As the incoming President of GAP, I’d like to thank Past President David Baron for the outstanding job he did during his tenure. I hope to be able to fill the big footprints David left behind. Both he and our able Treasurer Steve Sharfstein were able to navigate GAP through turbulent financial times. Of course they had the help of many other GAP Board members as well as many GAP members who are not on the Board but whose contributions, financial and otherwise, help keep the organization alive and vital.

At our spring meeting, I had the pleasure of sitting in on the deliberations of the Committee on Planning, Marketing and Communications. The Committee, chaired by Paul Fink, has taken up the issue of how to increase GAP’s profile to a wider audience. There are several reasons why publicizing GAP is important. Media interest in GAP publications, both large and small, means increased visibility for the organization. Increased visibility within psychiatry means increased resident interest in the GAP Fellowship. Increased notice outside the profession may assist GAP in getting foundation grants, commercial funding, or other financial support for individual Committee work, the GAP Fellowship and other future projects.

Today many media outlets routinely scour the medical and scientific journals for stories they deem to be newsworthy and recent publications are often the story of the week (or of the day). In recognition of this, many academic journals (or the institutions whose members have written the piece) routinely prepare press releases and will provide journalists with “embargoed” articles or pre-publication copies of articles and books. The result is that on the day of publication, news pieces are already prepared. Our Circular Letter is a vital source of information, however its format and publication frequency cannot keep pace with a 24/7 news cycle that is primarily interested in what is happening “now.”

Towards that end, the Committee on Planning, Marketing and Communications interviewed a publicist who also attended several other committees or spoke to their Chairs. The Committee also conducted a telephone interview with a second publicist who knows GAP, having worked with the LGBT Committee in the past, and having media trained its members and helped place some of the Committee’s op-ed pieces in venues like The Huffington Post. Both publicists will be submitting proposals to the Planning Committee about how they might help increase GAP’s visibility.

An issue that did emerge from these meetings was our increased need for intra-organizational and intra-professional communication about recent GAP publications. However, we do have the ability to use existing GAP structures: the Publications Committee, the Planning Committee, the Steering Committee and the underutilized GAP list-serv, to share information with each more rapidly. For starters, (1) once an article has been approved by the Publications Board and accepted by a journal for publication, Committee Chairs can send Frances, David Adler or me (or all of us) a prepublication copy and an abstract. This can be used to help write a press release. In addition, (2) our members can forward a GAP list-serv announcement of a forthcoming or recent GAP publication to other professional list-servs allowing such postings. This was done in a somewhat impromptu manner with the Committee on Disaster and Terrorism’s new book but could easily be done for any GAP publication. Finally, (3) every GAP member can check and see if you are subscribed to the GAP list-serv and also make sure your spam filter lets GAP postings into your mailbox.

One other important note: The Publications Committee would benefit from some new mem-
bers. If you are interested in being a member, please let David Adler know.

As I begin my term as GAP President, I find myself reflecting on my 16-year relationship with our organization. I first came to GAP in 1995 as an invited guest of the Committee on Human Sexuality, then chaired by my late friend and mentor Bertram Schaffner, MD. What impressed me most at that first visit was GAP’s unique combination of scholarship, collegiality and forward thinking. I have continually been impressed over the years by GAP members who are genuinely interested in the role psychiatry can play in improving lives, whether that involves patient care, doing research, supporting psychiatric professionalism or influencing and shaping public policies. I am truly honored to serve as your GAP President. I think there is much good about us that we already know and I hope that in the coming years the wider world will know all that is good about us as well.

Jack Drescher, M.D., President

ADMINISTRATIVE COMMITTEE REPORTS:

FELLOWSHIP COMMITTEE:
Present: Gross, Barber, Heru, Rao, Ranz, Tanguay

The fifteen new Fellows are in attendance. This meeting is the orientation of the new Fellows. The Committee will work to review Fellowship evaluations from former Fellows and the process of mentoring this group of Fellows.

The Committee is interested in promoting GAP and increasing the visibility.

The Fellows assigned to the Publications Board are Marika Wrzosek and Basant Pradhan. The Fellows assigned to the Board are Adam Graff for Fall 2011, Michael Ascher Spring 2012 and David Hsu Fall 2012.

GAP PUBLICATIONS BOARD:
Present: Drs. Adler, Copans, Friedman, Nadelson, Notman, Robinson

1. Update on former Reports:
   a. The Committee on Human Sexuality’s manuscript: In the Mood for Love was reviewed and returned for revisions.
   b. The Psychopathology Committee’s manuscript: The Psychiatric Note in the Era of Electronic Communication was accepted by the Journal of Nervous and Mental Disease (JNMD) for publication in its April 2011 issue.
   c. The Committee on Disasters and Terrorism’s previously approved manuscript: Psychiatry and Terrorism was an invited submission to the JNMD.
   d. The Adolescence Committee manuscript: The Nature of Clinical Evidence Revisited was reviewed and returned for revisions.
   e. Our departing GAP Fellows Plenary Session was accepted as a Poster Session for the May 2011 APA meetings.
   f. The Prevention Committee’s position paper: Less than an Ounce of Prevention was approved for submission to Academic Psychiatry (as well as a letter to the editor).
   g. The IMG Committee’s manuscript: A Roadmap for Observership Programs in Psychiatry for IMGs was approved for submission.
   h. The IMG Committee’s manuscript: No Resident Left Behind: Unforeseen Consequences of the Clinical Skills Verification Process was reviewed and returned for revisions.
   i. The Mental Health Services Committee manuscript: A Four Factor Model of Systems-based Psychiatry was approved for submission to Academic Psychiatry.
   j. The book entitled: Disaster Psychiatry: Readiness, Evaluation and Treatment will be out in print for the May 2011 Annual APA meeting.
   k. AADPRT (as well as the Univ. of PA) have accepted the Family Committee’s Curriculum for placement on their websites.

2. Op Ed pieces approved since our last meeting. Our success in getting these into press has been problematic.
   a. The Coming Doctor Shortage-IMG Committee
   b. Micro-Aggressions and Macro-Injuries-LGBT Committee
   c. A Glimpse into DADT’s closet-LGBT Committee/Jack Dresher, Huffington Post
   d. The Republican Catch 22 – Committee on Gender Issues
3. Two incoming Ginsburg Fellows will be appointed to the Board.
4. Three journals in addition to Psychiatric Services are interested specifically in GAP publications.
   c. Psychodynamic Psychiatry – Richard Friedman, co-editor
   d. Journal of Psychiatric Administration and Management – Sy Saeed, editor
5. The Committee on Psychiatry and History will be submitting a video for Publications Board review.
The Publications Board is seeking several junior members of GAP with writing and some editorial experienced to join the Board for the Nov. 10, 2011 meeting. Please contact me at dadler@tuftsmedicalcenter.org

OPERATING COMMITTEES:

ADDICTIONS:

The Committee welcomed Mr. Wistar Morris as a guest. The Committee is working on a fast track article, “Harm Reduction Approaches to Addiction Treatment: European and American Perspectives.”

The first draft is in process with a completion of January 2012. The audience is psychiatrists to be submitted to Harvard Review and Psychiatry. The Committee is identifying target audience and potential journal, refining structure of first draft. The Committee is working on an electronic survey of subsequent draft. At the next meeting there will be a near complete final draft.

ADMINISTRATION AND MANAGEMENT:
The following are the minutes of the first meeting of the newly formed GAP Committee on Psychiatric Administration and Management. Due to a family emergency, Joseph P. Merlino, MD, Chairperson of the Committee was unable to attend at the last moment. The Committee composed of senior leaders in the field was more than able to carry on as these minutes and addendum attest. I am grateful to the Committee for the work done thus far and look forward to our fall meeting.

I. Attendance
   a. Jorge Petit, MD
   b. Sy Saeed, MD
   c. Gary Belkin, MD (Attended the Thursday dinner, unable to meet on Friday this meeting)
   d. Jeff Lucey, MD
   e. Greg Miller, MD (Visiting from Family Committee)

II. Thursday evening at dinner:
   a. Open ended discussion of many facets of leadership / administration/ management issues that might be applicable to this group.

III. Summary of Friday’s meeting
   a. Morning Session
      i. Each of us introduced ourselves and gave a bio/ description of our careers, their evolution and how we have landed in positions where leadership/ administration/ and management are pertinent. Included in this discussion was a summary of issues that we perceive as pertinent to be fleshed out. (Please add issues that you think would help the process of the committee going forward)
      ii. Subsequently Jack Drescher came into the meeting to give a brief orientation to GAP, the mission and product focus on GAP and a historical perspective. This was helpful, and he actually jumped in to suggest possible topics of focus that might emerge from the group going forward.
      iii. We moved toward relatively high altitude discussion of domains pertinent to psychiatric administration and management for the rest of the morning session:
         1. Rapidly changing landscape for psychiatric practice: health integration, medical homes, changes in reimbursement and moves toward organized medical practices that are supplanting traditional office based practice are all issues that require management and strategic planning. There is some sense that professional organizations are not contributing all that they might to facilitate movement. Managing the landscape and being at the table in planning were two themes prominent in this discussion
         2. Public vs. Private arenas of care: Particularly public/ state operated based mental health systems
seem to be responding to their different pressures (from Medicaid and CMS / Federal pressures) in ways that may not be fully including psychiatrists in planning (this is a concern voiced by me particularly). In addition, the directions of private insurers are not always reflective of the changes that are occurring on the public front: how to integrate? How to bring together the concerns of psychiatrists and contemplate moves toward “public private integration?” What are the issues with psychiatric leadership/ management around health services planning as opposed to oversight of psychiatric departments/ psychiatric practitioners? What is the role of psychiatry in Mental Health Service planning, development, oversight and planning? Particularly, how do historical periods in psychiatry perhaps help to inform “direction” in ways that might avoid “déjà vu all over again”

3. Training: Particularly training of psychiatrists in leadership/ administration/ management. In addition, training practicing clinicians regarding emerging administrative and management issues.

4. How to create pertinence of psychiatric leadership to those who are charged with driving operational change in most behavioral health services departments.

b. Post-Lunch (postprandial) session.
   i. We began to look at some of the issues laid out in the morning session with an eye toward what product ideas might emerge. We all decided to keep this decision at a fairly non-conclusive level, given that the fleshing out of ideas is where we are. And also given that Joe’s presence is needed in order to move toward committed topics. We also discussed at some level possible venues for work product. Some ideas (please add what I’ve not remembered)
   1. Develop a model curriculum for Administration/ Management for residency programs that could be placed on the AADPRT website as well as on the GAP website and disseminated to training programs
   2. Leadership/ administration training for medical students could be a topic to consider in thinking about curricula
   3. Mentorship for early career psychiatrists: Creating venues for supporting young leaders growth around administration in organized ways: might this group produce templates for setting up such situations.
   4. What is psychiatric “administration and management” does it include leadership? If so, are business and health care administration skills necessary, or is there something inherent about “psychiatry” and its skill sets that are required for a good psychiatric administrator? Interesting sub-topics of this domain: How might psychiatric administration add to or take away from the flight of relational skills in current training programs and mental health service sites? Is there a proposed “role” for the psychiatric administrator—is it a position of “informal” authority, or should we advocate models of more direct/ formally empowered administrators that are psychiatrists? What is the way to empower psychiatric administration in the “traditional” state operated service organization table. How did this evolve in state ops systems (not peculiar to New York alone), how best to envision adding value from psychiatric leadership at policy, state and local government levels?
   5. Some interesting “dialectic” discussions came up in our discussion which I’ll try to enumerate, but again may forget a lot:
      a. Psychiatrist as treatment driver vs. moves to more egalitarian models: what is the role of psychiatrist in the paradigm shifts, particularly recovery and peer driven approaches. And how do we educate psychiatric administrators to engage in such systems that are emerging
      b. Psychiatrists as private practitioners vs. psychiatrists as integrated members of medical homes
      c. Psychiatrists as therapists vs. psychiatrists as psycho-dynamically informed practitioners.
      d. Research to practice gap: addressed by driving models of care vs. are there other factors that make bridging the gap more difficult for mental health services
      e. Leadership vs. management---does the group lack the term “leadership” for a reason---or should it be added
   6. Finally, we discussed a lot about the upcoming first edition of the Journal for Psychiatric Administration and Management. Dr. Saeed discussed the journal’s evolution and we all agreed that it is one very good venue for the committee to develop product toward.
   7. Is there an adequate core group of committee members? Where might more be recruited---for continued discussion.

IV. Summary:
   a. Enthusiastic and impressive leaders all. I think there is a great deal of enthusiasm and potential to make great con-
tributions. I thoroughly enjoyed working with everyone on the committee, and I intend to stay in touch and possibly recommend overlap from the family committee that might lead to collaborative work.

Addendum – Dr. Belkin
One big theme that came up when I was there and clearly appears here is how does psychiatry become a player in the design and ownership of an integrated system. What skills are needed. What sorts of practitioner and thus trainees are needed? what kinds of partnerships and governance advance the degree such designed care systems actually realize their purpose of not just reducing costs but also having greater population impact? One thing we can do is bring together thoughts on this from large system psychiatry managers that have done this

Addendum – Dr. Petit
Good evening. The only thing I would add to this comprehensive summary (thanks Greg!) is a footnote re: a conversation I had Friday evening (as I was leaving) with Dr. Jules Ranz, the chairperson of the committee on Mental Health Services. This is the group that most closely tracks our potential mission/objectives. This group initially was created by psychiatric administrators with an administrative/management focus, but has now shifted to more residency/early career psychiatrist training on leadership issues. He suggested that at the next meeting we have a 1 or 2 hour joint meeting to review and brainstorm our focus and possible content direction so as to make our group as effective and productive as possible and prevent any possible redundancy. I look forward to our continuing this dialogue and seeing everyone in the fall.

Addendum – Dr. Merlino
Related to Jorge’s conversation with Dr. Ranz I will add some context. Our Committee, formed with the support of the GAP leadership, was seen by the Mental Health Services Committee as having the same scope and I was asked to meet with this Committee, which I did. During that meeting it was suggested that one option would be for our Committee to be a sub-committee of the Mental Health Services Committee, a proposal that I did not favor. Jules and I agreed that both of our Committees could serve GAP and the psychiatric community, a point with which I concur.

AGING:
Present: Liptzin, Kyomen, Meador, Rohrbaugh, Sakauye
Guest: Robert Roca
The Committee is working on a fast track “Geriatric Mental Health Workforce Issues.” The anticipated date of completion is December 2011, targeted at IOM Committee to be submitted to Psychiatric Services. The Publications Board will need to have an expedited review process. The Committee will focus on extended discussion and review of data and between meetings, members will outline key points and proceed with continued work.

CHILD:
Present: Stubbe, Kruesi, Pfeffer, Schowalter, Shapiro, Tanguay
Fellow: Basant Pradhan
Guest: Jonathan Dowben who will be transferring to Child Committee
The Committee is working on a project, “A Census of Child and Adolescent Psychiatrists in the USA.” This survey/research project is mostly completed in format to be completed by 2012. This will be targeted to policy makers, child and adolescent psychiatrists and pediatricians.

This will be submitted to JAACAP. The Committee will be working between meetings to clarify goals of the survey and questions to be announced.

The Committee will be working with AACAP to have the survey approved and IRB approval and dissemination, data gathering and statistical analysis.

The Committee is requesting that child psychiatry members of GAP pilot the survey.

COLLEGE STUDENT:
Present: Miner, Schwartz, Siggins, Notman, Backus, Reich
Guest: David Sasso
The Committee is working on a project, “Collaboration and Cooperation Between Home and College Psychiatrists.” The topic should be completed by January 2012 to be submitted to Psychiatric Services. The Committee selected a new project and worked on a plan to expand membership. The Committee will be inviting two guests, Howard Blue, M.D. and Simon LeJune, M.D. The Committee will be working to complete the current paper.

The Committee thanked their Fellow, David Sasso for his tenure on the committee.
CULTURAL:
Present: Becker, Lu, Lewis-Fernandez, Hannsen, Like
Fellow: Nadia Pickens
Guests: Terry Dugan, MA and Leopoldo Cabana, Ph.D.
The Committee is working on two fast track articles “Educat-
ing Psychiatric Residents About Cultural Aspects of Care” and “Devel-
opment of a Checklist on Comprehensive Reporting of Race, Ethnicity, and Culture in Psychiatric Publications.” Both projects are in
the final draft with the first to be completed April 2011 and the second to be completed by June 2011. The first manuscript is targeted
to a mental health audience but particularly psychiatric educators and the second manuscript to general mental health audience. Both
will be submitted to American Journal of Psychiatry and the first will be also submitted to Academic Medicine and the second to be
submitted to Psychiatric Services.

The Committee will be submitting to the Publications Board and decide if “GAP” can be used as the name of a checklist (eg, the
“GAP checklist”).

The first draft will be finalized and the second project will be worked on to be completed.

DISASTER AND TERRORISM:
Present: Stoddard, Katz, Pandya (via phone), Brenner, Beckert, Kantor, Pillay

The Committee is working on an op-ed piece after having completed two books. The op-ed piece on “Resilience and Disasters in an-
ttipitation of 9-11.” The anticipated date for completion is June, targeted to the general public to be submitted to NY Times or the Wall
Street Journal. The Committee will be working between meetings:
a. Committee transitioning after prior project
b. Dissemination of both recent books

The Committee will be focused at the next GAP Meeting on:
a. Evaluation of dissemination of both books
b. Possible new articles (Hurricane & Disaster) and book

Doctor Katz is appointed as co-chair of the Committee.

GENDER AND MENTAL HEALTH:
Present: Robinson, Nadelson
Guest: Barbara Schildkraut

The Committee is working on an op-ed piece “Doctors Being Forced to Provide Inaccurate Information to Patients Regading the Link
Between Abortion and Breast Cancer.” The first draft is in first draft to be completed by April targeted to the general public to be
submitted to newspapers. The Committee thanks Jack Drescher for his help.

The Committee will be completing this manuscript, planning an article on misinformation regarding abortion and working on other
op-ed pieces.

The Committee is looking for new members if others have suggestions contact the Central Office.

GLOBAL PSYCHIATRY:
1. International Medical Graduates Committee changed their name at this meeting.
2. Attending: Nyapati Rao; Jacob Sperber; Anthony Fernandez; Ramotse Saunders; Milton Kramer (4 other members are in
   on-going correspondence with the Committee but had schedule conflicts with this meeting.)
   Fellow: (absent on paternity leave) Hesham Hamoda
3. Guest: Rashi Aggarwal, a new faculty psychiatrist at UMDNJ, is well-known to several Committee members because of her
   research while a resident at Maimonides, which won the research prize at the Brooklyn Psychiatric Society. She visited in
   anticipation of accepting the Committee’s invitation to join, and will make a second visit in the Fall.
4. Type of Manuscript: 1. Fast track
5. Subject: editorial about the impact of abolition of the live patient portion of the Psychiatry Board Exam and its re-
   placement with the CSV process
6. Status: revisions being completed following Pub Board feedback
7. Anticipated Date of Completion: April 15, 2011
8. Anticipated Audience: psychiatric educators
9. Where Committee would like publication: Academic Psychiatry editorial
10. Ways Pub Board might help: additional review upon resubmission
11. Focus of work accomplished at meeting: detailed copy editing
12. Work plan between meetings: submission by April 15
13. Focus for next GAP meeting: N/A
14. other help from GAP: N/A
15. Type of Manuscript: 1. Fast track
16. Subject: Defining and Teaching Professionalism
17. Status: First draft done
18. Anticipated Date of Completion: next draft and then submission to Pub Comm June 1, 2011
19. Anticipated Audience: psychiatric educators
20. Where Committee would like publication: Academic Medicine, Academic Psychiattry
21. Ways Pub Board might help: initial review
22. Focus of work accomplished at meeting: detailed editing and review of first draft
23. Work plan between meetings: write second draft
24. Focus for next GAP meeting: final review and submission to pub comm., if not sooner
25. other help from GAP N/A
26. Type of Manuscript: 1. Fast track
27. Subject; Special Issues for IMG psychiatry trainees in learning critical thinking: a Journal Club curriculum
28. Status: early discussion
29. Anticipated Date of Completion: Jan. 1, 2012
30. Anticipated Audience: psychiatric educators
31. Where Committee would like publication: Academic psychiatry or Academic Medicine
32. Ways Pub Board might help: initial review after submission as early as November 2011
33. Focus of work accomplished at meeting: initial review of concept
34. Work plan between meetings: background research
35. Focus for next GAP meeting: first draft
36. other help from GAP N/A

**HISTORY AND PSYCHIATRY:**
Present: Fidler, Weiss, Harry
Guests: David Sasso, former Fellow interested in the arts and history.

The Committee is working on an educational video series and companion manual on “The History of American Psychiatry.” The final product was previewed at the Poster Session at this meeting. This will be completed by November 2012, targeted to mental health providers, psychiatrists, and psychiatrists in training.

The Committee will be working on reviewing finished scripts, reviewing a finished video project, and researching references.

The Committee is looking for new members and if any GAP member has suggestions, send that information to the Central Office.

**HUMAN SEXUALITY:**
Present: Friedman, Downey, Bell, Goldenberg, Adelson, Haase
Fellow: Adam Graff

The Committee is working on a fast track article, “Is it Love or is it Bipolar Disorder?” and an intermediate manuscript “Sexuality in Bipolar Disorder” and “Hypersexuality in Bipolar Children.”

Sexuality in Bipolar Disorder is a research study now in data analysis. The other two manuscripts are in subsequent drafts with all three manuscripts to be complete by Spring 2012. Is It Love or is it Bipolar Disorder will be targeted to the general public and the other will be targeted to psychiatrists. Sexuality in Bipolar Disorder will be submitted to the Journal of Nervous and Mental Diseases and the other two will be submitted to sources still being determined.

The Committee will be working on these three projects between meetings.
INTERNATIONAL RELATIONS:
Present: Twentyman

The Committee is looking for new members to reconstitute the committee. Please contact the Central Office if you have suggestions.

LGBT:
Present: Ashley, Volpp, McDowell, Schwartz, McAfee, Drescher, Rosario, Herbert, Barber
Fellow: Lorraine Lothringer
Guest: Jen Pula, M.D.

The Committee is working on three op ed pieces: bullying, LGBT health, and DOMA. These pieces will be completed by the end of the meeting. They will be focused to the general public. The Committee thanks the Publications Board for their great help!

The Committee did on camera interviews to sharpen message writing, critiquing and editing.

The Committee is interested in working in the retaining of a publicist for GAP to help with placement of publications, this would be helpful to the committee.

MENTAL HEALTH SERVICES:
Present: Ranz, Arbuckle, Sethi, Carino, Shoyinka, McQuistion
Fellow: Andres Barkil-Oteo
Guests: Joanna Fried, David Stern, Weinberg, Wong, Stephanie LeMelle liaison to Community Psychiatry Committee

The Committee is working on three fast track articles: “Systems Based Practice Instrument Development,” “SBP Instrument Qualitative Analysis,” and “SBP Instruments Application to Residency Curriculum.” The anticipated date of completion is six months focused on residency training directors, supervisors and residents. This will be submitted to Academic Psychiatry.

The Committee designated focus subgroups to address: SBP curriculum, patient centered care survey literature review, creation of MHS Committee web presence, completion of 3-4 questions for ACP certification exam. The Committee will meet every month, next meeting May 24 to continue to focus on continued development of patient centered care survey instrument to evaluate progress of SBP curriculum.

PLANNING, MARKETING, AND COMMUNICATIONS COMMITTEE:
Present: Fink (Chair), Sharfstein, Powsner, Ruben, John Looney, Jack Drescher (President) attended.

We spent the morning interviewing Jo Flattery for the job of publicist and PR person for Gap. Gap has never had such an individual working for us and I think we’ve made a great move forward in getting the interest of the organization in moving in this direction. It’s my hope that we will be able to successfully achieve what we’re trying to do. In the afternoon we interviewed another woman over the phone. That will be described later in the minutes. Flattery was a very attractive young woman; well spoken and understood what we wanted her to do. She is knowledgeable about the media, about possible placements and various publications and also helpful in establishing the brand of psychiatry of GAP and getting us recognition. That we indicated was our main purpose in trying to find someone who could help us with branding. So our goal is to see if we can’t get GAP well branded and recognized throughout the country. We are concerned that people, who should know about us, don’t. John Looney told the story of telling that he told his chairman he was going to GAP and she asked what’s GAP. That’s unacceptable from our point of view. We need to have all the chairmen, all the training directors understand and know who we are and what we are. We recognize that we may not have representatives of all the departments of psychiatry in the country. Nevertheless, we want more applications to our fellowship. We really want to be known.

The interview ended with my indicating to her that she should put together a proposal telling us not only what she would do, but the cost. Send it to me and I would distribute it to the committee for review. We spent the rest of the morning talking about the mission statement. It was our understanding the mission should be brief, no more than one sentence. We came up with the following: The Group for the Advancement of Psychiatry develops new and exciting ideas to improve mental health. We then went on to create a vision statement longer which explains a little bit about who we are and what we want to accomplish. It is as follows: The Group for the Advancement of Psychiatry is America’s premier think tank of leading psychiatrist which studies critical issues in psychiatry and society and publishes the results of these studies.
During the afternoon session we interviewed Cathy Renna and we found her to be delightful and very animated, but obviously different than if we were interviewing her in person. The same things were discussed with her. She told us how she would try to resolve those problems and ultimately the same instructions were given to her. We hope to receive this material by May 2nd and then see if we can’t make a decision about who we’re going to work with for the next period of time.

I created a list serve so that we could communicate with one another and you have all received that on your e-mail account. If you don’t have it, please get back to my office. We may have had the wrong e-mail address, et cetera. I am trying to find a way to increase the communication not only within the committee but also within the organization. We did discuss the fact that there’s very poor communication in the organization and very few people know exactly what’s being produced. When I said that at the steering committee, David Adler was quick to tell me that everything that’s approved by his committee is listed in the circular letter and that if we read the circular letter we would know what’s been approved, what’s been published, et cetera. I concluded that we are a bunch of dyslexics. Notwithstanding that I think we need to get people to know about and talk to one another. A good example is the poster session in which the history of psychiatry committee developed a DVD which I thought was terrific and really needs to be shown at a time when everyone can see it. We also talked to both of the applicants for the PR position about quick responsiveness. During the course of our discussion, we talked about being more responsive to things as they occur such as the New York Times article about the psychiatrist who was only interested in money and other breaking news issues that we should be on top of.

**PREVENTIVE:**

Present: Compton, Koplan, Powers, Shim,
Fellow: Marc Manseau

The Committee is working on a fast track article “The Social Determinants of Mental Health/Mental Illness” to be completed April 2012 targeted to mental health providers. The Committee is discussing the next topic and will begin writing.

**PROFESSIONALISM:**

Present: Nesheim, Van Loon, Gennarro, Gale
Guest: Sheila Hafler-Gray

The Committee voted to change the name of the committee to Committee on Professionalism. The Committee is working on a manuscript “Beleaguered Status of Professionalism in Psychiatry.” The Committee will be working on the draft due by late 2011 to be targeted to psychiatrists, political advocacy and the house of medicine.

The Committee will be reviewing the mandate (2009-2011) and the name change reflecting mandate. The Committee is seeking members and would be interested in Fellows. Please contact the Committee with suggested possible members.

**PSYCHIATRY AND COMMUNITY:**

Present: Munetz, Lamb, Nunley, Minkoff, Talbott, LeMelle, Osher

The Committee is working on a fast track article, “Criminal Justice and Community Psychiatry Principles – A Vision of Partnership Addresses Effective Responses to Justice Involved Persons with Mental Illness” with the first draft near completion to be completed by August 2011 to be submitted to *Psychiatric Services*. The Committee is working on an intermediate length article, “Handbook to Improve Psychiatric Practice at the Mental Health – Criminal Justice Interface” in first draft to be completed by August 2012 and to be submitted to a journal yet to be determined.

The Committee rewrote the principles article and worked on the handbook of organizational and style. The Committee will be working on edits between meetings.

**PSYCHIATRY AND THE LAW:**

Present: Ash, Pinals, Resnick, Martinez

The Committee is working on a monograph, “Legal Cases that Changed the Face of Mental Health Practice.” This manuscript should be completed Fall of 2012 targeted to mental health providers to be submitted to APPI or Oxford Press.

The Committee will continue to write and edit drafts between meetings.
**PSYCHIATRY AND RELIGION:**
Present: Hunter, Snyder, Hamblin, Lurie, Lewis  
Guest: Ramaswamy Viswanathan

The Committee is working on a fast track article, “Therapy with Evil Doers.” The first draft is mostly complete and will be finished in Spring 2012. The Committee will finish work on the paper, if possible. Between meetings, the paper will be fine tuned and the committee will begin working on the second paper.

**PSYCHOPATHOLOGY:**
Present: Adler, Berlant, Goldman, Siris, Hackman, Valenstein, Dixon (by phone)  
Fellow: Jonathan Avery  
Guest: Steve Koh, former Fellow

The Committee is working on a fast track article, “From Symptoms to Functioning: Psychiatry’s Role in Assessing Patient’s Work Functioning” to be completed November 2012 targeted to mental health providers to be submitted to *Psychiatric Services* or *Journal of Nervous and Mental Disorders*. The Committee will continue to work on draft.

**PSYCHOTHERAPY:**
Present: Sledge, Plakun, Lazar, Myerson, Clemens, Oldham, Kay  
Fellow: Serena Deen  
Guest: Beth Brodsky, Ph.D.

The Committee is working on an article, “Psychotherapy When the Complaint is Suicide.” This is scheduled to be completed in the summer of 2011 targeted to psychiatrists to be submitted to *American Journal of Psychiatry*. The Committee will work on the second draft and final draft prior to Fall Meeting.

**RESEARCH**
Present: Keith, Verhulst, Hale-Richlen, Beahrs, Kramer (Chair)  
Guests: Carlo Carandang, is former member of the GAP research committee, and had to leave briefly due to personal reasons. When he was a member of the research committee, he participated in the committee’s efforts on interpreting the CATIE trial, and the implications of such research on the clinical care of patients with psychosis. This work led to a publication, Sutton, B.J., *Lessons to be learned from CATIE and CUtLASS*. Psychiatr Serv, 2008. 59(5): p. 473. Dr. Carandang visited the committee because he is interested in reactivating his membership on the committee and in GAP.

The Committee is working on a fast track article, circulated to Steering Committee Review Panel and Publications Board members for review within 30 days. Re-review by Publications Board as needed), “The Alliance Effect.” Issues addressed include: The current understanding of the placebo effect can be summarized as follows:

a. Inert as well as effective treatments activate placebo-related mechanisms. Consequently, Colloca and Benedetti (2005) formulated a pharmacological “uncertainty principle”: administering a drug perturbs the pharmacodynamic action of that drug.

b. The origin of the placebo effect lies in the psychosocial context of the treatment and in particular in the medical encounter or healer-patient interaction.

c. The complex neurophysiologic processes that underlie the placebo effect are part of an innate, adaptive system of self-regulation and healing.

d. Attempts to encourage the clinical pursuit of a placebo response have been hampered by the fact that placebo treatment is linked to naive and unscientific medicine and to unethical and deceitful clinical practice.

e. The medical encounter, i.e. the doctor-patient interaction, changes the patient’s psychological status. Psychological mechanisms that have been shown to then trigger the natural healing processes include conditioning, expectancy and the patient’s affective state.

f. Certainly, deceitful and unethical behaviors are *not* pre-requisites for positive changes in conditioning, expectancies and affective state.

g. Physicians, whose competence and interpersonal skills decrease patient stress and inspire hope and trust, will likely
induce positive changes in the patient’s psychology and innate healing system.

Our better understanding of the impact of the medical relationship on treatment outcome calls for a new perspective, leaving behind the tainted concept of placebo and focusing on the influence of the medical relationship on treatment outcomes.

We will argue that a particular type of alliance between doctor and patient is the primary driver of therapeutic influence. Consequently, we will propose that the concept of the placebo effect be abandoned and replaced with the concept of the alliance effect.

Status: First draft mostly completed, to be completed September 1, 2011, targeted to all physicians, to be submitted to *The Journal of Nervous and Mental Disease*.

Because this is a paper that involves logical conclusion and clinical evidence, the Publications Board, in reviewing this paper, could help insure that we are writing about this evidence in a way that is likely to meet the review standards of journals being considered for submission.

The Committee will be continuing discussion and input with additional writing and discussion in conference call. Prior to the next GAP Meeting, the Committee will finish writing “The Alliance Effect,” and focus on a companion paper on the neurobiology of the alliance effect. We are requesting funding for a consultant on this issue, Walter J. Freeman, M.D., an electroneurophysiologist from UC-Berkeley.

**TERRORISM AND POLITICAL VIOLENCE:**

Present: Post, Beahrs  
Fellow: Rupinder  
Guest: Neal Aggarwal

The Committee is working on a manuscript “Trauma and Violent Radicaliation.” This will be completed June 2011 targeted to mental health providers and submitted to *Journal of Trauma Studies, Political Psychology, Terrorism and Political Violence*.

The Committee will be working between meetings to review draft and discuss next topic.

**WORK AND ORGANIZATIONS:**

Present: Gibson, Greiff, Heidel, Larsen, Long, Morrison III

The Committee is working on a manuscript “Finding Work and Life Fulfillment for Recent College Graduates/High School Graduates.” The second draft is done with two more drafts expected and to be completed April 2012. This will be targeted to general public and college graduates. The product will be distributed through foundations or corporations.

The Committee will get the feedback for the final draft before the Fall Meeting.
DATES OF FUTURE GAP MEETINGS

2011
November 10-12

2012
March 29-31
November 15-17

2013
April 4-6
November 14-16

2014
April 10-12
November 13-15

2015
April 16-18
November 12-14

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