



E-News for Women in Psychiatry

Newsletter of the Association of Women Psychiatrists
AWP 2018 Winter, Volume 36, Number 1

President's Message:

GEETHA JAYARAM, M.D.
PRESIDENT, AWP

We all know who Dr. Geetha Jayaram is from a professional standpoint. Jayaram is an Associate Professor in the Department of Psychiatry and Behavioral Sciences at the Johns Hopkins School of Medicine. She is also an Associate Professor in the Department of Health Policy and Management at the John Hopkins Bloomberg School of Public Health. She has an MBA and is interested in health services research. She has presented at many national and international meetings and has lectured throughout the country. She is involved in patient care, teaching, and research. Her administrative focus is to improve the quality of health care for patients. Finally all of us were ecstatic when Jayaram received the 2016 Kun-Po Soo Award at APA's 2016 fall meeting, IPS: The Mental Health Services Conference. She was honored for her efforts to improve mental health care in rural India, especially women and children. We can talk more about her accolades and accomplishments, but who is she really? We had the opportunity to ask her personal questions so that all of us could get to know her more. Take a look...



1. What is one thing that most people don't know about you?
That I am an ardent Rotarian who strives to live by the '4 way test'
2. If you could have dinner with three people (alive or dead), who would you choose and why?
 - *Sherlock Holmes because I love detective stories and his phenomenal acumen and powers of observation*
 - *My mother because she died very young and I would have loved to have her by my side to travel with me, get the medical care that may have saved her life, and continue to feel her love*
 - *Madam Curie to understand her trials and tribulations that led to her discoveries*
3. What is your favorite book?
I am not sure that I have just one, but maybe Oliver Twist by Charles Dickens. It had a great impact on me and raised my awareness of the poor
4. What book (s) is currently on your nightstand?
The Queen of Katwe—I absolutely loved it and wanted to go to Kampala to rescue those children. I am reading John Le Carre's latest novel, A Legacy of Spies
5. Why did you choose psychiatry as your specialty?

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It was a struggle to give up internal medicine in which I had trained for 2 years, but the call schedule in psychiatry was every 4 days (instead of 2) and I could spend more time with my young child. I began enjoying my work greatly—and I still do.

6. What makes you smile?

My 2 little grandbabies, dogs, my son's humor, and flowers

7. What makes you erupt into pure laughter?

Jokes I share with colleagues and friends—
young and old

8. Fill in the blank:

a. Upon hearing I would be AWP President, I was concerned about doing a good job, increasing our presence and profile in the APA...

b. When I think about the future of psychiatry I worry that all the research in genetics may not amount to discernible differences in the way we treat our patients, and that we are not paying attention to emotional and physical support systems that matter and can make a difference...

c. I want each AWP member to commit to the following this year: pay your dues, bring in at least one new member and talk about our sisterhood to others with pride...

9. Congratulations on receiving the Kun-Po Soo Award in 2016 from the American Psychiatric Association. Per the APA, "The Kun-Po Soo Award, established in 1987, recognizes an individual who has made significant contributions toward understanding the impact and importance of Asian cultural heritage in areas relevant to psychiatry. The award also seeks to encourage scholarship and research in culture-specific mental health issues and treatment needs of Asian populations and to stimulate scientific exchange on transcultural issues." In your opinion, what are the key research gaps in this area?

a. The impact of culture on the presentation, diagnosis of patients, and culture specific treatment interventions, given that we are dealing with many immigrant populations

b. The impact of stigma and discrimination by the public and other institutions

c. Women in particular in low and middle-income countries suffer at twice the rate of men, and receive

no care at all. They are in dire need, and their children likewise are at higher risk for low nutrition and educational status. Lack of access to care alone needs to be researched both in the US and other countries.

10. What are the key attributes of AWP?

a. Fighting for gender equity and equality

b. Providing a safe venue for women and men to discuss these issues

c. Recognizing and promoting the work of women

d. Advocating for them

11. What are your key goals as AWP President?

Administrative:

Making our website dynamic

Making paying dues easy with a single button touch

Increasing our membership

Increasing contributions by well-wishers and supporters

Conducting a monthly half hour teleconference with Council members to plan effectively

Social

Getting our past award winners to participate and give to our association (I need help with this)

Have representation in the Assembly to make our concerns known

Play a significant role in the elections and support of female candidates

Continue to work with the Women's Caucus to enhance their goals of mentorship and fellowship

Academic

Provide a networking opportunity for women researchers on gender related research to meet and talk with one another

Conduct meetings at District and National levels with the Office of Minority affairs to disseminate information on APA Foundation fellowships and provide a link to it on our website

Play a role in setting up a Foundation library of great women psychiatrists (one is planned for the new venue).

We have already made strides on several of these goals. We need your continued support by being actively involved in AWP!

Geetha Jayaram, M.D.

gjayara1@jhmi.edu

Editor's Column:

WARACHAL EILEEN FAISON, M.D.

Hello! Happy New Year! In this issue, there is much greatness. First and foremost, we have an exceptional president and with this issue, she has allowed us to open the windows *even further* to know more personal information about her. Thanks so much Dr. Geetha Jayaram for sharing! Of course, we have another great book review from Dr. Diane Shrier. Dr. Maureen Sayres Van Niel, President of the AWP Caucus, graciously allowed us to republish one of her articles. Lastly, we are in the midst of the APA election! As such, please review the candidates' statements carefully and cast your vote by January 31, 11:59PM ET.



I'm really excited about 2018. This will be the first time in a few years that I believe I can actually attend the APA meeting. Oh my...I hope I just didn't jinx myself as I don't have any wood furniture to knock on at the moment. Since so many AWP members attend APA, if you miss APA you miss out on the wonderful interaction among AWP members...and that interaction fuels me the entire year!

APA, May 5-9, 2018 is around the corner. Note these key 2018 registration dates:

- Member Registration Begins Tuesday, December 5, 2017
- Nonmember Registration Begins Tuesday, December 19, 2017
- Early Bird Deadline Tuesday, February 6, 2018
- Allied Group Meeting Requests Begin Friday, January 5, 2018.

If you're presenting at APA, please let us know so that we can include the details of your presentations in the AWP Spring Newsletter! Contact Frances or me by March 16: francesrotonbell@gmail.com; warachalefaison@gmail.com

Last year around this time, I was looking forward to participating in the Women's March on Washington on January 21, 2017. This year, I'm looking forward to marching in New York. The way I felt last year still resonates with me and these words from last year are still true: *I'm marching to share my voice and to say proudly, "Women's rights are human rights!" For me, this march is about "pro-women" and "pro-diversity."* If you are planning on attending the marches in your area, try to connect with other AWP members who are also marching! Happy New Year!!

Warachal Eileen Faison, MD
warachalefaison@gmail.com





Shining the AWPLight on Drs. Eva Szigethy, Silvia Olarte, Christina Tara Khan, and Dena Hofkosh



Shout-out to Drs. Eva Szigethy, Silvia Olarte, Christina Tara Khan, and Dena Hofkosh on their “Bootcamp for Burnout: What can you do?” from the 2017 APA Annual Meeting in San Diego! Their presentation has been selected for the [APA Learning Center](#) and the [SET for Success](#) program which is designed to help psychiatry residents build knowledge and prepare for practice. Way to go!!

Click on the hyperlinks for more information about the APA Learning Center and SET for Success program.

Call for applications for the AWP Fellowship, the Alexandra and Martin Symonds Foundation Fellowship and the US International Fellowship

The Association of Women Psychiatrists is pleased to announce its annual call for applications for the AWP Fellowship, the Alexandra and Martin Symonds Foundation Fellowship, and the US International Fellowship. Three outstanding women psychiatric residents will be selected for these Fellowship Programs. Candidates will be selected based on a demonstrated leadership potential, interest in and commitment to women’s health, community mental health service, and academic excellence. An individual resident may be nominated for only one of the three fellowships.

The Association of Women Psychiatrists seeks to improve communication among women in psychiatry with a goal of advancing more women into leadership positions in all aspects of health care. Additionally the AWP seeks to provide support for women at all levels of their career and serve as a resource to disseminate information on women’s health issues to its membership and beyond.

We invite you to nominate a psychiatry resident. **We will accept one application per residency training program per fellowship.** The recipients will receive a \$1,500 stipend each and will be expected to attend the AWP Meeting held at the APA Annual Meeting in New York City, May 2018. Further, the US International Fellow will receive an additional \$1,500 to support travel to an international destination where their project would occur to be distributed once planned proposal.

Please go to our website to review awards, criteria, and applications: <http://associationofwomenpsychiatrists.com/awards/>

The applications with all supporting documents must be submitted as a single PDF file to womenpsych@aol.com by the following dates:

March 1	US International Fellowship
March 10	AWP Fellowship
March 10	Alexandra and Martin Symonds Foundation Fellowship

APA Election

The APA Election is on our heels! Voting will begin on January 2 and will end on January 31, 11:59PM ET. The results of the election will be revealed in mid-February. I reached out to the candidates for President-Elect, Treasurer, and Trustee-At-Large. I received confirmation of receipt from all of these seven candidates. Candidates were asked to share a statement of no more than 500 words as well as a photo. Candidates shared responses below for your review. For information on all candidates as well as videos, check out the APA link:

<https://www.psychiatry.org/psychiatrists/awards-leadership-opportunities/leadership-opportunities/elections>

PRESIDENT-ELECT



Glenn A. Martin, MD

The American Psychiatric Association needs experienced, skilled leaders to assure that we continue to resist those forces that intrude on the doctor-patient relationship, needlessly limit our therapeutic options and compel us to spend ever increasing time on administrative and clerical tasks. I believe I am uniquely qualified to be the next President-Elect because of my proven abilities and my broad career in the APA, private practice, the public sector, government service and academia. It is a career that has been dedicated to treating our most vulnerable patients, advocacy, teaching, training and mentorship.

In the Assembly, I successfully worked to assure that the M/UR caucuses and allied organizations were welcome and could fully participate in all aspects of the Assembly, including leadership positions. In our last Assembly, we passed an action paper supporting the formation of a Council on Woman's Mental Health and advocating for an APA position statement supporting evidence-based 12 week paid leave for new parents. The APA has made great strides to embrace diversity within our organization, our leadership and the profession. I fully support and will continue these efforts. I am committed to our current President's efforts to address burnout and the broader issues of finding a healthy life/work balance.

I graduated from the Université de Liège in Belgium, and completed residency at what was then Hillside Hospital of the Long Island Jewish Medical Center. I am an Associate Professor of Psychiatry and Senior Associate Dean for Human Subjects Research at the Icahn School of Medicine at Mount Sinai. Previously, I was Deputy Director of the Department of Psychiatry at Queens Hospital Center, and was the Director of Medical Informatics at Elmhurst Hospital Center and Queens Hospital Center. I continue to maintain my part-time solo private practice in Queens. Due to space limitations I urge you to visit www.glenmartinmd.com.

KEY APA POSITIONS

- Board of Trustees APA 2014 – 2016
- Speaker, Assembly of the APA 2015 – 2016
- DSM-5 Steering Committee 2014 – present
- Registry Oversight Workgroup (PsychPro: clinical metrics and research registry) 2016 – present
- Council on Research 2013 – present;
- Finance and Budget Committee, APA 2015 – present

KEY Platform POSITIONS

The APA must be member-centric.

- Onerous, expensive, non-evidence based “maintenance of certification” must be fought.
- We must expand our federal AND state advocacy efforts.

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- Differential payments to psychiatrists for identical billable services must end.

The APA must be a strong patient advocate.

- Discrimination, prejudice and stigma must be identified, called out and fought relentlessly.
- We must intensify our efforts to eliminate unnecessary deaths of the mentally ill with special focus on deaths during interactions with law enforcement.
- We must strengthen our fight to stop unqualified professionals from prescribing medication.

The APA must be as a good citizen in the medical community, the nation and the world.

- Psychiatrists are always physicians and psychiatry is always an integral part of the house of medicine.
- We must not allow falsehoods regarding psychiatry and those with mental illness to be spread without challenge.



Bruce J Schwartz, MD, DLFAPA

Parity and Essential Health Benefits are endangered despite the need for psychiatric services and an opiate epidemic with over 60,000 deaths in 2016. Jails and prisons are asylums for the seriously mentally ill. Veterans suffer from high rates of suicide and PTSD. Prescribing authority is being sought by psychologists with no requirement for medical training or experience with the complexity of medical co-morbidities. Despite the shortage of psychiatrists Congress has not increased Graduate Medical Education funding. Inadequate reimbursement is a major contributor to problems accessing care. The paradox is that psychiatric care can improve the quality of life and outcomes for chronic medical conditions. We need to fight the discriminatory underfunding of behavioral healthcare and the stigma of psychiatric illness preventing people from accessing care.

In my Department, we have a highly diverse faculty with the majority of our clinical services as well as our residency program being led by women. Among my successes at Montefiore, I developed physician-centric solutions to the encroachment of managed care which enabled my department to flourish and can help inform and guide our membership into the future. Despite my administrative responsibilities, I have always maintained a private practice which has kept me grounded in direct patient care and earned me a Best Doctors designation. Montefiore as well has one of the largest integrated care and co-location initiatives as well as “reverse” integrated care for the SPMI population.

Brief Bio:

- APA TREASURER (2016-present)
- APA ASSEMBLY (1988-1998)
- APA COUNCIL ON HEALTHCARE SYSTEMS AND FINANCING (1998-2016, CHAIR 2005-2007)
- APA COMMITTEE ON REIMBURSEMENT FOR PSYCHIATRIC CARE (2007-2010, CHAIR 2012-2016)
- DEPUTY CHAIR & PROFESSOR OF PSYCHIATRY, MONTEFIORE MEDICAL CENTER & ALBERT EINSTEIN COLLEGE OF MEDICINE
- EDITOR-IN-CHIEF AMERICAN JOURNAL OF PSYCHOTHERAPY (2012-2017)
- PROGRAM DIRECTOR OF THE “TARRYTOWN” CHIEF RESIDENTS LEADERSHIP CONFERENCE (2010-present)
- AMERICAN HOSPITAL ASSOCIATION GOVERNING COUNCIL SECTION FOR PSYCHIATRIC AND SUBSTANCE ABUSE SERVICES (2008-2010, CHAIR 2011-2012)
- BOARD OF DIRECTORS & CHAIR PROFESSIONAL ADVISORY COMMITTEE MENTAL HEALTH ASSOCIATION OF NYC (1992-present)
- TOP DOCTOR BY CASTLE CONNOLLY AND NEW YORK MAGAZINE (2005-2017)

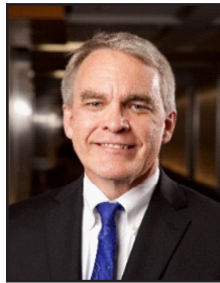
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I believe the APA must:

1. Continue to advocate for diversity and equality in the APA and our profession.
2. Aggressively pursue psychiatric care as a mandated parity benefit in any alternatives to the ACA.
3. Advocate for enhanced reimbursement for psychiatric treatments and the collaborative and integrated care CPT codes.
4. Develop a more effective strategy and action plan to fight unsafe prescribing.
5. Find practical and affordable solutions to Maintenance of Certification requirements.
6. Develop additional performance in practice and educational modules, and support the patient registry (PsychPro) as an APA benefit.
7. Pressure Congress to fund new residency and fellowship training positions.
8. Advocate for enhanced funding of psychiatric / neuroscience research and anti-stigma campaigns more reflective of the toll of mental illness and substance abuse on our society.

Email: bschwart@montefiore.org

Website: www.BruceSchwartzMD.com



Steve Strakowski, MD

I am honored to be nominated for APA President-Elect. My extensive local and national leadership experience in psychiatry as well as healthcare more generally provide skills that I believe are relevant and timely for the APA. My overall goal is to position the APA optimally within the national mental health discourse to maximize: 1) advocacy for patients and their families; and 2) support for our members to deliver the best care possible while ensuring the practice of psychiatry is efficient and enjoyable. Please take a few moments to explore my website (<https://stevestrakowski.com/>).

WHY ME?

1. For years, I have led strategic planning and operation of private and public clinical psychiatric services, healthcare delivery generally, practice and hospital integration, research and academic programs, and peer advocacy. This broad experience equips me to work across the diverse constituencies of the APA.
2. I trained in Boston, spent 24 years in Ohio and am now working in Texas. I have provided consultation to psychiatric departments in several other states. Consequently, I understand the diverse geographic aspects of mental health care practice and delivery from large urban centers to rural communities, recognizing that priorities in New York or Boston are not necessarily the same as those in Texas or Nebraska. I am prepared to work across the APA's broad geography.
3. I will be a goal-directed, rather than ceremonial, president; I approach these positions as a servant leader committed to advancing our organization's mission and the care of our patients. I will work under the expectation that the APA serves its members and patients.
4. I am oriented toward a transformative vision of the future; I believe the best days of psychiatry are at hand. Coupled with my broad background experience I will work toward a vision for the APA's future that optimizes its effectiveness long after my presidency has ended.

MY PRIORITIES AND GOALS

Goal: Improve the 'brand' of Psychiatry.

Approaches:

1. Create a campaign that defines psychiatry for the public, including other physicians.
2. Create a stigma-busting campaign for the public.
3. Create and advocate policies that eliminate disparities in mental health care.

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Goal: Place psychiatry solidly within the continuum of modern integrated health care.

Approaches:

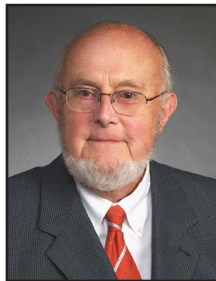
1. Create training mechanisms for our membership that facilitate evidence-based care.
2. Work with partners to strengthen parity legislation and mental health reimbursement.
3. Support research that develops and evaluates mental health integrated into medical care models.
4. Support approaches to a diverse mental health workforce to reflect the populations we serve.

Goal: Support our membership through the transitions occurring in health care.

Approaches:

1. Improve transparency of APA activities and expenditures to increase member engagement.
2. Advocate for patient-centered development and integration of technology into care.
3. Develop robust on-line programs to educate members around evolving technology.
4. Develop road maps to guide member training and education around health care transitions.
5. Work to simplify or eliminate recertification through improved approaches of adult educational models that bring value to practitioners and patients.

TREASURER



Brian Crowley, MD

"I'm very proud of my family, which includes my wife of 56 years --Natalie--my two daughters, and two granddaughters. Sometimes I like to say that I was a "feminist" before I ever heard that term, since I've always believed in the equality of the sexes in society, the need for equal pay, equal rights, etc. And so I'm proud of having female and male supporters in my APA campaign for Treasurer. Where problems like unequal pay -- or sexual harassment and abuse -- are encountered, I believe in strong remedial action. I hope your members will review my campaign web page at <http://bit.ly/2zSuBtl>, and/or my full website at www.briancrowleymd.com."



Gregory W. Dalack, MD, DFAPA

- | | |
|--|--------------|
| • Member, APA Council on Quality Care | 2013-present |
| • Chair, APA Workgroup to Establish a Psychiatry Registry | 2014-2015 |
| • Chair, Department of Psychiatry, University of Michigan (UM) | 2007-present |
| • Member, UM Medical Group Budget and Finance Committee | 2012-present |
| • President, American Association of Chairs of Departments of Psychiatry | 2015-2016 |

I am honored to be a candidate for APA Treasurer to ensure that the APA continues to make fiscally responsible, strategic investments to secure our leadership role in the provision of mental health care.

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Health care reform has enlightened the House of Medicine and the country about the prevalence of mental illness and the critical importance of addressing it, early and effectively, to improve outcomes and reduce costs associated with health care. APA investments in Collaborative Care and Telepsychiatry training are critical to extend our reach to provide that care. I was privileged to be involved in the creation of PsychPRO, our Mental Health Registry, which will effectively demonstrate the quality and effectiveness of our evidence-based practices.

APA faces challenges:

- Gaps in parity for psychiatric care
- Gaps in the continuum of care for patients
- Appropriate payment for the work we do

Meeting the needs across the continuum of care in the community, VA, Federal and State mental health systems, our legal system, etc. will require the coordinated efforts of a large village. We must be recognized for our expertise in individual treatment, as well as through integrated and collaborative care in primary and specialty care settings, and through virtual and telehealth care. Using these approaches, we will distribute our expertise as a scarce resource to have the greatest impact on the most lives.

APA must continue to lead in:

- Securing full health care parity for all patients we treat
- Supporting the development and appropriate payment for new models of care
- Helping members embrace quality improvement in clinical practice, research and education
- Emphasizing equity and inclusivity for all our members.
- Working to modify and improve the MOC process

I am Department Chair of a large, research-intensive department for the last 10 years. I was Chief of Psychiatry in the VA for 6 years, Associate Chair for Education for 12 years, Department Vice Chair for 2 years. I have a record of careful and responsible financial management in all settings.

I regularly evaluate and treat patients as well as supervise residents and staff in Clinic. I am also a Consulting Psychiatrist in our Collaborative Care programs in the Primary Care Network at Michigan Medicine, and with rural Community Health Centers in Michigan.

Professional Activities

100% - Chair, Department of Psychiatry, University of Michigan

Professional Income

100% - Michigan Medicine (University of Michigan Medical School and Health System)

Please vote in this year's APA election (voting period January 2-31, 2018) and cast your vote for Gregory Dalack as APA Treasurer. Thank you!

For more information: www.gregorydalack.com

TRUSTEE-AT-LARGE



Robert E Feder, MD

Throughout my career in psychiatry, I have always been a strong proponent of Women's mental health. I have had a

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strong interest in treating peripartum and perimenopausal conditions. In 2004 I was named “Best Psychiatrist for Women” by New Hampshire Magazine. As a member of the APA Council on Addictions, I have spoken out strongly to ensure that treatment guidelines for substance abuse include statements for the appropriate treatment of pregnant and breast-feeding women. If elected as Trustee-at-Large, I intend to fight for the creation of the Council on Women’s Mental Health which was recently recommended by the APA Assembly.

After completing my psychiatry residency at Yale, the vast majority of my professional time has been spent in full-time front-line clinical positions, treating patients. I have directed adult inpatient psychiatric units at community general and private psychiatric hospitals. I have also directed community outpatient mental health clinics and partial hospitalization programs. For the past 10 years I have been in full-time solo private practice. I feel that this experience puts me in a position to know what psychiatrists and their patients need most. Issues I feel most fervent about are:

- Fighting to ensure that parity rules are followed and that our patients have access to the care that they need
- Fighting to help maintain insurance coverage for our neediest patients, which is being aggressively eroded by the current Federal lawmakers
- Improving psychiatric reimbursement rates
- Eliminating prior authorization requirements that waste our time and deny out patients the care that they need
- Reducing the requirements for use of electronic medical records in outpatient practice, and the associated requirements for data collection that do not improve patient care and reduce the time we could spend more productively treating patients
- Fighting non-physician prescribing privileges
- Eliminating inappropriate maintenance of certification requirements that have no evidence showing that they improve patient care, and only increase the coffers of the American Board of Psychiatry and Neurology

I have had extensive experience in the APA, which I feel puts me in an excellent position to be effective on the Board. This past experience includes:

- New Hampshire Rep to the Assembly for the past 21 years
- APA Council on Addictions for the past 3 years
- Member of APA Nominating Committee 2001-2008
- Previous Candidate for APA Treasurer and Area I Trustee
- APA Council on Advocacy and Public Policy 2006-2009
- Past-President, New Hampshire Psychiatric Society

Thank you very much for your consideration. Further information about my candidacy can be found at: federforapa.com



Richard F. Summers, MD

APA needs to fight to **Let Us Be Doctors**, and I am asking for your vote to continue for a second term as your Trustee-at-Large on the Board of Trustees.

All of the major issues we struggle with – competition from mid-level providers, the electronic health record, psychiatrist burnout, increased documentation requirements, decreased payment, MOC, erosion of psychotherapy, and limitations in access – connect back to the need to use the clout, advocacy resources and reputation of the APA. We must fight the federal and state governments, insurers, and our own systems, to let us be doctors and not suffer the thousand tiny cuts we are experiencing that take time away from our patient care, our ability to innovate, and our passion and commitment to the sacred experience of caring for others.

In this era of polarized discourse nationally, with the legitimatization of various forms of discrimination and bigotry, it is more important than ever before that APA take a stand against gender bias and its many manifestations – in our own ranks, in the lives of our patients, and in the provision of care. This includes an awareness of sexual trauma and its

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disproportionate effect on women, as well as sexual harassment and impropriety. As psychiatrists, we have the ethical responsibility, knowledge and social capital to be effective advocates and help to make this current moment of increased salience an opportunity for advancement in gender equality.

As a clinician in private practice and a residency training director for over twenty years, I know the changes we have all experienced in the health care system. I am frustrated about the increasing constraints but optimistic about our future.

I have focused for the past two years as your Trustee-at-Large on five issues:

- Strengthening our Lobbying and Advocacy – about ACA repeal, the opioid epidemic, scope of practice and parity, global mental health
- Supporting Education – fighting back against the insidious bureaucratization of education, including MOC and the many time-consuming evaluation and documentation requirements for residencies
- Championing Wellbeing and Fighting Burnout – supporting increased awareness about wellbeing and burnout, gathering data about predictors of psychiatrist burnout and advocating for workplace changes that support psychiatrist wellbeing
- Promoting Diversity – Increasing diversity within APA, residency training programs and all of our organizations, and emphasizing communication training; including race, ethnicity, gender, LGBTQ, IMG
- Valuing Psychotherapy – Supporting the centrality of psychotherapy in the identify of psychiatrists through education, parity, insurance advocacy and communication

I am a Distinguished Fellow of the APA and prior to my service as Trustee-at-Large, my deep involvement with the APA includes: Chair of the Council on Medical Education and Lifelong Learning, following many years as a member; Chair currently of the APA Board of Trustees Workgroup on Wellbeing and Burnout; Chair of the Workgroup on The Future of Psychiatry Training; Member of the Budget and Finance Committee.

Please also see my website at <http://summersforapatrusteeatlarge.org/>

For information on all candidates as well as videos, check out the APA link:

<https://www.psychiatry.org/psychiatrists/awards-leadership-opportunities/leadership-opportunities/elections>

Don't forget to exercise your right to vote! Voting begins on January 2 and ends on January 31, 11:59PM ET.

Happy voting,
Warachal E. Faison, M.D.



Sexual Harassment Still Occurs in Psychiatry, Says Women's Caucus Leader

MAUREEN SAYRES VAN NIEL, M.D.

PUBLISHED ONLINE: DECEMBER 07, 2017 PSYCHIATRIC NEWS

When we talk about *sexual harassment*, it is important to differentiate it from both *sexual violence* (sexual assault and abuse) and *institutional gender bias* (the presence of institutional hindrances to the progress of women as compared with men). Yet all three experiences undermine the well-being of women psychiatrists.

I mentioned to my husband that I was writing an article about sexual harassment. He quietly asked me about my own experiences in medicine. I was caught off guard when I teared up at the end of my narratives.

I was taking a physical diagnosis course at a community hospital, where an attending was teaching me how to use the ophthalmoscope. As he moved that piercing light toward my eyes, he leaned over and began to kiss me. He then pinned me against a wall, which I finally leveraged by pushing against it to spring free. That was a sexual assault. Regrettably, sexual assault, including rape, occurs at alarming rates and does not spare women psychiatrists. According to a 2014 report by the Centers for Disease Control and Prevention, 1 in 5 women has experienced an attempted or completed rape in her lifetime. As we psychiatrists know, sexual violence has ravaging psychological effects on those who endure it, regardless of their profession.

Sexual harassment is more subtle, but it also is commonplace and consequential. A survey of women in academic medicine in JAMA in 2016 found that 30 percent of respondents said they had experienced sexual harassment. Of those women, 59 percent perceived a negative effect on their confidence, and 47 percent said the experiences had negatively affected their career advancement. These data are sobering, but so is the impact of these incidents on a woman's inner life. I can describe that impact firsthand.

As a third-year medical student, I was excited about my first clerkship. After several years of classwork, I was eager to start working with patients. On the first day of my surgery rotation, I reported to duty with great anticipation. The team of men to which I was assigned seemed like an amiable group. At the beginning of rounds, they handed me a piece of paper that I eagerly anticipated would include all the on-call information for the clerkship. As I took the paper, I realized that they were all laughing mockingly as I gazed at an anatomically detailed drawing of male genitalia. The senior resident laughed and said: "Here, honey. Deal with this!"

I felt flushed and humiliated, and my internal elevator dropped 10 floors. They thought it was a funny joke; I felt

diminished. I sensed that they had little respect for me as a young colleague. What started out as a triumphant day in my career turned into an abasement.

Like many other women, I told no one but my best friend. Why? I felt that I had no agency in that situation. I didn't want to jeopardize my career with the men who ran the men's club I was trying to join. I thought harassment was on the list of things I was required to put up with to become a doctor. Furthermore, I had been socialized to protect men and not hold those who erred accountable for their actions. I internalized the experience: I felt shame when I even imagined reporting that I'd been mixed up in such a thing. I left the rotation with my honors grade, a grade that was likely abetted by my silence. Telling this story years later made me tear up because I observed in the rearview mirror my trusting and confident inner spirit getting hurt by these men who held the power at the helm of medicine.

Fast forward a few decades. Last week I informally asked 20 colleagues in the APA Women Psychiatrists Caucus whether they had ever experienced or were currently experiencing sexual harassment. We had recently discussed the fact that most of our male colleagues treat us with respect, so I was hoping for a silent inbox—but my email alert kept pinging. Sadly, women in APA do still experience sexual harassment. Twelve women wrote to describe episodes that included unwanted sexual advances from supervisors; requests to perform sexual favors from colleagues; professors stroking their body; men in their program whistling at them or commenting publicly on their anatomy, marital status, or pregnancy; and male colleagues rating their appearance or photograph on a numerical scale. One member's own therapist came on to her sexually, and another member's career-planning dinner at a married attending's home devolved into an unwanted sexual advance. Women psychiatrists who complained about this demeaning behavior often found themselves cast as harridans. Women also reported countless examples of pervasive institutional gender bias, an important topic to cover in another article.

Years of sexual misconduct in medicine have gone underreported and unpunished, and it has worn us women down. Could our decisions to keep silent and file away the hurt have fueled unproductive behaviors in ourselves like underconfidence or overeating or shame in our bodies? What can we do right now to help women psychiatrists and trainees

Continued on pg. 13

(who are particularly targeted, according to statistics)?

First, as a society we need to dispossess ourselves of the notion that a woman's healthy sexual self is somehow up for grabs—a commodity that is accessible to men at their whim because it gives men pleasure, even when we do not want to participate.

Next, women psychiatrists in all working environments need a safe space to tell their stories and report unwanted behaviors. Our silence has been broken. Please report these behaviors now for all of us who at previous points could not. Insist on well-established guidelines on sexual harassment and consequences for transgressors.

At APA, let all genders sound the clarion out of this

silence and lead the way at this watershed moment in our history into a new culture of respect and protection for our own women members. ■

Maureen Sayres Van Niel, M.D., may be contacted at maureen.vanniel@gmail.com.

Maureen Sayres Van Niel, M.D., is a member of the Steering Committee of the Department of Health and Human Services Women's Preventive Services Initiative and president of APA's Women Psychiatrists Caucus. She is also a psychiatrist and private consultant in Cambridge, Mass.



Happy New Year!

Please review your records and renew your AWP membership if you haven't done so.

We need your voice and continued involvement!



Are you presenting at APA?
If so, please email the following info
to Frances or Warachal
by March 16:

Presentation Title
Presenters
Presentation Time/Location

francesrotonbell@gmail.com
warachalefaison@gmail.com

Book Reviews: BY DIANE SHRIER, M.D.

Pursuing Equity In Medicine: One Woman's Journey by Catherine DeAngelis, MD, MPH, pp 316, CreateSpace Independent Publishing Platform North Charleston, SC, 2016.

This is a remarkable and very personal book by Catherine DeAngelis, MD, MPH a pediatrician and founder of adolescent medicine at Johns Hopkins, who first trained as a nurse, at a time when few women were accepted into medical school. She writes about her major career accomplishments that benefitted many patients and professionals, along with her satisfying personal life while serving others. She repeatedly and successfully sought equity for women in medicine and for male and female colleagues, trainees, and patients and built innovative programs, sometimes against opposition. She managed all that while maintaining her sense of humor and fun and as she dealt on five separate occasions with the consequences of a life-threatening congenital anomaly, that had required a mesocaval shunt to reroute the circulation in her abdomen around a blockage.

She is a tough and caring pioneer and a role model for others. She was the first and, to date, the only woman to serve as Editor in Chief of the Journal of the American Medical Association which, over 13 years she led to among the handful of first rank journals while remaining on faculty status at Hopkins. She returned to Johns Hopkins and was awarded the title of University Distinguished Service Professor Emerita, continuing to work towards equity for women and helping those in need. She and her husband James Harris, a highly regarded Hopkins child and adolescent neuropsychiatrist and a loving spouse who spent his first seven years in Myanmar (then Burma) with his missionary parents. Now the couple spends extended periods in Myanmar supporting improvements in health care and medical education.

They married in 1979, honeymooning in Thailand where Jim had served in the Public Health Service, and in Indonesia and Bali. They married later in life and sadly were unable to have a child together, though they are grateful for the 10 weeks of pregnancy she experienced

at age 43. Instead, wherever they lived and worked, Dr. DeAngelis (along with her supportive husband) was beloved and connected to large communities of friends, trainees, colleagues, and those who worked with and for her, along with her close-knit large Italian family. Deeply religious as a Catholic (married to a Protestant and with close Jewish friends), she worked to maintain a good humor even in the face of adversity. When her best efforts did not work out, her faith and belief in God sustained her, along with her sense of humor, calling God "the Great Comedian." From the very beginning of her career, even while in training, she sought to obtain equity (not equality) between men and women and those in need and of different races, religions, and economic status, "working to eliminate unwarranted biases and unfair treatment" (p316).

At the end of the book, Dr. DeAngelis made a list of 18 Life's Lessons Learned over the course of her life which she recommends to all of us, but especially for leaders in any field. The first on the list includes four characteristics beginning with the letter T: Tenacity, Tough-mindedness, Thick skin, and Tender heart. She notes "if you have never been made a target by those who disagree with you, you probably have not accomplished anything of importance and are therefore not much of a leader." (p.314)

I recommend this book highly to women physicians at any stage of their careers, to their teachers and trainees and to both men and women leaders in Medicine and related fields.

Diane K. Shrier, M.D.

Clinical Professor of Psychiatry and of Pediatrics,
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Private Practice

Washington DC

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Upcoming Meetings

American Psychoanalytic Association National Meeting, February 14-18, 2018, New York, NY
<http://apsameeting.org/>

Pediatric Psychopharmacology Update Institute, January 26-27, 2018, Brooklyn, NY
<https://www.aacap.org/>

2019 World Congress on Women's Mental Health, March 5-8, 2019, Paris, France
<http://www.iawmh.org>

American Association for Geriatric Psychiatry, March 15-18, Honolulu, HI
<http://www.aagponline.org/>

World Psychiatric Association Epidemiology and Public Health Section, May 2-4, New York, NY
<http://www.wpaepi2018.org/>

American Psychiatric Association, May 5-9, 2018, New York, NY
<http://www.psychiatry.org>

Association of LGBTQ Psychiatrists, May 5-9, 2018, New York, NY
<http://www.aglp.org>

Society of Biological Psychiatry, May 10-12, 2018, New York, NY
<https://www.sobp.org>

American Medical Association, June 9-13, 2018, Chicago, IL
<http://www.ama-assn.org/>

American Psychoanalytic Association Annual Meeting, June 22-24, 2018, Chicago, IL
<http://www.apsa.org>

Royal College of Psychiatrists International Congress, June 24-27, 2018, Birmingham, United Kingdom
<http://www.rcpsych.ac.uk/traininpsychiatry/conferencetraining/internationalcongress2018.aspx>

American Psychological Association, August 9-12, 2018, San Francisco, CA
<http://www.apa.org/convention/index.aspx>

National Medical Association, August 11-15, 2018, Orlando, FL
<https://www.wynjade.com/nma18/>

World Psychiatric Association, September 27-30, 2018, Mexico City, Mexico
<http://www.wpaberlin2017.com/>

Institute on Psychiatric Services, October 4-7, 2018, Chicago, IL
<http://www.psychiatry.org>

American Academy of Child and Adolescent Psychiatry, October 22-27, 2018, Seattle, WA
<https://www.aacap.org/>

US Psychiatric and Mental Health Congress, October 25-28, 2018, Orlando, FL
<http://www.psychcongress.com>

There are so many scientific meetings in the US and abroad that it is not possible to list them all. Further, at the time of submission, some organizations may not have posted information on their website, and thus were not included. If you have a favorite meeting that is not on this list, please reach out to warachalefaison@gmail.com!



ALEXANDRA SYMONDS, M.D.
FOUNDER: 1983

Association of Women Psychiatrists

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Membership Application Form

Name: _____ Date: _____

Address: _____

Phone/Office: _____ Home: _____

Fax: _____ E-mail: _____

Medical school: _____ Year of graduation: _____

Psychiatric residency training: _____ Year completed (or to be completed): _____

Postgraduate education: _____ Year completed: _____

Areas of special interest in psychiatry: _____

Board Certification in Psychiatry and Neurology Yes _____ No _____ Other Board Certification: _____

Are you a member of?

- ☐ American Academy of Child and Adolescent Psychiatry
- ☐ American Academy of Psychiatry and the Law
- ☐ American Association for Geriatric
- ☐ American Association of Community Psychiatrists
- ☐ American Association of Directors of Psychiatric Residency Training Programs
- ☐ American College of Psychiatrists
- ☐ American Medical Association
- ☐ American Medical Women's Association
- ☐ American Psychiatric Association
- ☐ Association for Academic Psychiatry
- ☐ Association of Directors of Medical Student Education in Psychiatry

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CAYMAN ISLANDS	ISRAEL	NEW ZEALAND	TAIWAN R.O.C
CHANNEL ISLANDS	ITALY	NORTHERN MARIANA ISLANDS	THE NETHERLANDS
CYPRUS	JAMAICA	NORWAY	TRINIDAD & TOBAGO
DENMARK	JAPAN	OMAN	UK
EQUATORIAL GUINEA	KAZAKHSTAN	PALAU	UNITED ARAB EMIRATES
FAEROE IS	KUWAIT	PORTUGAL	USA
FIJI	LEBANON	QATAR	VIRGIN ISLANDS (U.S.)
FINLAND	LIBYA	REPUBLIC OF KOREA	
FRANCE	LIECHTENSTEIN	SAN MARINO	

COUNTRIES LIST B

AFGHANISTAN	DJIBOUTI	MALDIVES REP	SENEGAL
ALBANIA	DOMINICA	MALI	SERBIA
ALGERIA	DOMINICAN REPUBLIC	MARSHALL ISLANDS	SIERRA LEONE
ANGOLA	ECUADOR	MAURITANIA	SLOVAK REPUBLIC
ANTIGUA AND BARBUDA	EGYPT	MEXICO	SLOVENIA
ARGENTINA	EL SALVADOR	MICRONESIA	SOLOMON ISLANDS
ARMENIA	ERITREA	MOLDOVA	SOMALIA
AZERBAIJAN	ESTONIA	MONGOLIA	SRI LANKA
BAHAMAS	ETHIOPIA	MONTENEGRO	SUDAN
BANGLADESH	FYR MACEDONIA	MOROCCO	SURINAME
BARBADOS	GEORGIA	MOZAMBIQUE	SWAZILAND
BELARUS	GHANA GUATEMALA	MYANMAR	SYRIA
BELIZE	GUINEA BISSAU	NAMIBIA	TAJIKISTAN
BENIN	GUINEA REPUBLIC	NEPAL	TANZANIA
BHUTAN	GUYANA	NETHERLANDS ANTILLES	THAILAND
BOLIVIA	HAITI	NICARAGUA	THE DEMOCRATIC REPUBLIC OF THE CONGO
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BURUNDI	IRAN	PALESTINIAN AUTHORITY	TUNISIA
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CAMEROON	IVORY COAST	PARAGUAY	TURKMENISTAN
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