

The Wisconsin Psychiatrist Legislative Issue

Winter
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QUARTERLY PUBLICATION OF THE WISCONSIN PSYCHIATRIC ASSOCIATION: NORTHERN, SOUTHERN AND MILWAUKEE CHAPTERS

A Letter from the President

Dear WPA Members,

In this issue you will find information on the WPA's second legislative action day, Wednesday, January 28, 2009. You will also find additional information on how you can assist, policy statements, and legislative handouts. I realize you all have busy schedules, but the WPA believes it is crucial that we educate our state representatives on the safety issues surrounding the mental health of the citizens of our state. Prescribing privileges should not be granted to inadequately trained individuals. If you could free up an afternoon to join us, it would send a strong message.

In addition to time, this effort will also require money. While we have begun a grant application process, we anticipate that this will not cover the added expenses of our lobbyist. We have set up a segregated fund. As I mentioned previously, our Executive Council members have pledged \$1000 each. We recognize that this is a tight economy, so we ask that each of you contribute what you can. Checks should be made out to the Wisconsin Psychiatric Association and sent to:

Jane A. Svinicki, CAE
Executive Director
Wisconsin Psychiatric Association
6737 West Washington Street
Suite 1300
Milwaukee, WI 53214

Thank you for your support and I hope to see you January 28th.

Sincerely,

Carlyle H. Chan, MD
President
Wisconsin Psychiatric Association

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We Need Your Help!

The Wisconsin Psychiatric Association is gearing up to fight legislation that the Wisconsin Psychologist Association (WPA) intends to pass this session. No bill has been introduced yet but their intention is all over the capitol. Here is what they are saying:

Psychologists are telling lawmakers please refer to me as "Doctor" which adds to the confusion about the difference between MDs (real doctors) and psychologists.

Some psychologists in their communication to their own lawmakers are saying, "Please refer to me as a medical psychologist." This also adds to confusion about differences in your training and the fact that you are MDs and they are not.

What You Can Do Immediately.

- Plan to attend WPA Advocacy Day January 28th. Sign up with the WPA office: 414-755-6294.
- Get involved. For additional talk point papers or if you wish to be added to the fight psychology prescribing

committee that communicates largely via email, please contact the WPA office to be added to the growing list of psychiatric MD activists.

- Contact your own legislator, preferably in writing and tell them why you think changing current law is a bad idea. Stress harm to patient safety and lack of psychology training and qualifications to take on medical prescription prescribing.
- Do not make it a "turf war" or "scope of practice" issue which makes it seem like it is only a "pocketbook issue."

Your email address is critical. It will not be shared other than to mobilize psychiatrists around the state at crunch time. Since there are more psychologists than psychiatrists in Wisconsin, all hands must be on deck to defeat this proposed legislation. It will be introduced some time in 2009, we don't know exactly when. Email will be an efficient communication tool at crunch time.

The WPA office has moved suites.
 Please note our new address:

6737 W. Washington Street, Suite 1300
Milwaukee, WI 53214

Navigating Turbulent Times

By Jane A. Svinicki, CAE



Now, more than ever, the members of the Wisconsin Psychiatric Association are searching for sources to provide leadership and practical, relevant, results-driven solutions to help them navigate turbulent political and economic seas.

In 2009, WPA will be faced with a major legislative challenge. Legislation to allow psychologist prescribing will be introduced. We again need to be the champions of patient safety and the appropriate scope of practice for each level of health care provider.

While the current situation is difficult, it does provide a significant opportunity for our association to prove, once again, our value to society and our members, and reinforce

ourselves as trusted resources in the delivery of care to the public.

No one member can represent the entire profession, but WPA is uniquely able to represent all of our interests. Have you considered what would happen without WPA to represent your interests in Madison, or without APA to represent us in Washington?

The Board of Councilors of WPA has taken a leadership position on this issue. But they cannot carry the entire message to Madison for every psychiatrist in Wisconsin. It is important that every member support the WPA as we address the issue of psychologist prescribing.

There are two resources you can give – time and money. Both are very important. Dr. Chan has appealed to you for funding to assist WPA in this legislative challenge.

If you can donate, please send your funds to the WPA office. They will be acknowledged by the office, and placed in a special fund specifically for this legislative initiative. NOW is the time to donate, and any amount is important. Can you donate to WPA \$100 for 2009 legislative activities?

The second resource is your time. WPA has planned a legislative day for January 28, 2009 in Madison. The best way to build a bridge with a legislator is through their constituents. We need as many members as possible to come to Madison and visit with their legislators. There is impact in numbers. If you can attend, contact the WPA office at 414-755-6294.

Please do your part to support the WPA in 2009.

Best wishes for a happy & successful New Year!

Legislative Update

By Alice O'Connor, WPA Legislative Advisor



When the new legislature is sworn in January 2009, they will immediately face a \$5.5 billion state budget deficit. That number by itself is staggering, but a sluggish economy

means the only solution left without cutting government expenses is to raise taxes or fees. Neither is popular.

Legislative candidates ran on promises guaranteeing there would be both health care and education reform. Both are costly propositions. Now that Democrats control both the State Assembly and State Senate, expect a number of proposals that were bottled up by Assembly Republicans last session to move forward. It's not clear what the health care reform will look like, but mental health parity will be apart of whatever moves forward.

Meanwhile, Senator Dave Hansen (D-Green Bay) plans to introduce separate legislation to address mental health parity policy not covered by recent Congressional activity. His legislation will require employers with fifty employees or less to offer mental health parity coverage if they offer insurance to employees. Working with the Insurance Commissioner's Office and State Department of Employee Trust Funds (ETF), mental health advocates will be trying to ensure there is no costly fiscal note on the bill. Since state employees must now be covered due to federal law, this should bring the price tag on this new bill, way down.

Urgent! Psychology Prescribing Legislation on Deck for 2009

Get ready. It's coming. The Wisconsin Psychological Association plans to introduce legislation sometime next year that will give them new authority to prescribe

medications. If psychiatrists do not want this proposal to pass, you need to become engaged.

What We Know Thus Far:

Any proposal that allows a psychologist to prescribe in any capacity is dangerous. There is no bill draft yet but the following concepts have been mentioned in the Capitol:

- New authority for any PhD psychologist to prescribe medicines
- Psychologists will be able to prescribe certain categories of drugs ("standard anxiety and depression.")
- Psychologists take classes for a certain number of hours, follow an MD around for an internship and upon completion of this internship, are able to prescribe medicines.

A group of psychiatrists are currently working with me to prepare our talking points and anticipate psychologist arguments. Their big push is that their authority to prescribe will improve access to care. If you have anything to contribute, let me know. "There are more psychologists so we will reach more people."

They also say, "No harm has been done to patients has occurred in states where this legislation has passed and in New Mexico, the "Medical Examining Board signed off so physicians are okay with this."

Your Action Steps

- Make sure the WPA Office has your e-mail address. It will only be shared with other Wisconsin psychiatrists as our primary form of communication on this issue when we have call to action memos. Quick and targeted communication will be necessary.
- Make sure the WPA office knows if you have any relationships with any state representatives or state senators.

We are trying to match every psychiatrist with as many legislators as we can.

- We are also matching every psychiatrist with his/her State Representative or State Senator based on your home address as well as work address. In parts of the state where we have no psychiatrist per se, we will have to assess how we tell a legislator their constituents have access to mental health services.
- Sign up for the WPA Advocacy Day on January 28, 2009 in Madison with Capitol Visits. E-mail aoconnor@murphydesmond.com to sign up. This will be a worthwhile day to learn about issues affecting how you practice as well as participate in Capital Hill visits.
- If you cannot attend on January 28 but want to be apart of defeating psychology prescribing legislation, please contact me:

aoconnor@murphydesmond.com

While the psychologists have tried to package this issue as nothing more than a "turf war," our message will stress: Patient safety, medical training and physician knowledge about side effects of medicine that can harm patients and liability issues.

Please get engaged on this issue. Every psychiatrist should be talking to state elected officials telling them why this is a bad idea for Wisconsin patients and could do serious harm.

An active e-mail address will be critical to keep informed, so you can protect you own profession. The only result psychiatrists seek is clear defeat of this legislation, whenever it surfaces.

If you have any questions on anything discussed in this article, please contact me at aoconnor@murphydesmond.com or (608)257-7181.



A District Branch of the
American Psychiatric Association

**Save the Date – January 28, 2009
Attention Psychiatrists!
Free event, mark your calendars!**

Wisconsin Psychiatric Association Legislative Advocacy Day

A chance for you to become involved in the political process, meet legislators and learn what legislative issues impact psychiatrists in Wisconsin.

When: January 28, 2009

Time: 12:30 p.m. – 5:00 p.m. – Working lunch, issue briefing, Capitol visits
5:00 p.m. – 7:00 p.m. – Cocktail reception for networking with colleagues,
lawmakers and their staff

Where: The Madison Club, Capitol Room, 5 East Wilson Street
(parking underneath the Hilton or city parking across the street)

LEARN:

- How to be part of the legislative process; and
- How to communicate effectively with State legislators on issues that affect you and your patients.
- What issues affect your medical practice and your patients

Why This Event:

- Legislators need to know who Psychiatrists are and what we do.
- Decisions are being made about mental health issues with or without us. We need to be at the table and participating, we have a stake in these decisions and our patients need our advocacy.
- Our key messages for this event are mental health parity, access to care and the difference between psychiatrists and psychologists.
- We need to be aware of key legislative issues that could impact a psychiatrist's ability to practice medicine or affect the patients we serve; and
- We need to identify WPA members who have an interest in participating in the political process.

To register – see next page

Registration for WPA/APA Legislative Advocacy Day January 28, 2009 – Madison, WI

When: January 28, 2009
Time: 12:30 p.m. – 5:00 p.m. – Working lunch, issue briefing, Capitol visits
5:00 p.m. – 7:00 p.m. – Cocktail reception for networking with colleagues,
lawmakers and their staff
Where: The Madison Club, Capitol Room, 5 East Wilson Street
(parking underneath the Hilton or city parking across the street)

To be a part of this free event, pre-register.

Name: _____

Address: _____

City, State, Zip: _____

Office Phone: _____

Cell Phone: _____

*Email: _____

Employer or Affiliation: _____

- **IMPORTANT** – you will receive an email confirmation of registration

**MAIL form to: WPA, 6737 West Washington St. Suite 1300,
Milwaukee, WI 53214**

FAX form to: 414-276-7704

EMAIL form to: info@thewpa.org

Phone: 414-755-6294

**Any legislative questions:
Alice O'Connor at aoconnor@murphydesmond.com or call her at 608-268-5579.**

Education & Training: Psychiatry vs. “Prescribing Psychologist”

	Training to become a physician specializing in psychiatry	Proposed training to become a “prescribing psychologist”
Undergraduate science training	At least 2 semesters of biology, 2 of physics, 2 of inorganic chemistry (including labs), and 2 of organic chemistry (including labs)	No standard required basic science courses
Medical school/graduate school science training	2 full years of basic medical science courses (including human anatomy, biochemistry, physiology, microbiology, embryology, pharmacology, human behavior, pathology, genetics, evidence-based medicine, and ethics) 2 full years of clinicals (including internal medicine, family medicine, surgery, pediatrics, psychiatry, neurology, obstetrics/gynecology, radiology, anesthesiology, and various sub specialties)	No standard required basic science courses or clinicals
Residency/post-graduate training	4 full years of clinical training (including at least 4 months of general medicine, 2 of neurology, 9 of inpatient psychiatry, 2 of child psychiatry, 12 of outpatient psychiatry, 1 of addiction psychiatry, 1 of geriatric psychiatry, 2 of psychosomatic medicine, and more intensive elective rotations)	450 “video hours”
Total medical classes & clinicals*	10,000 hours	450 “video hours”
Total residency/post-graduate training	4+ years	“100 patients”
Total Higher Education	12+ years	4-5 years to get Ph.D. + 450 video hours + “100 patients”

*The first 2 years of medical school consist of almost 4000 hours of classes. Total clinical rotations average about 3000 hours each year, for a total of 6000 hours for these two years. Thus, there are about 10,000 hours of training to become a psychiatrist qualified to prescribe medications.

A Chronology of Statements by Medical and Psychiatric Leaders on Psychologist Prescribing

“We find it inconceivable that a few hundred hours of continuing education courses could ever replace the years of medical and residency training required to produce clinicians capable of appreciating the complexities of prescribing, including the impact of medications on parts of the body other than the brain and the numerous drug-drug interactions.”

-Carlyle Chan, MD, President, Wisconsin Psychiatric Association

“The safety of our patients demands that medication prescription stay in the hands of physicians who are adequately trained to do medical assessment and intervention...The complexity and risk in psychiatric prescribing is even greater in certain special populations including children, the elderly, pregnant women, and patients with other serious chronic medical problems such as diabetes.”

-Martha Rolli, MD, President, Dane County Medical Society

“The AMA is terribly concerned about efforts by paraprofessionals to gain prescribing privileges not through education but through legislation.”

-John Nelson, MD, Past President, American Medical Association

“By virtue of their training and education, psychologists simply do not have the background or experience to safely and effectively use powerful medications in the treatment of mental illnesses. Psychologists have always had a clear path to prescribing privi-

leges: medical school. No psychology-designed and administered crash course in drug prescribing can substitute for the comprehensive knowledge and skills physicians achieve through medical education and rigorous clinical experience. Over the past decade, 14 state legislatures have rejected psychology prescribing legislation after objectively considering the scientific data and the public health risks of placing potent medications for treatment of mental illness in the hands of people with no medical education or residency training.”

-Richard Harting, MD, Past President, American Psychiatric Association

“To propose crash-course, shortcut training based on ever more vague standards and requirements is an insult to persons who need treatment for mental illness, including substance use disorders.”

-Carolyn Robinowitz, MD, Past President, American Psychiatric Association

“For psychiatrists this is a patient safety issue. The monitoring of side effects and the use of laboratory and other medical tests are issues that require medical training. For any group of professionals to claim that they can safely prescribe medication and monitor patients without that training is false. You can't just read about these drugs in a book or have a little pharmacology training. You can't take the brain and separate it from the whole body.”

-Paul Appelbaum, MD, Past President, American Psychiatric Association

WPA Legislative Advocacy Day

January 28, 2009

Visit www.thewpa.org for more information

APA Rush Notes – Special Report On Parity, October 2008

The successful effort to pass a new mental health “parity” law represents twelve years of hard work by APA members and staff, other mental health groups, and patients and their family members. We are publishing this Special Report on the new law to help our members and their patients better understand how the law may impact them.

There are some important facts to keep firmly in mind when reviewing this guide:

The law does not take effect until January 1, 2010. This is to allow federal agencies to propose the rules that will implement the parity law, and the public to comment on the draft rules. It also gives insurers and businesses time to prepare. *For collectively bargained health plans, the effective date may be later than January 1, 2010 depending on when the current collective bargaining agreement expires.*

The law does not mandate coverage. As we have stated previously, parity legislation introduced in the House and Senate has always been an “if you offer mental health benefits, then you must meet certain standards.”

The federal parity law protects state mental health parity laws, including state coverage mandates, provided they are stronger than federal law. The final parity agreement was carefully designed to ensure that existing state parity laws were not disrupted where such laws do not interfere with the federal parity requirements. Thus, the federal law should be seen as a floor.

Federal regulations will define how the federal parity requirements will wrap around existing state parity laws. No

matter how much we would like to tell members whether specific provisions of various state laws will – or will not – stay on the books once the federal law is implemented in 2010, we cannot do so at this time. We expect this will be a major source of discussion during the regulatory process, and we will keep you fully informed of developments as they occur.

The new law will benefit millions of Americans. By any standard, the new parity law is a tremendous step toward the complete elimination of insurance-based distinctions between treatment of the body and treatment of the mind. Yes there is and will be more work to be done, but APA members can be proud of their support for the new law. On behalf of the leadership and staff of the APA, your Team DGR would like to say “Thank You!!” for your help.

Parity: Question and Answer

What is the purpose of the bill and who will be covered?

The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 will end health insurance benefits inequity between mental health/substance use disorders and medical/surgical benefits for group health plans with more than 50 employees. When the law is enacted, 113 million people across the country will have the right to non-discriminatory mental health coverage, including 82 million individuals enrolled in self-funded plans (regulated under ERISA), who cannot be assisted by State parity laws.

What are the specific parity requirements?

The bill amends the Mental Health Parity Act of 1996 to require that a group health plan of 50 or more employees (or

coverage offered in connection with such a plan) – that provides both medical and surgical benefits and mental health or substance use benefits – to ensure that financial requirements and treatment limitations applicable to mental health/substance use disorder benefits are no more restrictive than those requirements and limitations placed on medical/surgical benefits. Equity coverage will apply to all financial requirements, including deductibles, copayments, coinsurance, and out-of-pocket expenses, and to all treatment limitations, including frequency of treatment, number of visits, days of coverage, or other similar limits. A plan may not apply separate cost sharing requirements or treatment limitations to mental health and substance use disorder benefits.

What plans are exempt from the new parity law and who won’t be covered?

As with the current 1996 Federal parity law, small employers of 50 or fewer employees are exempt from the requirements of the Act. State parity laws will continue to apply to these employers, as well as to individual plans.

If a group health plan (or coverage) experiences an increase in actual total costs with respect to medical/surgical and mental health/substance use benefits of 1% (2% in the first plan year that this Act is applicable), the plan can be exempted from the law. Plans may only opt out for one year, and may be under audit by the Department of Health and Human Services, the Department of Labor, and actuarial analysis to assure transparency.

When will these changes begin?

The Act will apply to plans beginning in the first plan coverage year that is one year after the date of enactment. For most plans,

continued on next page

Special Report On Parity

continued from previous page

this will mean the effective date begins on January 1, 2010. Plans maintained under collective bargaining agreements ratified before the enactment date are not subject to the Act until they terminate (or until January 1, 2009, if this is a later date).

How will state laws be affected by this legislation?

The current HIPAA preemption standard applies. This standard is extremely protective of State law. Only a State law that “prevents the application” of this Act will be preempted which means that stronger State parity and other consumer protection laws remain in place.

What are the next steps for making sure the Act is properly implemented?

As we move forward, DGR will continue to work with the Executive branch to implement the legislation. The Act directs the Secretary of Labor to issue guidance, in conjunction with the Secretaries of Health and Human Services and Treasury, which will be widely distributed to group health plans, beneficiaries, regulatory bodies,

state and local governments and insurance commissioners to ease the transition and to inform them on the details of the legislation. APA will be working with these administrative agencies in developing this guidance to ensure that the guidance is complete and accurate. We will also be following any audits conducted by the government, as well as GAO reports, to make sure that these plans adhere to the guidance issued by the government.

What are the technical details of the bill and where can I find the text?

Parity provisions were contained within H.R. 1424, the Emergency Economic Stabilization Act of 2008.

On October 3rd, the bill was signed by the President and enrolled into public law as PL 110-343.



Everyone has questions
about mental illnesses.

Now, for some answers.

Are you among the 44 percent of Americans who reported knowing only a little or almost nothing at all about mental illnesses? If so, here are some facts you ought to know:

Mental illnesses are common. One out of five Americans suffers from a diagnosable mental disorder during any given year. Severe and persistent mental illnesses are less common, but still afflict 3 percent of the population.

Research shows that mental illnesses are caused by genetic and environmental factors, traumatic events and other physical illnesses and injuries. And according to the National Institute of Mental Health, the rate of successful treatment for depression (70 to 80 percent) is much higher than the rate for other chronic illnesses such as heart disease (45 to 50 percent).

Learn more facts about mental health by visiting www.HealthyMinds.org. You may be able to help yourself or someone you know lead a healthier, happier life.

 AMERICAN
PSYCHIATRIC
ASSOCIATION_™
Healthy Minds. Healthy Lives.

WMS, DRL, MEB, IPP, and SPHP

By Edward Krall, MD

If these acronyms mean anything to you, read on.

The Wisconsin Medical Society (WMS) has been involved in discussions with the Wisconsin Department of Regulation and Licensing (DRL) to address concerns of the WMS about the ability of the Medical Examining Board to adequately meet the needs of Wisconsin physicians, the inadequacies of the Impaired Professional Program (IPP), as well as the lack of a statewide physician health program (SPHP).

The Wisconsin MEB is charged with the responsibility for protection of the public, with respect to medical practice, by: a) verification of credentials and issuance of licenses to practice medicine; b) reviewing and processing all complaints filed against credential holders; and c) disciplining medical licensees who are found to have violated the Wisconsin Medical Practice Act. Dr. Darrold Treffert and Dr. Gene Musser, president of the Medical Examining Board (MEB) have confronted the DRL about the ability of the MEB to adequately deal with physician disciplinary matters.

Reports critical of the MEB functioning, in terms of physician oversight, timeliness of investigation of complaints and appropriateness of discipline have surfaced in the media, usually based on single cases from which broad generalizations are drawn. Likewise, the Impaired Professional Program has been understaffed and there have been glaring lapses in its monitoring of impaired professionals.

Throughout all these episodes the MEB has consistently pointed out, to the extent there have been delays or “back-log,” that additional resources are needed to speed up credentialing, processing complaints, and reaching disciplinary decisions, in a more timely manner. The MEB through the years has suggested that medical license fees could be raised to provide additional revenue for additional resources

provided these funds would be “dedicated” solely and only to that purpose. To date, the request for resources “dedicated” to MEB functions has been resisted by the DRL and that has provided impetus toward re-examining the possibility of the MEB returning to an independent status (as is the case in 24 states at the present time), so that the MEB can carry out the important task of protection of the public unimpeded.

In addition, The Wisconsin Medical Society’s Board of Directors voted to discontinue the operations of the Statewide Physician Health Program (SPHP) as of October 15, 2007 because of inadequate funding, resources and utilization leaving Wisconsin without a statewide resource for treatment and advocacy for impaired physicians.

Dr. Treffert is a psychiatrist and former member (8 years) and Chair of the Medical Examining Board; He was also a member of the 1987 Governor’s Task Force on Professional and Occupational Discipline. He has pointed out that the Medical Examining Board exists within the Department of Licensing (DRL) in Wisconsin and is 1 of 55 professional fields under DRL, providing licensing & discipline to 27,860 medical personnel out of a total of 340,000 such licensees or credential holders. As such, it lacks dedicated resources to adequately investigate and administrate matters related to physician licensing concerns.

Gene Musser, MD has supported approaching the DRL in regard to dedicated resources for the MEB to also include reviewing the need for resources for impaired physicians.

Doctor Musser and Dr. Treffert met with Secretary Celia Jackson of the DRL in October of 2008. They were quite gratified to hear the Secretary say that she was willing to consider a re-organization wherein the MEB would be separately organized, and funded, within DRL, with its own execu-

tive director and budget, with resources specifically assigned and “dedicated” to MEB efforts, based on needs. Additional revenue, to the extent necessary, could perhaps be provided by an increase in license fees with those monies “dedicated” specifically to MEB purposes. Our physician licensing fees, which are just \$53 and among the lowest in the nation are not designated to go to just physicians matters.

Likewise she has convened an Impaired Professionals Program (IPP) task force to review the function of this and needs of this program. The first meeting will be in mid to late January. The WMS has asked that Dr. Ed Krall represent them in this initiative. The IPP promotes early identification of chemically dependent professionals and encourages participants to receive rehabilitation. It provides monitoring that improves compliance with treatment and improves success of treatment efforts while ensuring patient safety. It really should be seen as a professional’s best friend in terms of continuing to practice.

The next step will hopefully include a needs assessment for rebuilding of the statewide physician health program. It is essential for the public interest and the public health, safety, and welfare to focus on early intervention, assessment, monitoring, and treatment of physicians and surgeons with significant health impairments that may impact their ability to practice. Wisconsin is one of only two states in the nation that does not have a designated Physician Health Program. If one looks at the penetration of physician health issues in other state programs, it is clear that there is a tremendous unmet need in Wisconsin.

These overtures on the part of the DRL are very encouraging. There is much work to be done to provide the necessary structure and support for the physicians who practice in the state and the patients under their care. We will keep you posted on the progress of these discussions.

WPA Fall Meeting a Resounding Success!

By Claudia Reardon MD, UW Resident Representative to the WPA Executive Council

The WPA Fall Meeting was rejuvenated in style in the form of “A Day with Glen Gabbard” on November 15, 2008. After a two year hiatus, this was an exciting, thought-provoking, and informative way to re-introduce this autumn tradition. Ninety psychiatrists, psychologists, residents, and medical students were on hand at the Medical College of Wisconsin’s Alumni Hall to learn from one of the biggest names in the mental health profession. Psychiatrist Dr. Gabbard is an analyst well-known for his expertise on psychotherapeutic interventions and on how to combine psychotherapy and medications for optimal results for our more challenging disorders, including borderline personality disorder. As the Brown Foundation Professor of Psychoanalysis at Baylor College of Medicine, he has authored or edited 20 books and over 250 papers and has received endless awards and honors for his contributions to psychiatry.

Meeting attendees began their day by perusing exhibits while grazing on a continental breakfast. Dr. Gabbard then presented his first of two workshops: “Integrated Treatment of Borderline Personality Disorder”. He laid out clinically-relevant principles for interacting with patients with borderline personality disorder, and from there discussed the state of the evidence for psychopharmacologic treatment of such patients.

Lunchtime brought a spread of Chinese cuisine, further opportunity for exhibit visits, and plenty of time for networking with friends and colleagues. Thereafter, Dr. Gabbard moved into his second workshop: “Managing Professional Boundaries: Ethical and Clinical Considerations”. An entire continuum of sexual violations, as the most obvious boundary issue in the mental health profession, was discussed. Additionally, circumstances less-oft considered as boundary issues were consid-

ered. For example, how many of us “try a little harder than we should” to convince our borderline patients, especially when they are maligning us to the negative end of their split, that in fact we DO care about them? Do we extend our appointment times with them by a few minutes, when they seem not to want to stop talking? Do we squeeze in an appointment for them over lunch, when we wouldn’t necessarily do that for our other patients? Dr. Gabbard brought several of his points to life by showing clips from the television hits “The Sopranos” and “In Treatment”.

All in all, it was a very enjoyable and education-rich day. We certainly hope that the WPA Fall Meeting once again becomes a tradition to which we can look forward every year!

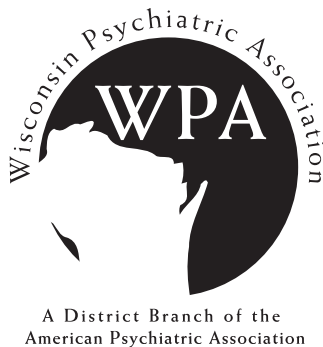
WPA 2009 Annual Meeting

“An Update on Depression and Anxiety”

Featuring Alan Schatzburg and Ned Kalin

March 27-28, 2009

American Club, Kohler Wisconsin



Many new faces...
Many new colleagues...
Many new beginnings...

There has been a dramatic influx of new psychiatrists
into Northern, Central and Western Wisconsin the

Wisconsin Psychiatric Association

Invites you to meet and greet and get to
know your new colleagues and network.

You do **not** have to be a member of the WPA to attend.

Complementary Dinner and CME

THURSDAY, JANUARY 23, 2009
Beginning at 6:30pm

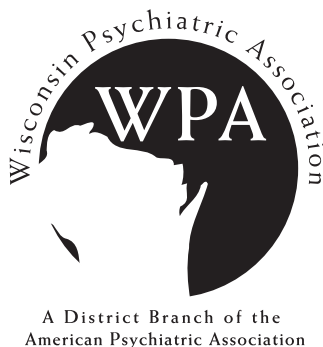
Sentry World Sports Center
601 North Michigan Ave.
Stevens Point, WI 54481

Lecture Presented By:

Dr. Carl Chan

*President of the Wisconsin
Psychiatric Association*

To Register Contact the WPA Offices via telephone at
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(You will receive a confirmation via email)



Friend of the Wisconsin Psychiatric Association Award Nomination Form

The Friend of the WPA Award is presented to someone, often a Wisconsin legislator, who has been responsible for outstanding work as an advocate for patients with mental illness. The award recipient is chosen via solicitation of nominations from the WPA membership, followed by WPA Executive Council voting. The award is presented at the WPA Annual Meeting. **Nominations are due January 1, 2009** and can be emailed to the WPA office at: info@thewpa.org.

Nominees should demonstrate one or more of the following criteria:

- Authored or co-authored legislation impacting mental health issues.
- Proven track record of voting in favor of pro-mental health legislation.
- Public support of issues concerning the health and well-being of patients with mental illness.
- Singular proponent of a particularly complex or relevant legislative initiative.

Person filling out application:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Nominee:

Name: _____

Position: _____

Description of how nominee meets one or more of above criteria and thus has been a supporter of mental health issues (attach additional sheet and/or write below):

WPA Returns to Kohler for 2009 Annual Meeting with an Update on Depression

By Jerry L. Halverson, MD

Wisconsin Psychiatric Association's 2009 Annual Scientific Meeting to be held at the American Club in Kohler on March 27th and 28th

On the heels of last year's successful update on suicide risk assessment and bipolar disorder, our program committee felt that it was important for our scientific presentations to remain as clinically relevant as possible. In that vein, and based on feedback from members, we decided to organize an update on the two most prevalent disorders that psychiatrists confront on a daily basis, depression and anxiety. This year's meeting will explore the continuing evolution in our understanding of the neurobiology and treatment of depressive and anxiety disorders. Due to cancellations and unavoidable schedule changes, we are unfortunately unable to have Drs. Schatzberg, Nemeroff and Davidson in as we had advertised. We have filled their slots with a very strong and varied panel of renowned and sage speakers that will be brought in to share their knowledge and practices with our membership. The meeting will be split between Friday's update on depression and Saturday's update on anxiety, but as with the disorders themselves, there will be some overlap between the days.

Friday will be our update on depression to uplift your knowledge base on the causes and treatments of our most frequent foe as psychiatrists. Ned Kalin, MD, the Chair of Psychiatry at the University of Wisconsin in Madison, will discuss the latest research into the understanding of the neurobiology of depression, and then Saturday will share some of his fascinating research into what leads to the development of depression and anxiety. Alan Gelenberg, MD, from Healthcare Technology Systems and

the University of Wisconsin, recent head of Psychiatry at University of Arizona and current Chair of the working group to revise the American Psychiatric Association Treatment Guidelines for MDD, as well as the Editor in Chief of The Journal of Clinical Psychiatry and the founding author of Biological Therapies in Psychiatry Newsletter will be speaking to us about the latest in evidence based treatment of MDD as well as the guidelines themselves. He will be back on Saturday to discuss the current and coming treatments of Generalized Anxiety Disorder. David G. Fassler, MD, Professor of Child Psychiatry from the University of Vermont and member of the APA Board of Trustees, will discuss child and adolescent depression, beyond the black box, a topic that he has written books on and has testified to congress regarding. Harold Harsch, MD from the Medical College of Wisconsin will then update us on the pipeline of antidepressant medications that we can expect to see in the near future. Finally, I will provide the membership with an update on the somatic treatments for refractory MDD, which will include the recently approved rTMS as well as Deep Brain Stimulation, Vagus Nerve Stimulation, Electroconvulsive Therapy and some of our work on Direct Cortical Stimulation. We will then finish Friday afternoon off with a "Psychologist Prescribing Panel", during which you can learn more about the upcoming threat to patient safety, the proposed psychologist prescribing legislation as well as what you and your colleagues can do to protect our patients. Friday will end with a reception and then Dr. Fassler will present to the Wisconsin Chapter of The Academy of Child and Adolescent Psychiatry on Advocacy on how to be a more active and efficacious advocate and what advocacy can do for you, your patients and their families.

Our half-day Saturday program will be devoted to an update on anxiety. As mentioned above Drs Kalin and Gelenberg will give their second presentations to begin the day. We will also have Michael McBride, MD, a VA Psychiatrist from Milwaukee and vet who recently returned from a tour of duty, who will discuss battle zone related anxiety and depression- development and treatment and what the VA is doing about it. We will then finish the conference with world renowned anxiety expert John Greist, MD from Healthcare Technology Systems and the University of Wisconsin, who will provide an update on the treatment of obsessive compulsive disorder, one of our most refractory disorders. It promises to be a power packed Saturday that you will want to attend the entire program.

All of this will be with the backdrop of the American Club, a not unfamiliar venue for this meeting. Although, I cannot predict whether there will be snow or sun that weekend in Kohler, I can guarantee stimulating and interesting lectures on depression and anxiety that will update their knowledge base and practice. Come to Kohler with friends and colleagues to learn and play! Please look for the advance registration brochure in your mailbox soon!

**Registration
opens January
19th, 2009**

Calendar of Professional & Clinically-Oriented Events

January 2009

28 – WPA Legislative Advocacy Day

March 2009

27-28 – WPA 2009 Annual Meeting “An update on Depression and Anxiety” Ned Kalin, MD, American Club, Kohler Wisconsin

April 2009

3-4 – Spring 2009 Psychiatric Update

October 2009

23-24 – Fall 2009 Psychiatric Update

March 2010

19-20 – Spring 2010 Psychiatric Update

Note to readers and publicists: If you wish to have a professional meeting listed in future issues of the *Wisconsin Psychiatrist*, please send it to the WPA Office, 6737 W. Washington St., Suite 1300, Milwaukee, WI 53214, Phone: 414-755-6294 | FAX: 414-276-7704

Visit www.thewpa.org for more information

January 28, 2009

WPA Legislative Advocacy Day

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