

# RIPS NEWS

RHODE ISLAND PSYCHIATRIC SOCIETY • A District Branch of the American Psychiatric Association



## President's Message

Louis J. Marino, MD

It's good to get out every once in a while, but you never know who you might meet. Spending time with behavioral health practitioners at

RIPS meetings, the SHAPE behavioral health meetings, and other similar meetings does not allow an appreciation of how we and our patients are perceived by some of our medical colleagues.

I witnessed one prominent physician openly explaining to a group of healthcare leaders that psychiatrists have a tradition of not accepting public money for our work and that this has led us to seek or at least accept lower reimbursements. As if United's decision to give a raise to all of the doctors in Rhode Island except the psychiatrists was somehow a tribute to our traditions. I still find myself struggling against our peers' misperception that addictions can be addressed almost entirely through education—"Just say no."

I'm convinced that the antidote to this is active participation in settings that bring us in contact with other medical specialties. Barry Wall's involvement in RIMS has recently had a dramatic impact on the Medical Society's understanding of our positions and needs as a medical specialty. Simple messages about basic issues have promoted a better understanding of important ideas: that we acknowledge that primary care physicians provide the large majority of basic psychiatric care, that it is difficult to get an appointment with a psychiatrist because under-reimbursement broke our systems of care, and that we have a lot to teach the other

specialties about the tactics of aggressive managed care because we have lived with it for years. These messages are welcome at the RI Medical Society, and are well received. With Barry's promotion to Vice President of RIMS (congratulations Barry!), I have the opportunity to serve as the RIPS representative to RIMS. I am very impressed with the active attention that the state medical society has given to our issues. Letters from RIMS to UBS and the Governor highlighting the problems faced by psychiatrists have greatly encouraged me about our chances of effecting meaningful reforms in patient access and fair reimbursement of psychiatrists. Contact me for copies of these powerful letters.

Naturally, I'm grateful to you for your membership in RIPS. It has never been more important to have a strong state psychiatric society to hold the fort for all of us. I'm convinced too that now is the time to join RIMS as well. With two psychiatrists represented there now, and the active attention of the RIMS leadership, we need to demonstrate our support of this large and powerful organization. To not join RIMS would be to allow these doctors to work for you unacknowledged and un-reimbursed. And we know what that feels like. ▽

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# Editorial

Anthony Jay Thornton, MD

Editor

## Do No Harm

“As to disease, make a habit of two things –  
to help, or at least to do no harm.”

*Hippocrates in Epidemics, Bk. 1, Sect. XI*

From time to time, the number of deaths from medical errors surfaces in the media. Figures are thrown around ranging from 50,000 to 98,000 per year – more people than die in auto accidents. It is clear the exact numbers are not known, and may be understated as many errors go undetected and are not reported. These numbers are for all medical activities including diagnosis and surgeries. The Institute of Medicine has indicated there are 7,000 or so deaths per year from the prescribing, ordering, and administration of medications. In any event, the numbers are astounding.

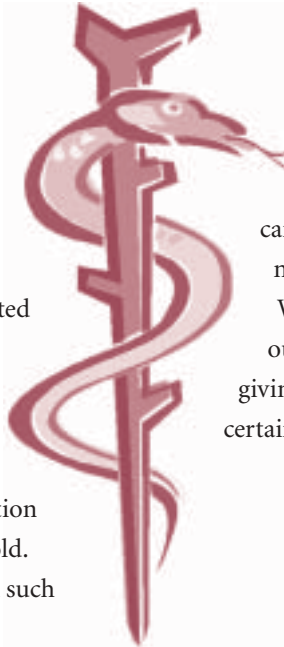
The Institute for Safe Medication Practices (ISMP), website [www.ismp.org](http://www.ismp.org), is a nonprofit organization that works closely with healthcare practitioners and institutions, regulatory agencies, professional organizations and the pharmaceutical industry to provide education about adverse drug events and their prevention. ISMP is dedicated to the safe use of medications through improvements in drug distribution, naming, packaging, labeling, and delivery system design. The organization has established a national advisory board of practitioners to assist in problem solving. The Joint Commission for the Accreditation of Hospitals (JCAHO) is gradually requiring institutions to comply with the recommendations from the ISMP. It is worth a tour of their website to see how your prescribing practices will likely change in the next few years.

The eventual goal is paperless prescribing, and indeed this is already happening. Beaming prescriptions via satellite to pharmacies from computers and PDA's helps to reduce errors and allows for immediate feedback to the physician regarding formulary information, drug interactions and cost. These high tech solutions are available but are not in widespread use. Those who use *ePocrates* are familiar with how some of these features can be helpful on your PDA.

Until technology arrives with some system fixes (and likely creating some new problems), there are some things all of us can do to minimize errors. The JCAHO lists the following as root causes of medication errors (from most to least frequent): 1) communication, 2) orientation/training, 3) standardization, 4) availability of information, 5) staffing levels, 6) competency/credentialing, 7) supervision, 8) storage, 9) labeling, and 10) distraction. Communication is the leading cause and this is where most of the efforts are focused.

In a previous editorial I have mentioned the prohibition of certain dangerous abbreviations (a complete list is available at the ISMP website) which can be

misinterpreted and cause potentially lethal medication errors. In referral information from other institutions I still see these being used, so the word has not gotten to everyone. I also mentioned look-alike, sound-alike drug names. Each JCAHO accredited institution is to come up with a list of such names and put into place actions to minimize the confusion. These are things like using the generic and trade names, specifying a reason for the medication, and asking patients to double check medication and directions to see if it matches what they were told. Having the nurse or pharmacist read back and spell such medications on verbal orders is required by JCAHO.



It is used to identify where people, equipment, supplies, information, systems, and processes can “go wrong” or malfunction (potential failure modes) – and prevent them from doing so.

We as physicians need to be active in examining our systems of care and help improve them by giving our input. We have a lot at stake here...but certainly not as much as our patients. ▽

For 2005, JCAHO has added the following goal:

Goal 8: Accurately and completely reconcile medications across the continuum of care.

- a. There must be a process for obtaining and documenting a complete list of the patient’s medication upon admission to the organization and with the involvement of the patient.
- b. A complete list of the patient’s medications is communicated to the next provider of service. When transferring to another provider of care internally or externally.

This sounds easy enough and you might respond that “we already do that”. It is clear we need to do it better. Hospital discharge overprints (usually handwritten) are not always available with the patient, and if present may be hard to read (due to poor legibility or a poor copy). Outpatient providers do not always provide hospitals with medication regimens in a timely fashion (and some may not provide the information at all). Even within a facility, transfers between departments may be fraught with many opportunities for misinformation. Over the next year or so, many institutions will be examining their system of communicating this valuable information and making efforts to improve upon it. A proactive tool called Failure Modes and Effects Analysis (FMEA) is now being used.

## Join the Rhode Island Medical Society!

**RIPS needs members to join the Rhode Island Medical Society to maintain its seat on the RIMS Council, which requires 50% of active members in RIPS to be members of RIMS.**

**In addition to Council representation, RIMS members receive many other benefits, including:**

- Free Publications
- Insurance services
- Benevolence Fund
- Brown University Library privileges
- Free websites for medical practices
- Continuing Medical Education
- Referrals
- Distinctive listing in Folio’s Medical Directory
- Representation, advocacy and opportunities

**To join the Rhode Island Medical Society, visit the website, [www.rimed.org](http://www.rimed.org), or call the Society’s office at 331-3207.**

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## Remembering Michael Ingall, MD

Paul E. Alexander, MD

Michael Ingall died August 11, 2004 at the age of 64. He was a major figure in contemporary Rhode Island psychiatry. He had a larger-than-life personality, and his clinical expertise and administrative influence affected many professionals and patients. Although I will try to review Michael's life and his work, he was much more than I can summarize.



Michael grew up in Boston and his father, a pediatrician, died at an early age. Michael attended Harvard for both a bachelor's and master's degree in English literature. He spent a year in immunohematology research, and then attended Chicago Medical School, where he was elected to Alpha Omega Alpha honor society and was president of both his class and of the student council. His

internship at University Hospital in Boston was followed by adult and child residency programs at Boston University. From 1968 to 1970, he served in the Navy as the Chief of the Neuropsychiatric Service at the Naval Hospital at Quonset Point, Rhode Island. He was board certified in psychiatry, geriatric psychiatry and forensic medicine. He became a fellow of the American Psychiatric Association in 1981. He was on the faculty at Brown Medical School since 1973 and had been Clinical Associate Professor since 1980. He was the President of the Rhode Island Psychiatric Society in 1979 after many years of service on numerous committees. He also served for ten years on the Mental Health Committee of the Rhode Island Medical Society. He co-authored the Rhode Island Confidentiality Statute in 1977.

Michael joined the Providence Center as a staff psychiatrist in 1968 and served with distinction as its Medical Director between 1972 and 1984. During that time, he developed the policy of treating indigent Providence Center patients at Butler Hospital instead of acute care at the former Institute of Mental Health. This was a radical departure from the traditional care of mental health center patients. He became widely known for his pioneering the use of haloperidol titration in the emergency room, enabling many psychotic patients to avoid hospitalization or to enable them to stabilize much faster. Despite having some of the most severely ill patients in Butler Hospital, Michael was able to treat

his patients effectively and discharge them with shorter stays than most other patients. He showed the rest of us what efficiency and high quality care could do not only to shorten hospitalization but also to prevent readmission. Michael became Chief of Psychiatry of the Warwick office of Harvard Community Health Plan (formerly RIGHA) from 1984 to 1993. The original RIGHA was a national model of an integrated health maintenance organization that provided outstanding patient care.

Michael received an American Psychiatric Association Annual Achievement Award for a program he developed at the Providence Center. In 1984, he received the Distinguished Psychiatrist Award from the Alliance for the Mentally Ill. He received a Distinguished Teacher Award from Brown Medical School in 2000.

Michael had strong opinions about many topics, including healthcare, public policy, forensic issues, ethical issues, and other controversies of the times. He was a frequent talk-show guest and wrote many guest columns and letters to the editor of the Providence Journal, in addition to articles for a variety of publications on psychiatric and non-psychiatric issues of the day. He was never afraid to speak out and take a stand on controversial issues. He was one of the leading advocates in Rhode Island for a single-payer system. He was an active member of Physicians for Social Responsibility and had been involved in the anti-nuclear movement and the antiwar movement.

During the past decade, Michael was in

private practice and consulted to a number of agencies and nursing homes. These included Whitmarsh House, a group home for adolescent boys, the New England Fellowship for Rehabilitation Alternatives, the Office of the Attorney General, and the Office of the Public Defender. He gave expert testimony in a number of high-profile forensic cases in Rhode Island.

Equally important to Michael was his volunteer work as a primary care physician with the Travelers Aid medical van for the homeless from 1987 until 1994. He was actively involved in the Jewish community in Providence and served on several boards.

Michael's interests extended far beyond his role as a physician. He was a connoisseur of classical music, especially opera. He loved to participate in choral singing. He began singing with the Providence singers in 1992 and continued with them for 10 years. He attended the Berkshire Choral Institute in the summer of 1994 and sang with the Berkshire Chorus between 1992 and 2001. He also sang with a choir at Temple Emanu-El in Providence. He loved to bicycle to Newport and Boston.

Michael loved mischief. He often made restaurant reservations under the name Phun so that everyone would hear the request for the "fun party" to come forward when his table was called. Michael collected jokes and had a dramatic flair for telling them. On the RIPS listserv, he used the Yiddish name "*Farklempt*." Michael's website posted his family his-

tory, photographs, and the collection of emails he wrote of his major life experiences, including his own illnesses.

Michael was always full of life, but he had polio as a boy, which permanently weakened his leg strength. He had a major heart attack in 1980 at the age of 39 and required resuscitation. He had an experimental cardiac procedure at Barnes Hospital in St. Louis in 1996; he survived a near-death experience there that enabled him to live an extra decade after traditional medical and surgical procedures were exhausted.

More recently, Michael became sicker and required dialysis several times per week due to renal complications stemming from his cardiac problems. In recent months, he had been awaiting a heart transplant. He was at the top of the list for this procedure, which was to be done at the Massachusetts General Hospital, but developed complications that postponed that surgery. He then fell and develop a subdural hematoma. It was this accident, and not his failing heart, which led to his death.

At Michael's funeral, Rabbi Kaunfer eulogized him by saying, "We must find some comfort that Michael lived so much of life, though he struggled with life itself; that he exemplified the highest

values and commitments; and that he was outrageously and irreverently funny." His wife Carol, his daughter Marjorie and her husband Jonathan and their child Josie, and his son Andy and his partner Neal survive Michael.

Michael wrote an ethical will after his 1980 resuscitation, and those words of advice to his young children 24 years ago were quoted at his funeral: "To my children...I would like you to do the following: be what you choose. Help other people, whether this is your work are not. This is critical to the survival of Man and the worth of Man in this world. Help other people. Help other people to feel good about themselves.... Always laugh and sing and make music....I have sung my song and made my music the best I could." ▽



## General Membership Meeting October 2004

Dr. Linda Carpenter, Assistant Professor of Psychiatry, Brown Medical School, and Chief, Mood Disorders Program at Butler Hospital spoke at the General Membership Meeting at Madeira Restaurant in East Providence on October 25, 2004. Her lecture was entitled "*Childhood Adversity and the HPA Axis: Toward an Endophenotype for Mood and Anxiety Disorders*". Dr. Carpenter's research is cutting edge, interesting and leads to exciting possibilities in understanding the development of psychiatric illness and potential early intervention/treatment.

What follows is a brief synopsis of Dr. Carpenter's presentation: Animal models of neonatal maternal separation in rats, and maternal neglect or adverse rearing conditions during infancy in primates, have demonstrated that exposure to stressful conditions during critical periods of development can induce persistent changes in neuroendocrine function and stress responsivity. The findings from a growing body of preclinical



*President Lou Marino, MD and Linda Carpenter, MD*

work have generated hypotheses about the pathoetiology of the hypothalamus-pituitary-adrenal (HPA) system and corticotropin-releasing-factor (CRF) function abnormalities in humans with mood and anxiety disorders. Recent



*(L-R) David Kroessler, MD; Sandi Kazura, MD; and Colin Harrington, MD*

*(L-R) Gary Epstein-Lubow, MD; Russell Pet, MD; and Andrea Mernan, MD*



investigations have begun to “translate” the animal models into clinical paradigms using neuroendocrine challenge protocols in both patients with post-traumatic stress disorder (PTSD) and major depression (MD), as well as in nonpsychiatric controls who have had significant exposures to stress during early life. The developmental timing of exposure to stress appears to be a critical variable in determining an organism’s biological trajectory and related behavioral manifestations. Possible implications of these research findings for the detection of vulnerable endophenotypes, prevention of illness onset, and treatment of adults with anxiety and depressive disorders were discussed. ▽



*(L–R) Robert Florin, MD  
and Mickey Silver, MD*

## Advocacy Now!

Christine Rayner, MD  
ECP Representative



I have recently returned from the Institute on Psychiatric Services (October 6–10, 2004, in Atlanta), and I am ready to march on the State House! As your Early Career Psychiatry (ECP) representative, I joined other ECP/Advocacy fellows in attending workshops for advocating for psychiatry and meeting the media. We heard from Patrice Harris, MD, who is a practicing child psychiatrist, but who is taking three months from her practice this year to lobby on Capitol Hill. Her message was that physicians continue to be highly respected by the general population, and that most politicians never hear from us, so our words are powerful. Since I am not personally ready to move to Washington, DC, I was glad to hear about some things to be done on the local level. They recommended getting to know the politicians that serve the area that you live, and/or the area that you work in. Make yourself available to them as their “medical expert,” so they will call on you when they have questions. Nada Stoddard, MD, from Chicago, reminded us of the difference that a handful of people can make. Ten people from her office picketed their local Medicaid office when they heard the news that a restrictive formulary was in the pipeline, and the publicity led to a cancellation of this plan.

The next thing the ECP/Advocacy fellows did was attend a training session on meeting the media. No one told me we would be filmed, and one of the first

things we learned was to bring your own makeup if you are going to be on TV! They helped us work on

speaking simply and to the point, to create a “sound bite” that the journalist can use. We were reminded of myths that many people hold about what we do: “Psychologists and psychiatrists are the same thing,” “People with mental illness are scary,” and “Psychiatrists don’t do anything.” We were reminded to emphasize our medical expertise, and to discuss the effectiveness of treatments for mental illness. Several of the other ECPs had been on television before, and it struck me that this is a great medium to reach a large number of people and work on educating the public on what we do. That will work to our favor when we then advocate for parity in healthcare reimbursement and fight against psychologists receiving prescribing privileges.

Want to find out more? RIPS has a legislative committee (chaired by Michael Silver, MD) and a public affairs committee (chaired by Brandon Krupp, MD), which is a good place to get started at the local level. And there is an advocacy division of the APA, which includes both physicians and lobbyists. Time is short for many of us, and I also learned that donating to a PAC (both the APA and RIPS have one) is one way to help fund a pre-existing lobbying group if you don’t want to do your own lobbying. I’m going to get more involved – how about you? ▽



**BARRY W. WALL, MD**, Past President of RIPS, was elected Vice President of the Rhode Island Medical Society at the Annual Meeting on September 18, 2004. Dr. Wall also serves as Membership Chair at RIMS.

**PATRICIA RECUPERO, MD, JD**, Past President of RIPS and current APA representative, has been nominated for Vice President of the American Psychiatric Association.

**ACHINA STEIN, DO**, has been appointed Medical Director of East Bay Mental Health Center.

**ALISON HERU, MD** and **ZELKO LEON, MD**

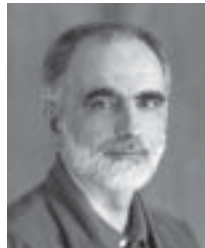
have been honored with this year's 2004 NAMI Exemplary Psychiatrist Award. The National Alliance for the Mentally Ill honored just 16 psychiatrists at this year's American Psychiatric Association convention.

"Exemplary psychiatrists are caring professionals who go the extra mile to help their communities," said NAMI national executive director Michael J. Fitzpatrick.



*Dr. Alison Heru*

"They share our commitment to improving the quality of life for people living with brain disorders, ensuring dignity, raising public awareness, and working to increase access to needed treatment and services."



*Dr. Zelko Leon*

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## NRI COMMUNITY SERVICES

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**SCOTT HALTZMAN, MD**  
**MEDICAL DIRECTOR, RIPS ETHICS CHAIR**

**DR. ACHINA STEIN, DO**, our very capable staff psychiatrist has left to become the Medical Director of East Bay Community Mental Health Center. We are all very excited for her and wish her the best with this new opportunity. Dr. Stein's work with our emergency and long term care services and her consultation to our Wilson House and to Riverwood Mental Health Services will be missed.

**DR. SUMAIRA KAHN** has joined NRI Community Services as a half-time staff psychiatrist covering our emergency team, Riverwood agreement, and Wilson House. Dr. Kahn is Board certified in geriatric psychiatry and did a rotation at NRICS prior to her recent Brown Fellowship.

**DR. STEPHEN DIZIO** was recently the recipient of a 20-year award from the NRI Community Services Board of Directors at our annual Staff Recognition event. Dr. Dizio's outstanding work with long term residential clients with mental illness was warmly applauded by over 150 NRI staff present.

NRI's President/CEO **CHRISTIAN L. STEPHENS** was highlighted in an overview of NRI's history in "RI: The Ocean State" edited by Rhode Island College history professors George H. Kellner and J. Stanley Lemons. The article is at [www.nricommunityservices.org](http://www.nricommunityservices.org), News & Notes.

The rest of the MD and prescribing MSN staff continue their work with our clients and provide consultation services to the ARC of Northern Rhode Island, Family Resources Community Action Program, Thundermist's school-based Health Hut, and the Urban League.

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## NEWPORT COUNTY COMMUNITY MENTAL HEALTH CENTER

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**J. CLEMENT CICILLINE, MS, PRESIDENT/CEO**

### 40 Years of Community Service

On May 3, 2004, the Newport County Community Mental Health Center celebrated 40 years of service to the community. J. Clement Cicilline, MS, President & CEO, and an employee for the past 36



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years, offered an historical perspective of programs, services, staffing patterns, and issues that have marked the Center's existence over the past four decades. Highlights included the fact that NCCMHC was one of the first community mental health clinics and the very first comprehensive, community mental health center in Rhode Island.

In addition, NCCMHC established the first, free-standing psychiatric day treatment programs (Phoenix One Club) in 1975. Other accomplishments over the years included the founding and operating of the McKinney Homeless Shelter, the Independent Living Apartment Program for emancipated adolescents, Supported Employment Program, Mobile Treatment Team, and Children's Intensive Services.

NCCMHC has developed a close working relationship with American Red Cross and, as a result, has become more skilled in disaster and crisis response. NCCMHC was the first CMHC to respond to the 1999 EgyptAir Flight 990 crash and the 2003 The Station nightclub fire. Also, NCCMHC has provided training and support to area police, fire, and rescue personnel as they deal with community catastrophes.

### **JCAHO Accreditation**

Virtually every health care organization in the country is familiar with and subject to the Joint Commission on Accreditation of Healthcare Organizations process. NCCMHC received initial accreditation in 1998 and was again accredited in 2001. From September 14 to 17, 2004, the JCAHO survey was conducted at NCCMHC, utilizing a new "Tracer Methodology." Upon completion of the survey, NCCMHC received JCAHO's Gold Seal of Approval.

Mr. Paul Greever, MSW, the JCAHO surveyor complimented NCCMHC staff and Board Members. At the exit conference, Mr. Greever said, "This was one of the best surveys I've done all year – and I do a lot of them. I'm on the road three out of every four weeks. You have much of which to be proud." Mr. Greever also stated that, "The systems and structures are obviously in place." He went on to say that he found the Anita Jackson House (group home) to be "Very homey and exceeding Life Safety codes."

### **Freedom Housing Apartments**

Significant progress has been made in converting a former motel into apartment units for 12 persons with mental illness. With the Church Community Housing Corporation as a partner, NCCMHC has been a joint recipient of a \$793,000 HUD grant. Supplemental funds from a range of other sources bring the project's financial support to about \$1.4 million.

Persons who will occupy these apartments will be drawn from NCCMHC case loads and include some individuals currently living in Anita Jackson House (group home) who are ready for a lesser restrictive environment. Others will come from the community.

The phrase, "semi-supervised" apartments, is an accurate description of the program and service level that will be available. Individuals in residence will be able to manage their lives with some NCCMHC support. The location is nearby a major super market, laundromat, and specialty stores. Opportunity for part-time employment also abounds in the area.

Hopefully construction will be underway soon and completed by the Spring of 2005.

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### **THE PROVIDENCE CENTER**

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The Providence Center's Board of Trustees established the *Charles E. Maynard Fund for the Future* – an endowment fund named after the organization's founder and recently retired CEO Charles E. Maynard. The fund was created to commemorate Charles E. Maynard's 36 years at the helm of The Providence Center, and to help ensure that The Center will have the resources necessary to provide innovative and necessary behavioral health treatment services well into the future.

For more information about the "Charles E. Maynard Fund for the Future," or to make a gift, contact Lisa Desbiens at 401-528-0127 or [ldesbiens@provctr.org](mailto:ldesbiens@provctr.org).

## Welcome to the Residents!

Below are short biographies on the PGY-1 and PGY 2 Residents. We look forward to their joining RIPS.

### PGY-1 Residents

**MICHAEL WOLFE** received his MD from the West Virginia University School of Medicine and has a BS in chemistry from Centre College in Danbury, Kentucky. Michael's interests include child/adolescent psychiatry, cross-cultural psychiatry, substance abuse and international health.

**AGUSTIN YIP** received his BS in Psychology as well as his MD from the University of the Philippines. He had been a research fellow in the genetics program at BU for two years before residency. Agustin holds a PhD in epidemiology from University of Cambridge, United Kingdom and was awarded the New Investigator Award from the Alzheimer's Foundation.

**JAMES ANDRIOTIS** is a native Rhode Islander. He graduated from Bishop Hendricken High School. He holds a degree in chemical engineering from Brown, and an MD from the University of Connecticut. He plans to do a child/adolescent fellowship.

**JOSE ARVIZU OLVERA** received his MD from the National University of Mexico Ciudad and completed a year of required national service at the Health Clinic of State of Tlaxcala, where he was the sole doctor for 2850 patients. Jose has done research in schizophrenia and hopes to pursue academic psychiatry.

**DAVID BLOCK** holds a BA in biomedical ethics and biology from Brown; his MD is from SUNY Buffalo. He completed a fellowship in the Institute for Ethics of the AMA. David plans for a career in outpatient adolescent psychiatry and teaching.

**HILARY CERULLO** received her BA from the University of Rhode Island in psychology, and a DO from NY College of Osteopathic Medicine. She has worked as an EMT, cardiac technician and medical assistant in several specialties.

**MARIA HINCAPIE**, born and raised in Panama, received her BA from Brown in psychology, and her MD from the University of Western Ontario School of Medicine. She has completed research at the Bradley Sleep Lab and Infant Development Center of Women & Infants. Maria plans to do a child/adolescent fellowship.

**JOSHUA KANE** holds a BA from Yale and an MD from SUNY Brooklyn. He taught for three years at a school for underprivileged boys on the Lower East Side of NYC.

**JOCELYN KREISS** received a BA from Emory, did graduate work in psychology from Antioch New England Graduate School, and holds an MD from Brown after transfer from University of Rochester.

**MELISSA LUDWIG**, undergrad at Brown, worked for five years as director of Health and Wellness at the Center for the Disabled in Albany. Melissa received her MD from the University of Rochester and plans to work with the developmentally disabled.

### PGY-2 Residents

**PHILIP RUSSELL** completed an internal medicine residency at RI Hospital and did research with the Chemical Dependency Institute in New York. He is interested in substance abuse.

**SUSAN SZULEWSKI** attended medical school at Akademia Medyczna Im Karola Marcinkowskiego (Poznan, Poland) 2001. She has a BA in Psychology from New York University, 1995. Her PG-1 year in Psychiatry was completed at Harvard Medical School-South Shore program, 2003–2004.

### DO YOU PROVIDE TREATMENT TO ETHNIC MINORITIES? ARE YOU INTERESTED IN FURTHERING RESEARCH IN THESE UNDERREPRESENTED GROUPS?

The Department of Psychiatry and Human Behavior at Brown University is currently recruiting African American and Latino/Hispanic patients for a naturalistic, longitudinal study examining the clinical course of anxiety disorders.

We are seeking to enroll minority participants:

- With a diagnosis of one or more anxiety disorders
- Who are 18 years or older
- Who identify themselves as African American or Latino/Hispanic
- Who speak English

This study involves participation in clinical interviews and does not provide treatment nor does it interfere with your client's current treatment. Participants will be financially compensated for their time.

The Harvard/Brown Anxiety Disorders Research Project (HARP) is funded by the National Institute of Mental Health. HARP's principal investigator is Martin Keller MD, who is the Chairman of Brown's Department of Psychiatry.

We hope you will join us in furthering research on anxiety disorders among these underrepresented groups. If you have clients whom you feel may be eligible please contact us, or have your clients contact us directly for further information:

Carlos Perez-Benitez, PhD, Recruitment Coordinator  
Harvard/Brown Anxiety Research Project Brown University  
401-444-1933

Carlos\_Perez-Benitez@brown.edu

Thanks for your help!

# Opportunities

## PSYCHIATRIST

RI Disability Determination adjudicates claims for Social Security Disability Program (SSDI/SSI). We are currently recruiting for licensed psychiatrists to perform Consultative Examinations for individuals applying for benefits, Competitive rate. Additional incentives provided for examinations completed in claimant's preferred language.

For more information please contact:

Deb Cannon

Medical Relations Officer

State of RI, Disability Determination Services

40 Fountain Street, Providence RI 02903

Deborah.A.Cannon@ssa.gov

401-222-3182 ext. 259

## PSYCHIATRIST

Wanted for inpatient and partial hospitalization program services at Arbour-Fuller Hospital in South Attleboro MA. The hospital is 15 minutes from downtown Providence, and is an 82 bed free-standing psychiatric facility serving adults, adolescents and the developmentally disabled. Salary and benefits highly competitive. No night or weekend call. Full time preferred, but part time might be possible.

Please contact Frank M. Kahr, MD at 508-838-2329 or fax CV to 508-838-2200.

## CORRECTIONAL AND FORENSIC PSYCHIATRY

The University of Massachusetts Medical School seek part-time and full-time psychiatrists for its innovative, multidisciplinary, and nationally recognized correctional mental

health program. We provide services at several locations, most within one hour of Boston. Candidates should have a strong commitment to public service and a desire to develop or advance their expertise in correctional psychiatry. We offer a generous salary, excellent benefits, regular hours without call responsibilities, and a faculty appointment with the University of Massachusetts Medical School. UMMS is an equal opportunity employer.

Sent letter of interest and curriculum vitae to: Kenneth Appelbaum, MD

Univ. of Massachusetts Medical School

Health & Criminal Justice Programs

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## You have just been subpoenaed. *Do you know how to respond?*



**If you have your malpractice insurance through The Psychiatrists' Program you can rest assured.** With a simple toll-free call, a risk manager can assist you with the immediate steps you need to take to protect your practice.

As a Program participant, you can call the **Risk Management Consultation Service (RMCS)** to obtain advice and guidance on risk management issues encountered in psychiatric practice. Staffed by experienced professionals with both legal and clinical backgrounds, the RMCS can help prevent potential professional liability incidents and lawsuits.

If you are not currently insured with The Program, we invite you to learn more about the many psychiatric-specific benefits of participation. **Call today to receive more information and a complimentary copy of "Six Things You Can Do Now to Avoid Being Successfully Sued Later"**

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