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Strategic Outreach to Families of All Reservists is rethinking what it means to support the troops, says Jaine L. Darwin, Psy.D.

SOFAR Focuses on Military Families

BY AUDREY KUBETIN
Editorial Intern

A lone soldier, bandaged up to his elbow, stood amid a crowd of clinicians, parents, and teachers, telling the story of a bad day in Iraq.

His audience had gathered at Boston Medical Center to discuss the impact of war and terrorism on children, Kenneth I. Reich, Ed.D., recalled in an interview. The soldier was citing himself as a testament to how easily the war zone can overlap with the home front.

He remembered returning from a difficult mission to find that it was his turn to talk to his family via videophone. What would he tell them? They would be able to tell by looking at him that something was wrong. He didn't want them to worry, but he didn't want to lie about what had happened.

The soldier decided to speak with candor. "I just got back from the field," he told his family. "I'm a little upset right now, but I'll be fine. How are all of you?"

"He found a way to be honest but reassuring at the same time," said Dr. Reich, who had organized the conference. "That was a very powerful message. We all thought that he knew more about psychology at that moment than any of us in the room."

Dr. Reich wanted to offer that kind of support to people feeling the effects of the war on the home front. After meeting many families who were trying to cope with the same sort of stresses as the soldier at the conference, Dr. Reich founded SOFAR, or Strategic Outreach to Families of All Reservists. A nonprofit program, SOFAR connects military families with clinicians who provide free mental health services.

By focusing on the families of soldiers, SOFAR is rethinking what it means to support the troops. "We see ourselves as sup-

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Alcoholism Is Increasingly Seen As Medical Illness

U.S. survey also finds heightened stigma.

BY KERRI WACHTER
Senior Writer

WASHINGTON — The public became more likely to regard alcohol dependence as a medical illness over a 10-year period, but stigmatization of alcoholism increased over that period as well, the latest results of a biannual survey addressing public attitudes toward the disorder show.

Most of the respondents who answered questions relating to alcoholism on the 2006 General Social Survey approved of treatment from a medical doctor (89%) or psychiatrist (81%), Marilyn Sinkewicz, Ph.D., reported at a joint meeting sponsored by the Research Society on Alcoholism

and the International Society for Biomedical Research on Alcoholism. However, only about half (54%) endorsed prescription medication for treatment.

In comparison, on the 1996 survey, 76% endorsed treatment from a medical doctor, 67% endorsed treatment from a psychiatrist, and 41% endorsed the use of prescription medications. These differences were statistically significant.

The General Social Survey is administered biannually to a nationally representative sample of noninstitutionalized adults in the United States. In 1996 and 2006, the General Social Survey incorporated a set of vignettes de-

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Congress Acts to Expand Parity, Reverse Pay Cuts

BY MARY ELLEN SCHNEIDER
New York Bureau

Congress moved a step closer to mental health parity under Medicare last month when it overrode a presidential veto of legislation that decreased cost sharing for mental health care and codified coverage of psychiatric medications.

The mental health provisions were part of a larger bill that also stopped a 10.6% cut in Medicare physician payments. The law (H.R. 6331), which earlier had passed both the House

and Senate by veto-proof margins, extends the 0.5% Medicare pay increase in place for the first half of 2008 through the end of the year and gives physicians a 1.1% raise for 2009.

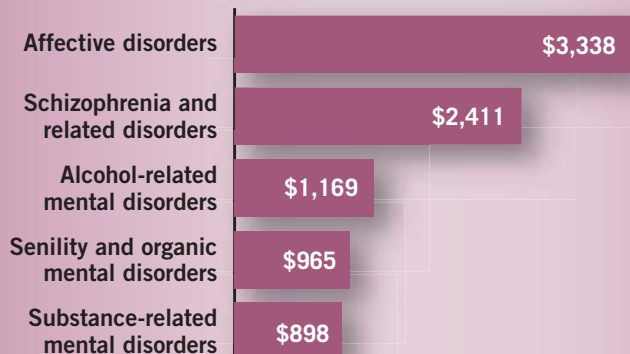
Over the next 6 years, the legislation will phase out higher copayments for mental health services under Medicare Part B from the current 50% for outpatient psychiatric care to 20% in 2014. Other Part B outpatient services have a 20% copayment.

"It fills us to with joy," said Dr. Nada Stotland, president of the American Psychiatric Association

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VITAL SIGNS

Aggregate Hospital Costs of Select Diagnoses (in millions of dollars)



Note: Based on 2006 data from the Nationwide Inpatient Sample.
Source: Agency for Healthcare Research and Quality

SOFAR Advocates 'New Normal'

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porting the network of people who can then support the soldier," Jaine L. Darwin, Psy.D., who codirects SOFAR with Dr. Reich, said in an interview.

That network is substantial. A recent study by the Rand Corp. puts the number of U.S. soldiers who have served in Iraq and Afghanistan at 1.64 million. Figuring that these soldiers each have a circle of relatives, friends, and coworkers who care about them, Dr. Reich estimated that 73 million to 95 million people have been affected by the war.

Dr. Reich and Dr. Darwin are seeking to support this population with mental health services tailored to military culture. By helping the families of soldiers cope with the challenges of their loved ones' deployment and return, SOFAR seeks to ease the traumatic impact of the war and prevent the intergenerational transmission of that trauma. "Trauma has a very long tail," Dr. Darwin said. "If we don't help these families now, we're going to see the sequelae down the road, as we have with the kids of Vietnam War vets."



'The biggest thing that we do is help normalize a lot of feelings ... and help put them in perspective.'

DR. REICH

The program focuses on the extended families of Army Reserve and National Guard soldiers. Unlike military families who live on or around bases, families of Army Reserve and National Guard soldiers often lack the support of a predominantly military community.

"If you're active-duty military, you usually either live on the base or live in a town where there is a base, so everybody around you understands the stresses and strains. If you're in a reserve or guard family, you can be the only person in your community with a deployed soldier," said Dr. Darwin, a past president of Division 39 of the American Psychological Association.

When Dr. Reich began hatching the idea for SOFAR, families of soldiers in the National Guard and Army Re-

serve were being offered one free mental health session as long as their loved one was deployed. "I remember thinking, 'That's not even enough time to say hello,'" he said.

SOFAR views the process of addressing secondary trauma and building resilience among military families as one that demands time and volunteers from a variety of mental health specialties. Since SOFAR was founded in 2003, the program has attracted 90 volunteers in its hometown of Boston. Another chapter has been set up in Michigan, and two more will be launched in New York and Florida before the end of the year. Dr. Reich hopes to expand the program nationwide.

Some of SOFAR's volunteers meet with families in their offices. Some speak at predeployment and prereturn briefings for military families. Other volunteers visit family readiness groups to meet families and guide discussions about the issues they face.

"First and foremost, we listen. The biggest thing that we do is to help normalize a lot of the feelings that people have and to help put them in perspective," said Dr. Reich, who is head of the Psychoanalytic Couple and Family Institute of New England, SOFAR's umbrella organization.

SOFAR talks with families about the concept of the "new normal," a term that Dr. Darwin uses to describe the postdeployment life of a military family. Deployment changes soldier and family alike, hampering a return to predeployment routines. SOFAR encourages families to pursue a "new normal" marked by the renegotiation of roles and relationships. In advocating this new normal, SOFAR seeks to help military families develop realistic expectations about the process of rehabilitation and reintegration that soldiers undergo when they return from war.

"It's going to take a while for people to become reacquainted. There's going to be some renegotiation about what roles people have picked up in the absence of the soldier, which roles they want to continue to carry, and which they don't," Dr. Darwin said.

The Rand study, published in April 2008, found that nearly 20% of returning soldiers report symptoms of

posttraumatic stress disorder (PTSD) or major depression.

According to Dr. Darwin, 50% of Army Reserve and National Guard soldiers will return from service with a diagnosable mental health disorder, such as anxiety or depression. Symptoms of PTSD might not manifest until 6-24 months after a soldier has returned from service.

"A soldier's body comes home. The nervous system often doesn't arrive for quite a while," Dr. Darwin said. "Even when reintegration seems to be going smoothly, you never know when you can be thrown a curve ball."

SOFAR educates families about what to expect during the reintegration process and what to flag as a warning sign, "so they can seek help both for themselves and for their soldier," Dr. Darwin said.

The Rand study showed that only half of the veterans who report experiencing PTSD or major depression have sought treatment. SOFAR is faced with combating the stigma that often marks popular perceptions of psychotherapy, psychopharmacology, and mental health problems in general.

"The hardest thing for us to do is to destigmatize mental health and to get the families to understand that there are services available and get them to make use of them," Dr. Darwin said.

SOFAR is working to shed the mental health stigma by upping their exposure. As the program's volunteers continue to meet with families and attend military gatherings, Dr. Darwin hopes that more people will see SOFAR as a viable support option. "The more exposure we have, the less stigmatizing it is to talk to us," she said.

In the meantime, Dr. Darwin encourages mental health professionals to reach out to patients who might be involved with a soldier. "They need to ask all their patients whether they know or are involved with anybody who is serving. We don't think about how many people are two and three degrees removed from a soldier, and that may be stressing them," she said. "This war is closer to you than you think it is." ■

Clinicians who are interested in volunteering for SOFAR can call 617-266-2611 or visit the program's Web site at www.sofarusa.org/volunteer_your_services.html. Volunteers must be licensed in a mental health specialty, have malpractice insurance, and be in good ethical standing.

Bioterrorism Threat Lives on, as Do Vaccine-Related Events

BY BETSY BATES
Los Angeles Bureau

SCOTTSDALE, ARIZ. — Despite the grateful lull that has followed Sept. 11 and the anthrax scare in 2001, bioterrorism remains a very real threat, a Food and Drug Administration counterterrorism official says.

Dr. Boris Lushniak, the FDA's assistant commissioner for counterterrorism policy and assistant U.S. surgeon general, hopes that vigilance remains active in medical offices and emergency departments across the United States—but frankly, he has his doubts. "I daresay we are going to be caught off guard," Dr. Lushniak said during the Alfred L. Weiner Lecture at the annual meeting of the Noah Worcester Dermatological Society.

A disturbing number of organisms meet all or some of the criteria for an ideal agent of biological terrorism: easy to obtain and work with; inexpensive to produce; able to be widely disseminated; fairly stable in the environment; capable of producing high morbidity and mortality; transmissible person to person; and difficult to diagnose and treat, which would allow an attack to quickly overwhelm the health care system.

On a positive note, the U.S. government has now stockpiled enough vaccine against

smallpox to inoculate every man, woman, and child in the country, Dr. Lushniak reported.

Yet, when U.S. public health authorities were notified recently about an individual with suspicious skin lesions on an inbound flight from China, they were unable to find any hospital in a major metropolitan area willing to admit and quarantine the 200 people aboard until danger to the public was ruled out.

Fortunately, in that case, the threat was nullified during 4 hours of frantic planning as the airliner approached U.S. shores, but it stands as a wake-up call about preparedness. "If this is ever to occur, we'd really have to change the way we do our business," he said.

The potential agents of greatest concern—labeled category A by the Centers for Disease Control and Prevention—remain the same as ever: anthrax, smallpox, plague, tularemia, viral hemorrhagic fevers, and botulinum toxin.

The timing could be critical. Anthrax, for example, can be controlled with antibiotics if it is recognized and treated with postexposure prophylaxis before protein-rich toxins are produced by the organism. "If you can nip it in the spore bud, so to speak, then you really have solved the problem," he said.

Preventive efforts aimed at a potential bioterrorism attack have health implications that physicians should recognize, Dr. Lushniak said.

He described a 2007 case of household transmission of the live virus through a vaccine involving 1 of the nearly 500,000 Americans inoculated against smallpox either through the military or a civilian volunteer program. The active-duty father came into contact with his infant son, who had eczema, within a month of the father having received a smallpox vaccination prior to deployment overseas.

Although the father's vaccine site was covered during the unplanned visit, the child developed a high fever and a generalized papular, vesicular rash that began on the head and neck. Within days, umbilicated lesions covered more than 50% of the child's body and he required mechanical ventilation.

After a course of antiviral and vasopressor medications, intravenous immunoglobulin, and supportive therapy, the child was discharged from the hospital—48 days after admission.

"This ain't real smallpox, people!" Dr. Lushniak said to emphasize the high level of transmission there would be in an actual attack, and the importance of then having a "ring" vaccination strategy aimed

at everyone in contact with an exposed subject within 3-4 days.

In the meantime, physicians should be aware of individuals at high risk for vaccine reactions, including pregnant women, patients with skin disorders characterized by epidermal disruption, immunodeficient patients, those with life-threatening allergies or cardiovascular disease, and their household contacts, he said. ■

How Physicians Can Get Involved

- ▶ Learn more by going to www.bt.cdc.gov.
- ▶ Join the civilian volunteer Medical Reserve Corps and participate in disaster response in your community (www.medicalreservecorps.gov).
- ▶ Train and deploy with a National Disaster Medical Assistance Team (www.hhs.gov/aspr/opeo/ndms/teams/dmat.html).
- ▶ Join the active reserve corps of the U.S. Public Health Service (<http://usphs-ppac.org>).

Source: Dr. Lushniak