory capacity, with the standard being 16MB RAM, compared to the 8MB from a year ago. Other changes include the newer Palm OS software (version 4.1 or 5.0), use of a lithium-ion rechargeable battery (instead of AA or AAA batteries), and many PDAs have high color resolution display screens. Costs for PDA models of a year ago have dropped and they are now very affordable.

In the article "PDA: Handy Device or Technology Objectification?" (*NWP*, Winter 2003) I made reference to the springboard modules for the Handspring models. Handspring has changed its product focus, moving away from the PDA market to its new mobile phone product line that incorporates its PDA technology. Despite this, many users, like myself, continue to use the original PDA models. While newer models may look more attractive and have more

features, they still serve the same purpose of organizing yourself better or carrying handy reference materials with you. Consider upgrading to a newer PDA only if you need larger memory capacity, require integrated wireless communication for internet connection, or desire a color display screen. Remember that cost is always a factor with newer PDA models and that PDA technology continues to evolve.

Fatimah A. Tahil, MD, MPH

SUICIDE IN UZBEKISTAN

To the Editor:

I am very thankful for your publishing my article, "Peculiarities of Suicides in the U.S. and the Republic of Uzbekistan," (*NWP*, Winter 2003). It's an achievement for me and my country. I hope we will continue our useful collaboration.

Unfortunately, there is one mistake in publication. The sentence: "Over the last 4–5 years, the growth of suicide in the world rose 60%," should have read, "45 years." I apologize for the error.

Nargiz D. Khodjaeva, PhD

In the News

Lynn Epstein, MD, is now President of the American Medical Women's Association. Epstein is the third AWP President to also serve as an AMWA President; **Leah Dickstein, MD**, was the first and **Mary Jane England, MD**, also held both offices.

Four members of the New York District Branch Committee on Women are presenting papers at the annual meeting of The American Academy of Psychoanalysis and Dynamic Psychiatry at the Hotel Nikko in San Francisco (see The Academy program on page 13 for details).

IN MEMORIAM

Hagit Bat-Avi, MD, died of metastatic breast cancer in February at age 46. She had completed her residency at Beth Israel Medical Center in NYC where she was doing a geriatric fellowship. Hagit was one of the very few who ever spontaneously sent an article to *NWP*. She promptly became a member of the editorial board and loved to write articles on cultural activities. She was a doer; she organized a women's group for her co-residents which invited women leaders in this area to speak. Despite her bouts with chemotherapy, she used every bit of energy to do what was important to her. She worked until shortly before her death. Her courage and spirit will be remembered by all of us who were privileged to know her.

The American Academy
of Psychoanalysis and
Dynamic Psychiatry

47th Annual MEETING

HOTEL NIKKO, SAN FRANCISCO, CA
May 15–18, 2003

The Psyche in the 21st Century

Of Interest to Women

THURSDAY, May 15, 2003

Opening Session

7:30 PM - 9:00 PM

PSYCHIC DEVELOPMENT THROUGH HISTORY

Co-Chairs: Emmanuel G. Cassimatis, MD (Kensington, MD)

Joseph R. Silvio, MD (Bethesda, MD)

Presenter: Scott C. Schwartz, MD (New York, NY)

Medieval Orality, Mothers and Bonding

FRIDAY, May 16, 2003

9:00 AM–12:00 NOON

PAPER SESSION I: THE PSYCHE AS A THERAPEUTIC INSTRUMENT

Chair: Roman N. Anshin, MD (Los Angeles, CA)

Presenter: Crittenden E. Brookes, MD (San Francisco, CA)

Some Comments on the Use of the Psyche in Psychoanalysis and Psychodynamic Psychotherapy

Presenter: Ruth Lijtmaer, PhD* (Ridgewood, NJ)

Psyche and Soma: Where Does Erotic Transference/Countertransference Belong?

Presenter: William B. Goodheart, MD (Mill Valley, CA)

The Passion for Listening: A Fresh Look at the Most Elemental Activity of the Analyst

Discussant: Douglas H. Ingram, MD (New York, NY)

2:00 PM–5:00 PM

PAPER SESSION II: THE FEMININE PSYCHE

Chair: Asrid Rusquellas, MD (Berkeley, CA)

Presenter: Ann R. Turkel, MD (New York, NY)

The Academy, the APA and the Women: A Historical Overview

Discussant: Silvia W. Olarte, MD (New York, NY)

Presenter: Ildiko Mohacsy, MD (New York, NY)

Artemisia and her World

Discussant: Marianne H. Eckardt, MD (Laguna Woods, CA)

SATURDAY, MAY 17, 2003

9:00 AM–12:00 NOON

PAPER SESSION III: SEXUAL PSYCHIC TRAUMA

Chair: Sergio Dazzi, MD (Parma, Italy)

Presenter: Albert H. Schrut, MD (Los Angeles, CA)

A View of the Dynamics of Sexual Masochism in Men that Differs from Classical Libido Theory

Presenter: Alvise Orlandini, MD (Milan, Italy)

Repetition Compulsion in Rape Victims: Is "Analgesia Principle" Beyond the Pleasure Principle?

Presenter: Sharon L. Sageman, MD (New York, NY)

The Rape of Young Boys: What Happens to Men Who Have Suffered Rape During Their Formative Years?

Discussant: L. Gordon Kirschner, MD (Washington, DC)

12:30 PM–2:00 PM

WORKSHOP I: VIDEO WORKSHOP

Presenter: Ian Alger, MD (New York, NY)

The Beginning Stages of Couples Therapy: Video Case Studies

2:00 PM–5:00 PM

PAPER SESSION IV: CONTEMPORARY CONCEPTS

AND CONCERNS

Chair: Sharon West, M.D. (Hattiesburg, MS)

Presenter: Leah Davidson, MD (New York, NY)

Can We Choose a Culture? Individuation and the Cross-cultural Boundaries of Personal Identity

Discussant: César A. Alfonso, MD (New York, NY)

Presenter: Fatimah Tahlil, MD* (New York, NY)

Cyberstalking: A New Dimension in Psychiatry

Discussant: James C. Bozzuto, MD (Hartford, CT)

Presenter: Myron L. Glucksman, MD (West Redding, CT)

Milton Kramer, M.D. (New York, NY)

Using Dreams to Assess Progress in Psychoanalytic Treatment

Discussant: Clay C. Whitehead, MD (Chapel Hill, NC)

The American
Psychiatric Association

2003

ANNUAL MEETING

SAN FRANCISCO, CA

May 19–22, 2003

SATURDAY, MAY 17

6 p.m.-9 p.m.

Industry-Supported Symposia

IS4. New Strategies for Managing Bipolar Disorder

D. Complexities in the Treatment of Juvenile Bipolar Disorder *Robert L. Findling, MD*

IS6. Beyond Benzodiazepines: New Molecules for the Treatment of Anxiety

A. Childhood Anxiety Disorders: Does Treatment Affect Long-Term Outcome? *Moirá A. Rynn, MD*

SUNDAY, MAY 18

8 a.m.-11 a.m.

Industry-Supported Symposia

IS9. Diagnosis and Treatment: Mood Stabilizers Across the Psychiatric Spectrum

E. Affective Instability and Impulsive Aggression in Cluster B and Developmental Disorders *Eric Hollander, MD*

IS10. Moods, Cycles, and Motherhood

A. Depression in Pregnancy and Lactation: Making Informed Decisions to Protect the Mother and Infant *Zachary N. Stowe, MD*

B. Mothers, Babies, and Children: Mental Health in the Postpartum and Beyond *Shaila Misri, MD*

C. Pharmacological Treatment of Premenstrual Dysphoria: What Is Sufficient? *Kimberly A. Yonkers, MD*

D. Is It Just Me or Is It Hot in Here? What Every Psychiatrist Should Know About Menopause *C. Neill Epperson, MD*

1:30 p.m.-4:30 p.m.

Industry-Supported Symposia

IS15. New Challenges in the Management of Depression

A. Solving the Conundrum of Childhood Depression *Karen D. Wagner, MD*

IS16. Issues in Treating Mania: Acute and Continuation Phase

B. Pharmacological Options for the Treatment of Pediatric Mania *Melissa P. DelBello, MD*

D. Family Intervention and Pharmacotherapy in the Post-Episode Phase of Bipolar Disorder *David J. Miklowitz, PhD*

IS17. Tricks of the Trade in the Long-Term Treatment of Depression

B. Sexual Dysfunction in Depression *Anita L.H. Clayton, MD*

E. Practical Approaches to Antidepressant-Induced Weight Gain *David L. Ginsberg, MD*

2:30 p.m.-4 p.m.

Lecture

L1. Expert Testimony in the Age of Daubert *Elissa P. Benedek, MD, and Diane H. Schetky, MD, AAPL/APA's Manfred S. Guttmacher Award Lecture*

7 p.m.-10 p.m.

Industry-Supported Symposia

IS21. Peptides and Hormones as Targets in Antidepressant Treatment

D. Estrogen and Mood *Elizabeth A. Young, MD*

IS25. Medical Considerations in the Management of Special Patient Populations

C. Medical Concerns in Pharmacotherapy for Complicated Pediatric Bipolar Patients *Charles S. Schultz, MD*

D. Course and Treatment of Bipolar Illness During Pregnancy, Postpartum, and Lactation *Lee S. Cohen, MD*

IS26. Treatment of Comorbidity in Neuropsychiatric Disorders in Children and Adolescents

A. Child and Adolescent Psychiatric Disorders: Bipolar Disorder as a Model *Janet Wozniak, MD*

B. Rational Management of Disruptive Behavior Disorders and Comorbidity *Jeffrey Newcorn, MD*

D. Recent Advances in the Pharmacotherapy of Pervasive Developmental Disorders *Christopher J. McDougle, MD*

- E. Clinically Relevant Drug-Drug Interactions in Pediatric Psychiatry *Michael D. Reed, PharmD*

MONDAY, MAY 19

7 a.m.–8:30 a.m.

Industry-Supported Breakfast Symposia

IS29. Impulsivity, Aggression, and Suicide: Versatility of Lithium and Mood Stabilizers (Part 1)

- B. Primary and Secondary Disorders of Aggression in Youth: Mood Stabilizers, Atypicals, and Stimulants *Hans Steiner, MD*
- C. Strategies for Augmentation of Psychopharmacological Interventions in Youth With Disorders of Aggression *Kirti Saxena, MD*

IS30. Bipolar Disorder in Women: Special Considerations and Evolving Treatment (Part 1)

- A. Bipolar Disorder in Women: Phenomenology and Response to Treatment *Ruta M. Nonacs, MD*
- B. Course and Treatment of Bipolar Disorder During Pregnancy *Lee S. Cohen, MD*

IS32. Treating Depression: What Matters? (Part 1)

- B. Gender Matters *Susan G. Kornstein, MD*

9 a.m.–10:30 a.m.

Clinical Case Conference 1. Earlene E. Strayhorn, MD, on Diagnostic and Treatment Issues in the Care of an Adolescent With Comorbid Bipolar Disorder and ADHD (Open to APA members only.)

Discussion Groups

1. *Margaret G. Spinelli, MD, on Infanticide: Psychosocial and Legal Perspectives of Mothers Who Kill (Meet the Authors)*
2. *Donna E. Stewart, MD, on Depression in Perimenopausal Women*

Focus Live

Co-chairpersons: Deborah Hales, MD, Mark H. Rapaport, MD, on Bipolar Disorder

Lectures

L3. The Neurobiological Consequences of Child Abuse

Charles B. Nemeroff, MD, Distinguished Psychiatrist Lecture Series

Issue Workshops

IW2. Understanding Transgendered Youth: Treatment and Service Strategies *Co-Chairpersons: Richard R. Pleak, MD, Sarah E. Herbert, MD*

IW10. Nonsexual Boundary Violations *Chairperson: Malkah T. Notman, MD*

IW14. Innovative Treatment in Bulimia Nervosa *Co-Chairpersons: Waguih W. Ishak, MD, McLeod F. Gwynette, MD*

IW24. Youth Violence: Principles of Prevention *Co-Chairpersons: Paul J. Fink, MD, Carl C. Bell, MD*

11 a.m.–12:30 p.m.

Discussion Groups

6. *Leah J. Dickstein, MD, on Gender and Cultural Issues in Diagnosis and Treatment*
9. *Marcia K. Goin, MD, on Borderline Personality Disorder (For residents only)*

Focus Live

Co-chairpersons: Deborah Hales, MD, Mark H. Rapaport, MD, on Substance Abuse

Session 3. Personality Disorders

8. Sexual Aversion Among Borderline Patients and Axis II Comparison Subjects *Mary C. Zanarini, Ed.D.*

Session 4. Anxiety Disorders

13. Sexual Aversion Disorders in Primary Anxiety Disorders *Chris Watson, BKIN*

Session 5. Evolving Issues in Atypical Antipsychotics

14. Effects on Weight Change of Switching From Olanzapine to Quetiapine *Prakash S. Masand, MD*

Issue Workshops

IW25. Long-Term Structured Care: A Family Perspective *Co-Chairpersons: H. Richard Lamb, MD, Carla Jacobs*

IW28. Evidence-Based Medicine: An Application in Child and Adolescent Psychopharmacology *Co-Chairpersons: Norman E. Alessi, MD, Robert A. Kowatch, MD*

2 p.m.–5 p.m.

Presidential Symposium

Moral and Philosophical Issues in Psychiatry *Chairperson: Deborah Spitz, MD*

Symposia

S1. Borderline Patients at the Border of Treatability

- C. Eroticized Transferences in Therapy With Borderline Patients *Frank E. Yeomans, MD*

S2. Mineral/Vitamin Modification of Mental Disorders and Brain Function

- B. Influence of Micronutrients on Antisocial Behavior of Young-Adult Prisoners *C. Bernard Gesch, CQSW*
- C. Nutrient Treatment of Adult Bipolar Disorder and Childhood Mood Lability *Bonnie J. Kaplan, PhD*

S4. Pathological Body Sculpting in the Athlete *International Society for Sport Psychiatry*

- A. Little Girls in Pretty Boxes: The Making and Breaking of Elite Gymnasts and Figure Skaters *Joan Ryan*
- B. Eating Disorders in the Male Athlete *Antonia L. Baum, MD*

S6. Quality of Care for Children and Adolescents

- A. Estimating Quality of ADHD Treatment In Primary Care and Mental Health Settings *Regina Bussing, MD*
- B. Quality of Care for Children in Routine Psychiatric Practice *Farifteh F. Duffy, PhD*
- C. Quality of Care for Children and Adolescents With MDD *William E. Narrow, MD*
- D. The Use of Multiple Informants in Quality of Care: Are They Interchangeable? *Maritza Rubio-Stipec, ScD*

S12. OCD Spectrum Illnesses: What Does It Mean? Does It Help Our Treatment?

- B. ADHD and OCD: Cognitive Characteristics *Paul D. Arnold, MD*
- C. Complex Psychopathology and Descriptive Symptomatology in Children *Jose A. Yaryura-Tobias, MD*
- D. A Preliminary Investigation of the Genetic Basis of Grooming Disorders *Margaret A. Richter, MD*

S13. Evolution of the Social Brain: Implications for Medical Education and Treatment *The World Psychiatric Association's Psychotherapy Section*

- A. Stressed Students Benefit From Focused Social Boosting Signals *Russell Gardner, MD*
- E. The Evolved Social Brain and Child Development *John R. Ewaldson, MD*

- S14. Abortion: Scientific Data to Inform Clinical Care**
- A. An Overview of Abortion in the U.S. *Stanley Henshaw, PhD*
 - B. Surgical and Medical Abortion in the 21st Century: Update for Psychiatrists *Karen Meckstroth, MD*
 - C. Female Feticide: A Cross-Cultural Perspective *Geetha Jayaram, MD*
 - D. Abortion and the Law *Jennifer Dalven, J.D.*
 - E. Abortion and Psychiatry: Caring for Women and Families *Nada L. Stotland, MD*
- S17. Eating Disorders 2003: From Laboratory to Practice**
- A. Update: Genetics of Anorexia and Bulimia Nervosa *Walter H. Kaye, MD*
 - B. Realities and Consternations of Outpatient Treatment for Anorexia Nervosa *Katherine A. Halmi, MD*
 - C. Feeding Laboratory Studies in Patients With Eating Disorders *James E. Mitchell, MD*
 - D. Are Eating Disorders and Substance Use Disorders Related? *David B. Herzog, MD*
 - E. Common and Uncommon Mistakes in Managing Eating Disorders *Joel Yager, MD*
- S18. Advances in the Treatment of Childhood Traumatic Grief**
- A. Assessing and Treating Preschool Traumatic Grief After Domestic Violence *Alicia F. Lieberman, PhD*
 - B. Assessment and Group-Based Treatment of Traumatically Bereaved Adolescents *Christopher M. Layne, PhD*
 - C. Intervention for Child Survivors of Suicide *Cynthia R. Pfeffer, MD*
 - D. Terrorism and the Treatment of Childhood Traumatic Grief: Lessons Learned From 9/11 *Robin F. Goodman, PhD*
- S24. Sexual and Gender Identity Disorders: Questions for DSM-V**
- A. Gender Identity Disorder in Children and Adolescents: A Critical Review *Darryl B. Hill, PhD*
 - B. Disordering Gender Identity: Issues of Diagnostic Reform *Katherine Wilson, PhD*
 - C. *DSM-IV-TR* and the Paraphilias: An Argument for Removal *Charles A. Moser, MD*
- S25. Confronting Crises in Education, Mental Health, and Juvenile Justice**
- A. Noticing National Problems Through Study of California Juvenile Incarceration Data *Lawrence K. Richards, MD*
 - B. The Fresno-Controlled Prevention Study for Children *Philip F. Kader, BA*
 - C. The Fresno-Controlled Study: Data Analysis, Conclusions, and Predictions *Merle Canfield, PhD*
 - D. Preventing Incarceration: Early Prevention for Preschoolers *Karen T. Carey, PhD*
 - E. Short- and Long-Term Effects of Risperidone on Conduct Problems in Children *Michael G. Aman, PhD*
 - F. Courts as Case Managers: An End to Trans-institutionalization? *Patrick H. Gardner, JD*

TUESDAY, MAY 20

7 a.m.–8:30 a.m.

Industry-Supported Breakfast Symposia

- IS28. Impairment of Structural Plasticity in Severe Mood**

Disorders: Causal or Collateral? (Part 2)

- A. Reduced Hippocampal Volume in Adult Major Depression: The Role of Childhood Trauma *Meena Vythilingham, MD*

IS30. Bipolar Disorder in Women: Special Considerations and Evolving Treatment (Part 2)

- A. Bipolar Illness and the Postpartum Period: Clinical Issues and Controversies *Adele C. Viguera, MD*
- B. Use of Antiepileptic Medications in Women *Martha J. Morrell, MD*

9 a.m.-10:30 a.m.

Debate

- 2. **Resolved: Racism Is a Mental Disorder** *Moderator: Geetha Jayaram, MD, Affirmative: Alvin F. Poussaint, MD, Negative: Robert T.M. Phillips, MD*

Lectures

- L10. Genes, Family Relationships, and DSM-V** *David Reiss, MD, APA's Adolf Meyer Award Lecture*

Issue Workshops

- IW47. Development of the School-Based Adolescent Depression Awareness Program** *Co-Chairpersons: Karen L. Swartz, MD, Todd S. Cox, MD*

11 a.m.-12:30 p.m.

Discussion Groups

- 15. *Anita L.H. Clayton, MD, on Clinical Implications of Sexual Dysfunction in Depression*
- 17. *Glen O. Gabbard, MD, on Maintaining and Developing Family Relationships During Residency (For residents only)*

Scientific and Clinical Report Sessions

Session 8. Mood and Anxiety Disorders in Children and Adolescents

- 23. Management of Adolescent Mania *Melissa P. DelBello, MD*
- 24. Exploratory Factor Analysis of BPD Criteria in Hospitalized Adolescents *Daniel F. Becker, MD*
- 25. Gender Differences in Comorbidities in Child and Adolescent GAD *Atilla Turgay, MD*

Session 12. Treatment Options in ADHD

- 35. Placebo-Controlled Study of Once-Daily Atomoxetine in the School Setting *Christopher J. Kratochvil, MD*
- 36. Modafinil Improves ADHD Symptoms in Children in a Randomized, Double-Blind, Placebo-Controlled Study *Joseph Biederman, MD*
- 37. Safety and Efficacy of OROS MPH in Adolescents With ADHD *Laurence L. Greenhill, MD*

Session 15. Child and Adolescent Psychopharmacology

- 44. Modafinil in Children With ADHD: A Randomized, Placebo-Controlled Study *James M. Swanson, MD*
- 45. Quetiapine Use in Children and Adolescents: A Literature Review *Brian J. McConville, MD*
- 46. Clinical Review of OROS MPH in Children, Adolescents, and Adults With ADHD *Timothy E. Wilens, MD*

Session 16. Predictors of Suicide

- 47. Personality Traits as Predictors of Suicidality in Young Women *Joel F. Paris, MD*
- 49. Obstetric Complications and Suicide Risk in Adolescence and Young Adulthood *Richard Neugebauer, PhD*

Session 17. Schizophrenia and Other Psychotic Disorders

50. Elevated Maternal Cytokine Levels and Schizophrenia in Adult Offspring *Alan S. Brown, MD*

Component Workshops

- CW19. Sexual Harassment: Victims Face Confidentiality Issues in Psychiatric Care** APA Committee on Women
Co-Chairpersons: Rita R. Newman, MD, Annette J. Hollander, MD

Issue Workshops

- IW58. Women in Academic Psychiatry: Opportunities, Obstacles, and Strategies** *Co-Chairpersons: Carolyn B. Robinowitz, MD, Carol C. Nadelson, MD*

- IW60. Asian Indians in Interfaith Marriages: Challenges, Conflicts, and Compromises** Indo-American Psychiatric Association *Chairperson: Jagannathan Srinivasaraghavan, MD*

Noon-1:30 p.m.

Forums

4. **Neurobiology of Parent-Child Relationships: Applications to Psychotherapy** APA Committee on Psychotherapy by Psychiatrists *Chairperson: Bernard D. Beitman, MD Co-Chairperson: Eva M. Szigethy, MD*

7. **Intimate Partner Violence and Abuse: Identification and Intervention Within a Behavioral Health Study** *Chairperson: Penny K. Randall, MD*

2 p.m.–3:30 p.m.

Lectures

- L13. Psychiatric Organizational Leadership: Reflections, Predictions, Proposals** *Carolyn B. Robinowitz, MD, Distinguished Psychiatrist Lecture Series*

2 p.m.–5 p.m.

Symposia

- S29. Integrated Treatment: Psychopharmacology and Psychotherapy**

- A. Integrated Treatment: From Adolescence to Young Adulthood *Hans Steiner, MD*
C. Integrated Treatment of Eating Disorders *Kathryn J. Zerbe, MD*

- S31. New Research in Gay, Lesbian, and Bisexual Mental Health Morbidity**

- B. Sexual Orientation and Health: New Findings From a Dutch General-Population Survey *Theodorus G.M. Sandfort, PhD*
C. Minority Stress and Mental Health in Lesbians, Gay Men, and Bisexuals *Ilan H. Meyer, PhD*
D. Depressive Distress in a Community Sample of Women: The Role of Sexual Orientation *Alicia K. Matthews, PhD*
E. Sexual Minority Status and Its Association With Suicidality and Depression *Jay P. Paul, PhD*

- S34. Strategies to Overcome Resistance**

- C. Resistance by Families and Children in Psychotherapy *G. Pirooz Sholevar, MD*

- S38. Early Trauma: Strategies for Intervention and Treatment**

- A. The Early Trauma Treatment Network: Assessing and Treating Trauma in Young Children *Alicia F. Lieberman, PhD*
B. Treatment of PTSD in Infants and Young Children

Theodore J. Gaensbauer, MD

- C. Prevention and Intervention for Young Children Exposed to Violence *Joy D. Osofsky, PhD*

- S39. Early Intervention in Psychosis: Where Science Meets Community Psychiatry** *American Association of Community Psychiatrists*

- A. Early Detection and Management of Psychiatric Disorder in Young People in Melbourne, Australia *Patrick D. McGorry, MD*

- S45. Bereavement After Violent Death**

- B. Community-Based Interventions With Child and Adolescent Survivors of Homicide Victims *Alison A. Salloum, MSW*

- S47. Personal Identity and Bipolar Disorder**

- A. Creating Narrative From Disjunction: The Clinical Picture *Deborah Spitz, MD*

- S48. The Spectrum of Sexual Violence: Clinical and Cultural Impact** *American Academy of Child and Adolescent Psychiatry*

- A. Childhood Sexual Abuse and Later Adolescent Risk Behavior *Larry K. Brown, MD*
B. Perspectives on Sexual Molestation of Boys by Roman Catholic Priests *Lynn E. Ponton, MD*
C. Sexual Violence on the Internet *Norman E. Alessi, MD*
D. Dating Violence and African-American Adolescent Females' Sexual Health *Ralph DiClemente, PhD*

- E. Adolescent Dating Violence: Screening Practices of Child and Adolescent Psychiatrists *Kristie Puster, PhD*

- S50. Boundary Crossings: Creative Therapy or Slippery Slopes?**

- A. Boundary Violations Versus Boundary Crossings *Gail E. Robinson, MD*
B. Creative Moments and Challenging Events in Therapy: Bending Rules to Help *Gary R. Schoener, PsyD*
C. Is Physical Touch Still a Taboo in Psychodynamic Psychotherapy? *Howard E. Book, MD*
D. Professional Boundaries: Navigating Gray Areas and Avoiding Legal Trouble *Linda M. Jorgenson, J.D.*

- S51. Women Psychiatrists Using Science to Heal**

- A. Psychological Issues and Women Athletes: In a League of Their Own *Altha J. Stewart, MD*
B. Catholic and Jewish Women Survivors of the Nazi Camps: Insights *Leah J. Dickstein, MD*
C. Pursuing Genetics Studies in Homogenous Portuguese Populations *Michelle T. Pato, MD*
D. Outreach to the Indigent Mentally Ill in Rural India *Geetha Jayaram, MD*
E. Innovative Models for Mental Health Services to Women in Hawaii *Leslie H. Gise, MD*
F. From Bench to Bedside: Neurosteroids and Gender Differences in Psychiatry *Christine E. Marx, MD*
G. HIV and Mental Illness Education Initiative in Sub-Saharan Africa *Mary Kay Smith, MD*

- S54. ADHD: Longer-Term Treatment for a Chronic Disorder**

- A. ADHD Treatment With a Once-Daily Formulation of Methylphenidate: A Two-Year Study *Timothy E. Wilens, MD*
B. Preliminary Results of a Six-Month Trial of Methylpheni-

- date in Adults With ADHD *Thomas J. Spencer, MD*
- C. Longer-Term Effectiveness of Various Treatments for ADHD: Results From the Multimodal Treatment Study of ADHD *Laurence L. Greenhill, MD*
- D. A 10-Year Follow-Up of ADHD Subjects *Joseph Biederman, MD*
- E. Does the Treatment of ADHD With Stimulant Medication Contribute to Illicit Drug Use and Abuse in Adulthood? Results From a 15-Year Prospective Study *Russell A. Barkley, PhD*
- IS56. Ethical Issues in the U.S. and France: Vive La Difference**
- E. Psychiatric Treatment for Women of Child-Bearing Age: Ethical Aspects *Christine Germain, MD*
- F. What Is a Psychiatrist Doing Here? *Kathleen M. Mogul, MD*
- IS59. Internet: Technical, Clinical, and Societal** *American Association for Social Psychiatry and American Association for Technology in Psychiatry*
- B. Sex and the Internet *Zebulon C. Taintor, MD*
- E. Eating Disorders Meet the Internet: What Patients and Clinicians Encounter *Joel Yager, MD*
- 7 p.m.-10 p.m.**
- Industry-Supported Symposia**
- IS36. Bipolar Disorder Across the Life Cycle**
- A. Reproductive Health and Metabolic Correlates in Women Receiving Treatment for Bipolar Disorder *Natalie L. Rasgon, MD*
- IS38. Optimizing Treatment for Patients With Schizophrenia: Targeting Positive Patient Outcomes**
- E. Obesity, Diabetes, and Metabolic Syndrome: New Challenges in Antipsychotic Drug Therapy *Enrique Caballero, MD*
- IS41. Women and Psychiatric Disorders: Does Gender Matter for Treatment?**
- A. Hormones and the Brain *Meir Steiner, MD*
- B. Sex, Hormones, and Depression: The Impact of Sex Steroids on Mood Across the Reproductive Life Cycle *Claudio N. Soares, MD*
- C. Trauma and PTSD in Women *Shamsah B. Sonawalla, MD*
- D. Women and Alcohol Use Disorders *Shelly F. Greenfield, MD*
- E. Does Gender Matter to Treatment? *Jerrold F. Rosenbaum, MD*

WEDNESDAY, MAY 21

7 a.m.–8:30 a.m.

Industry-Supported Breakfast Symposia

- IS43. Treating ADHD Across the Life Cycle (Part 1)**
- A. Pathophysiology of ADHD *Stephen V. Faraone, PhD*
- B. ADHD From Childhood to Adolescence: Developmental Issues in Clinical Presentations *Russell A. Barkley, PhD*
- 8 a.m.–10:30 a.m.**
- IS45. Obesity in Psychiatric Practice: Recognition and Treatment (Part 1)**
- A. Obesity Update *Robert Kushner, MD*
- B. Psychotropic Medication and Weight Gain *David B. Allison, PhD*
- C. Obesity and Psychiatric Disorders *Laurel Mayer, MD*
- Master Educator Clinical Consultation**

8. *Carol C. Nadelson, MD, on Women in Leadership: Understanding Achievement Obstacles (Open to APA members only.)*

Component Workshops

- CW23. Women's Leadership 101** APA Committee on Women
Co-Chairpersons: Caroline E. Fisher, MD, Jodi E. Star, MD

Issue Workshops

- IW71. Matchmaker, Matchmaker Make Me a Match**
Chairperson: Lawrence Bryskin, MD
- IW73. When Psychiatrists Have a Mental Illness: The Stories of Their Loved Ones** National Alliance for the Mentally Ill
Co-Chairpersons: Michael F. Myers, MD, Leah J. Dickstein, MD
- IW76. Counseling Committed Couples: Rethinking Therapeutic Neutrality** *Chairperson: Scott D. Haltzman, MD*
- IW78. Individual Psychotherapy for Marital Problems** *Co-Chairpersons: Michael C. Hughes, MD, Eva C. Ritvo, MD*
- IW80. Family Therapy Training for Psychiatry Residents** *Chairperson: Steven J. Wolin, MD*
- IW81. Family Therapy for Anorexia Nervosa** *Chairperson: James D. Lock, MD*

11 a.m.–12:30 p.m.

Discussion Groups

22. *Arnold E. Andersen, MD, on Eating Disorders in Males: A Rising Tide*
23. *Kathryn J. Zerbe, MD, on Women's Mental Health*

Research Consultation

2. *Katherine L. Wisner, MD, on Depression During Pregnancy and the Postpartum Period*

Scientific and Clinical Report Sessions

- Session 19. Diagnostic Issues**
57. Diagnosing and Treating Infants and Toddlers in Public Mental Health Settings *Harry H. Wright, MD*
- Session 21. Pediatric ADHD**
62. An Open-Label Trial of Adderall XR: Quality-of-Life Assessments *Floyd R. Sallee, MD*
63. Long-Term Safety and Efficacy of Adderall XR in Children With ADHD *Mark C. Chandler, MD*
64. An Open-Label, Community-Assessment Trial of Adderall XR in Pediatric ADHD *Paul J. Ambrosini, MD*
- Session 25. Issues in Psychiatry**
74. Children Excluded From Primary School: Randomized, Controlled Trial of a Team Intervention *Christos Panayiotopoulos, PhD*
- Session 27. International Psychiatry**
81. Sex Differences in Health Service Use and Functioning Associated With Depressive Symptoms: Findings From the Utrecht Health Project *Mirjam I. Geerlings, PhD*
82. Binge Eating Disorder in Fiji, A Small-Scale, Indigenous Society *Anne E. Becker, MD*

- Session 28. Cross-Cultural and Minority Issues**
83. Predictors of First Depressive Episode in Black and White Women in Mid-Life *Joyce T. Bromberger, PhD*

Component Workshops

- CW32. Retirement Issues for Psychiatrists and Their Spouses** APA Lifers and APA Task Force on Senior Psychiatrists
Chairperson: Hugh C. Hendrie, MD
- CW35. Why Psychiatry? Says Mom** APA Committee of

Asian-American Psychiatrists *Co-Chairpersons: John S. Luo, MD, Surinder S. Nand, MD*

CW38. Intersex Conditions: Controversies and New Approaches to Treatment APA Committee on Gay, Lesbian, and Bisexual Issues *Chairperson: Richard O. Hire, MD*

Issue Workshops

IW84. The Beginning Stages of Couples' Therapy: Video Case Studies *Chairperson: Ian E. Alger, MD*

IW85. Healing the Hurt Child: Treating Fetal Alcohol Syndrome Spectrum Disorder Children *Chairperson: Peter D. Ganime, MD*

IW87. Children of Psychiatrists: Insights and Recommendations From Those Who Know *Co-Chairpersons: Leah J. Dickstein, MD, Michelle B. Riba, MD*

2 p.m.–3:30 p.m.

Lectures

L20. International Determinants of Women's Mental Health *Donna E. Stewart, MD, Alexandra Symonds Award Lecture of APA and Association of Women Psychiatrists*

2 p.m.–5 p.m.

Symposia

S62. Workplace Issues in Psychotherapy *APA Committee on Psychotherapy by Psychiatrists and APA Committee on APA/Business Relationships*

C. A Psychodynamic Model for Sexual and Other Forms of Workplace Harassment and Violence *Stuart W. Twemlow, MD*

S67. Replenishing Ourselves: Supply of Psychiatrists for the Present and the Future

C. Child and Adolescent Psychiatry Workforce: A Critical Shortage and National Challenge *Wun-Jung Kim, MD*

S70. Terrorism, War, and Refugees: Psychiatric Effects and Prevention?

A. New York City Children's Reactions to Terrorism After 9/11 *Christina Hoven, DPH*

E. Transgenerational Transmission of Aggression *Sam Tyano, MD*

S72. Unmet Needs in Bipolar Disorder: Redefining the Spectrum and Its Boundaries

C. Early Recognition of Soft-Spectrum Bipolar Disorder in Children *Eric A. Youngstrom, PhD*

D. Eating Disorders and Bipolarity: Clinical and Treatment Issues *Susan L. McElroy, MD*

S82. Gay and Lesbian Parenting *APA Committee on Gay, Lesbian, and Bisexual Issues*

A. Children of Gay and Lesbian Parents: Confronting Myths and Stereotypes *Ellen Haller, MD*

B. Legal Issues for Gay and Lesbian Families: Protecting the Children *Charles Spiegel, J.D.*

C. Gay Caucasian Couples Adopting Biracial Children at Birth *Brian N. Kleis, MD*

D. New Avenues for Gay and Lesbian Parents: Fostering and International Adoptions *Margery S. Sved, MD*

E. Gay Adoption, Stepparents, and Lesbian Moms: A New American Family *S. Zev Nathan, MD*

7 p.m.–10 p.m.

Industry-Supported Symposia

IS47. Juvenile Bipolar Disorder: Contemporary Issues in Research

A. Diagnostic and Treatment Implications of Psychiatric Comorbidity in Juvenile Bipolar Disorder *Timothy E. Wilens, MD*

B. Pediatric Mania: A Developmental Subtype of Bipolar Disorder? *Joseph Biederman, MD*

C. The Therapeutic Role of Atypical Antipsychotic Medications in Pediatric-Onset Bipolar Disorder *Janet Wozniak, MD*

D. Treatment of Pediatric Bipolar Disorder With Anticonvulsant Mood Stabilizers *Joseph M. Gonzalez-Heydrich, MD*

E. Genetics of Early-Onset Bipolar Disorder *Stephen V. Faraone, PhD*

IS51. Bipolar Disorder: Clinical and Public Health Implications of Medical and Psychiatric Comorbidity

C. New Treatment Options for Eating Disorders and Obesity With Comorbid Bipolar Disorder *Shishuka Malhotra, MD*

E. Gender and Bipolar Disorder *Lori L. Altshuler, MD*

THURSDAY, MAY 22

7 a.m.–8:30 a.m.

Industry-Supported Breakfast Symposia

IS45. Obesity in Psychiatric Practice: Recognition and Treatment (Part 2)

A. Psychological Treatment of Obesity and Binge Eating *Denise E. Wilfley, PhD*

B. Pharmacotherapy of Obesity and Binge Eating *Susan L. McElroy, MD*

9 a.m.–10:30 a.m.

Component Workshops

CW39. Never-Taught Dilemmas: When Work and Disability Issues Impact Patient Care *APA Corresponding Committee on Psychiatry in the Workplace Co-Chairpersons: Steven E. Pflanz, MD, Marcia A. Scott, MD*

CW40. Summary of the Surgeon General's Meeting on Health of the Mentally Retarded *APA Committee on Children With Mental or Developmental Disorders Chairperson: Roxanne C. Dryden-Edwards, MD*

Issue Workshops

IW93. Specific Psychotherapeutic Techniques for Adolescents *Chairperson: Eva M. Szigethy, MD*

IW94. Psychiatric Treatment and Personal Growth: What About Us? *Co-Chairpersons: Michael F. Myers, MD, Leah J. Dickstein, MD*

IW98. Making the Media Work for You *Chairperson: Nada L. Stotland, MD*

11 a.m.–12:30 p.m.

Discussion Groups

26. *Carol A. Bernstein, MD, on Careers in Psychiatric Education: Challenges and Opportunities*

Lecture

Scientific and Clinical Report Sessions

Session 29. Secondary Outcomes in ADHD

86. Consistency of ADHD Parent/Teacher Symptom Reports: Results of OROS MPH Studies *Stephen V. Faraone, PhD*

87. Patient and Parent Satisfaction of Once-Daily OROS MPH Formulation for ADHD *Mark A. Stein, PhD*
88. Driving Performance Among Adolescents With ADHD: Medication Effects *Daniel J. Cox*
- Session 31. Alcohol- and Drug-Related Disorders**
93. Substance Abuse Disorders and History of Childhood Sexual Abuse in a Population of U.S. Veterans *Jehangir B. Bastani, MD*
94. Attachments for In-Treatment Alcoholics and Teens Predicted to Be Addicts *Marc A. Lindberg, PhD*
- Session 34. Women's Health**
101. Sertraline Prevents Postpartum Depression *Katherine L. Wisner, MD*
102. Depressed Women Have Elevated Coagulation Factors in Mid-Life *Ruby Castilla-Puentes, MD*
103. HRT With Androgens as a Strategy to Treat Postmenopausal Depression *Rodrigo Dias, MD*
- Session 36. Violence, Trauma, and Victimization**
107. Treatment Outcome for Sexually Abused Children at One-Year Follow-Up *Judith A. Cohen, MD*
109. San Francisco Third Graders After 9/11: Three Windows to Healing *Lenore C. Terr, MD*
- Session 37. Issues in the Treatment of Depression and Sexual Dysfunctions**
110. Maintaining Compliance and Remission in MDD With Sildenafil Prescription for SSRI-SD *H. George Nurnberg, MD*
111. Efficacy and Safety of Sildenafil Citrate in Men With Serotonergic-Antidepressant-Associated Erectile Dysfunction: Results of a Prospective, Multicenter, Randomized, Double-Blind, Placebo-Controlled Trial *Maurizio Fava, MD*
- Session 39. Outcomes in Depression**
117. A Comparison of Weight Changes Associated With Different Augmentation Strategies *Christina M. Dording, MD*
- Component Workshops**
- CW47. Daddy and Papa: A Psychosocial Profile of Gay Parenting** APA Committee on Gay, Lesbian, and Bisexual Issues *Chairperson: Jack Drescher, MD*
- 2 p.m.-5 p.m.**
- Symposia**
- S84. The Difficult-to-Treat Psychiatric Patient**
- A. The Difficult-to-Treat Eating-Disordered Patient *Katherine A. Halmi, MD*
- S87. Children at Risk for Mental Illness in Latin America**
- A. Correlates of Serious Suicidal Ideation Among Central-American Youths *Lenn Murrelle, PhD*
- B. Phenomenology and Treatment of Psychosis in Children *Rosa E. Ulloa, MD*
- C. Diagnosis and Treatment of Children With ADHD: A Chilean Experience *Arturo Grau, MD*
- D. A Study of Risperidone in the Treatment of Children With Tourette's Syndrome *Carolina Remedi, MD*
- E. Anxiety, Depression, and Somatic Complaints in Traumatized Children *Ruby Castilla-Puentes, MD*
- S96. New Evidence on Exposure and Present-Focused Treatments for Complex PTSD**
- A. Trauma-Focused Versus Present-Focused Group Therapy for Survivors of Childhood Sexual Abuse *Catherine Classen, PhD*
- C. Development and Initial Evaluation of Brief Integrative Therapy for PTSD in Female Childhood Sexual Abuse Survivors *Annmarie McDonagh-Coyle, MD*
- S98. New Research in the Biology and Treatment of Bulimia Nervosa**
- A. Impaired Satiety in Bulimia Nervosa: State Versus Trait *David C. Jimerson, MD*
- B. Disturbances in Satiety in Bulimia Nervosa *B. Timothy Walsh, MD*
- C. Alterations of 5HT 1A and 2A Receptors Persist After Recovery From Bulimia Nervosa *Walter H. Kaye, MD*
- D. Pharmacotherapy of Bulimia Nervosa: A Review of Established Medications and Promising New Agents *Allan S. Kaplan, MD*
- E. New Models for Disseminating Psychotherapy for Eating Disorders *James E. Mitchell, MD*
- S101. New Intravenous Treatments: A New Tool to Overcome Difficulties and Resistance**
- E. Intravenous Clomipramine in Adolescents With Treatment-Resistant OCD and Depression *Floyd R. Sallee, MD*
- S104. Love From Pathology to Normality: French and American Style (Part 2)**
- A. Broken Hearts, Heavy Hearts: Narrative, Distress, and Compliance After an Infarct *Danielle Groleau, PhD*
- B. From Erotomania to Stalking *Francois C. Petitjean, MD*
- C. The Love Life of Melancholics *Peter D. Kramer, MD*
- D. The Medical Marriage *Michael Myers, MD*
- E. The Clinical Meaning of Love *Richard Rechtman, MD*
- F. Transcultural Aspects of Love *James K. Boehnlein, MD*

For Women Psychiatrists at the APA Meeting

The Alexandra Symonds Award Lecture on "International Determinants of Women's Mental Health" will be delivered by this year's recipient, Donna E. Stewart, MD, on Wednesday, May 21, 2:00–3:30 pm, Moscone Center, Exhibit Level, Room 114.

The Women's Resource Center for the Annual Meeting in San Francisco will be in the Moscone Center, Mezzanine Level, Room 224 and will be open from 7:00 am–6:00 pm on Sunday, May 18 and Monday, May 19th.

The AWP Membership Anniversary Reception is scheduled for Monday, May 19th at 7:30 pm–10:00 pm in the Nikko Ballroom—third floor. The Caucus of Women Psychiatrists Meeting will be held at this time.

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MARCIA SCOTT, MD
BOOK REVIEW EDITOR
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For Your Bookshelf



War is a Force that Gives Us Meaning, Chris Hedges, Public Affairs; Perseus Books, Cambridge MA, 2002, 211 pp., cloth, \$23.00.

This is a book by a journalist and therefore journalistic. It's not well organized and seemingly not very deep. I knew the thesis before I'd read very far but somehow I couldn't put it down.

The author, a *New York Times* staffer was a divinity student, became a journalist and spent 15 years as a war correspondent. He is of the age that has lived with the new kind of war, the impersonal technical war. He writes in an effort to make us aware that despite the remoteness of the killings, war is still about personal death and the destruction of societies. He makes his points with personal stories from times he lived close to the killing and with vignettes from Homer and Shakespeare.

Hedges sees and sees through the cult of personal heroism. "The myth of war rarely endures for those who experience combat. War is messy, confusing, sullied by raw brutality and an elephantine fear....Soldiers in the moments before real battles weep, vomit...are nearly paralyzed with fright...a morbid silence...grips the battlefield in the final moments before the shooting starts....The clear lines we thought were drawn in combat, the images we have of our own reaction under gunfire wilt in combat....Our movements are motivated by a numbing and overpowering desire for safety....Heroes, those who somehow rise above it all [seem] embarrassed...unable to explain it.... Many are not sure they could do it again."

And he believes that even the myths of personal heroism died in the first mechanical conflict, WWI. "Millions of men watched mass death....[and] understood the power of mere weaponry....From WWI onward...[we] understood that we had entered into a new era, one in which we would always flirt with death and de-

struction on a hitherto unknown scale. The old world order, captured in...the *Grand Illusion*, died with the end of the spontaneous 1914 Christmas truce. The accepted principles of humanity, the archaic code of the warrior, became quaint and obsolete. The technological and depersonalized levels of organized killing begun in WWI have defined warfare ever since."

Replacing personal heroism as motivation, he says, is the splitting of societies to create heroes, villains and nationalistic myths needed to justify wholesale destruction. "When we ingest the anodyne of war we [come to] feel that those we strive to destroy are alien, barbaric and uncivilized....The moral certitude of the state in wartime is a kind of fundamentalism [because] it is hard to fight a war if the cause is viewed as bankrupt. I partook of [that narcotic] for many years. And like every recovering addict there is a part of me that remains nostalgic for war's simplicity and high, even as I cope with the scars it has left behind, mourn the deaths of those I worked with, and struggle with the bestiality I would have been better off not witnessing."

He points out our current vulnerabilities: "The eruption of conflict instantly reduces the headache and trivia of daily life. The communal march against an enemy generates a warm, unfamiliar bond with our neighbors, our community, our nation, wiping out unsettling undercurrents of alienation and dislocation. War, in times of malaise and desperation, is a potent distraction." He points out the fragility of our defenses. "Nationalist triumphalism was shunned and discredited in America after Vietnam. We were forced to see ourselves as others saw us, and it was not always pleasant. We understood, at least for the moment, the lie. But the plague of nationalism was resurrected during the Reagan years. It became ascendant with the Persian Gulf War when we embraced the mythic and unachievable goal of a 'New World Order.' The infection of nationalism now lies unchecked and blindly accepted in the

march we make as a nation towards another war, one as ill conceived as the war we lost in Southeast Asia."

And he predicts the cost. "War breaks down long-established prohibitions against violence, destruction, and murder. And with this often comes the crumbling of sexual, social and political norms as the domination and brutality of the battlefield is carried into personal life. Rape, mutilation, abuse and theft are the natural outcome of a world in which force rules (and) human beings are objects. (War) rewards personal survival skills and often leaves those with decency and compassion trampled under the rush. Those who have lived upright, socially productive lives are punished for their gullibility in the new social order...and nearly everyone becomes an accomplice. The moral destructiveness of ethnic cleansing, like the psychic wounds of war ... reverberates throughout a society. Families who are stripped of all they own and then handed by the state apartments that were seized from others are complicitous, whether they like it or not, in crimes of war....It is hard to condemn ethnic cleansing when you live in someone else's home."

And though he has little to say about ending war, he does have advice on how to restore the social fabric. The Truth and Reconciliation Commission in South Africa, he says, is "the only escape....While justice is not always done...dignity, identity, and, most important, memory, are returned. This for many families is enough....The struggle of man against power, wrote the novelist Milan Kundera, 'is the struggle of memory against forgetting' ... There probably can never be full recovery of memory, but in order to escape the miasma of war there must be some partial rehabilitation, some recognition of the denial and perversion, some new way given to speak that lays bare the myth as fantasy and the cause as bankrupt....The process of healing only begins when we are able to at least acknowledge the tragedy and accept our

share of the blame.”

Buy it; it's a paperback you can pass it along to friends. This time the protest appears to be starting earlier.

M.S.

Beyond Hate: A Fast Moving, Suspenseful Psychological Thriller, Michael McGrath MD, iUniverse Inc, 2001, 221 pp., paper, \$15.95.

This is a novel by a forensic psychiatrist about a forensic psychiatrist. Dr. More leaves New York City to live in the suburbs, hoping for a quieter life. Minor incidents of harassment such as flat tires and impersonating phone calls escalate to the murder of his wife while he sleeps beside her. The author takes us through a tense trial and investigation. This is no macho Green Beret murder. Dr. McGrath applies his instinctive understanding of human psychology and behavior, and his real life experience as a forensic psychiatrist to the story line. The plot's twists and turns will keep you guessing until the very end. I was up to the wee hours of the morning finishing this book because I could not put it down. I am looking forward to reading more titles from this promising author.

Lorraine Maita, MD

Neurodynamics of Personality, Jim Grigsby and David Stevens, Guilford Publications, NYC, 2000, 435 pp., cloth, \$42.50.

Dr. Grigsby is a research scientist at the University of Colorado and Dr. Stevens is a clinical psychologist and psychoanalyst. I've always found the moral construct of personality unacceptable and have been following the wealth of new information about how behavior shapes brain function much as brain function shapes behavior. For that reason, I especially looked forward to this book. I was disappointed because the authors' efforts to outline specific relationships between brain and behavior, in the face of our very incomplete knowledge, was premature. For now, I'll stick with theory.

M.S.

Psychological Aspects of Women's Health Care: The Interface Between Psychiatry and Obstetrics and Gynecology (Second Edition) N.L. Stotland and D.E. Stewart (eds): Washington DC, American Psychiatric Press, 2001.

If you want to know about the psychological aspects of women's health, this book is the right place to start. After eight years, we welcome a new edition of this classic resource book. Most of the chapters and authors are the same as the original. The two new chapters are on Psychopharmacology of Women and Psychological Aspects of Lesbian Health Care and there are six new authors. Considering the amount of information in it, this book is amazingly readable. It is written from the perspective of a practitioner, reviewing the literature in a clinical context and giving balanced treatment to controversial issues. Particularly outstanding are the chapters on violence, substance abuse, minorities, psychiatric disorders during pregnancy, gynecologic surgery and the relationship between psychiatry and obstetrics-gynecology.

We need this book to correct distor-

tions since sexual and reproductive issues are both neglected and over-emphasized. These distortions relate to women's physical and mental problems being linked to their reproductive status and the tendency for women to be seen primarily as reproductive beings.

The chapters on the relationship between psychiatry and obstetrics-gynecology should help psychiatrists understand their colleagues' point of view. This is critical for working together. In addition, since managed care has increased the chance that the doctor does not know the woman patient, the psychiatrist may be called in to make up for this discontinuity.

Four chapters are so important that they could be expanded in an introductory section: history, sexology, violence and gender development. Two chapters touch on how women's reproductive systems have become connected to mental illness. A whole chapter on the historical development of these associations would enrich the book and increase its meaning to younger generations of readers. The chapter on sex has an excellent section

on history, infertility and hormones but could give better guidelines on how to take a sexual history. The chapter on violence is longer than the others but goes deeper and leaves the reader with an overall perspective. It is truly biopsychosocial as society and advocacy are addressed as well as psychologic and biologic aspects. We do not know enough about the development of little girls and how experience, culture and biology are intertwined. The psychology of women could be reviewed in greater depth to try and help illuminate problems like guilt about infertility and career-pregnancy conflicts.

The section on pregnancy contains a gem of a chapter on psychiatric disorders during pregnancy which is encyclopedic, well-referenced and current, and includes a useful discussion of the psychology of normal pregnancies. The featured section on schizophrenia and pregnancy is timely since

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new antipsychotic agents will lead to more pregnancies among women with serious mental illness. The chapters on adolescent pregnancy, psychotropics and postpartum disorders are thorough. Cultural differences in adolescent pregnancy are not addressed, the limitations of the FDA categories are not emphasized, and postpartum psychological issues are included in the section on psychosis but apply to all postpartum depressions. The chapter on perinatal loss fosters understanding of “grieving the loss of the future” and “the invisible loss” and how friends and family may try to help but can make grieving harder. Genetic disorders and counseling are well described in another chapter which includes an especially helpful table on prenatal diagnostic testing.

Of the eight chapters in the gynecology section, the one on gynecologic surgery is one of the best. An individualized approach, psychological preparation to reduce pre-operative anxiety, considering a past history of abuse prior to sterilization, sexual dysfunction, the pros and cons of hormone therapy and alternatives to hysterectomy are reviewed. Although medically sophisticated, the chapter on

infertility is comprehensible to a lay reader and focuses on helping couples resolve their infertility crisis as opposed to achieving pregnancy at any cost. Although the chapter on the menstrual cycle does not emphasize the effectiveness of serotonergic agents, it thoughtfully addresses methodologic and political issues as well as the mind-body split, chronobiology, brain-hormone interactions, cultural factors, and how to avoid stigmatizing women. The chapter on chronic gynecologic pain is a good, practical review of a poorly understood topic and should foster more collaboration between gynecology and mental health. The chapter on menopause was a gem when it was first published and has been minimally updated but unfortunately many questions about menopause remain.

Substance abuse is a topic many try to avoid but it is made interesting by this treasure of clinical relevance. Barriers to care, prejudice, stereotypes and myths are considered as well as historical aspects, comorbidity, victimization, abuse of prescription drugs, psychological aspects, the role of the family and the effects on sexuality and reproduction. The chapter on minorities challenges us to reflect on “what is a minority?” To provide good

health care we need to understand each woman’s lifestory and “establish a dialogue of equality.” Considering the negative attitudes toward them, it is not surprising that lesbians are reluctant to get health care. Although there is little information about lesbian health, this chapter describes how to take a history without assuming heterosexuality, the main way to reduce barriers to care. The chapter on ethics maintains a neutral stance as it enlightens us about reproductive decisions, maternal-fetal rights and the challenge to women’s autonomy in an environment where medical decisions are made on the basis of economic considerations and the doctor-patient relationship has been eroded. While gender differences in antipsychotic response are a new and worthwhile topic of interest, more emphasis could have been given to drug interactions of known clinical significance. Last but not least, the male perspective is based on anecdotes since there are no data on subjects like marital dysharmony in the context of new parenthood, the new reproductive technologies and menopause. *Leslie Hartley Gise MD. Reprinted with permission from JAMA 10/24-31, 2001 (Vol. 280, No. 16, 2027-2028)*

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