



AGLP
Opening Minds

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Independence Hall. Photo courtesy of the Philadelphia Visitors and Convention Bureau.

APA 2012 in Philadelphia

Sarah Noble, DO

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Hello everyone! Or, as we say in the Philadelphia vernacular, "Hello youz guys"

The planning committee for the AGLP portion of the APA in Philadelphia will be meeting on November 10th and we're very excited to start brainstorming. In addition to the annual opening reception and the awards reception, we hope to have a number of daytime and evening activities to make your trip to Philadelphia memorable. Of course we aren't known for extravagance of nature that Hawaii had, but we have some amazing historical locales, as well as cultural events that rival the other east coast cities. If there's anything you'd like to see planned please let us know . . . do you want more family friendly activities, more outdoor experiences, or more arts and history?

Feel free to contact me and I'll pass it on to the rest of the planning committee.

Reserve your hotel now!

The AGLP Host Hotel in Philadelphia is the Loews Philadelphia Hotel, a landmark building directly across from the Pennsylvania Convention Center. The online reservation system is now open. AGLP has a block of 65 rooms at the hotel and space reserved for our hospitality suite and all of our upcoming meetings during APA.

Lowe's Philadelphia Hotel - AGLP Host Hotel
1200 Market Street Philadelphia, PA 19107
(215) 627-1200

Continued on page 6

The Newsletter of the Association of Gay and Lesbian Psychiatrists

Editor, Eric Yarbrough, MD

Published quarterly from 4514 Chester Avenue,
Philadelphia, PA 19143-3707.

The views expressed in the *Newsletter* are those of the writer and do not necessarily represent the opinions of the Association of Gay and Lesbian Psychiatrists. The sexual orientation of any writer or any person mentioned in the *Newsletter* should not be inferred unless specifically stated. Mailing lists for the *Newsletter* are confidential, to be used only by the Association of Gay and Lesbian Psychiatrists, and do not imply sexual orientation.

INFORMATION FOR AUTHORS

Persons wishing to submit articles for publication should send them to: Eric Yarbrough, M.D., Editor, *Newsletter* of the AGLP; 411 W 114th Street Suite 4B; New York, NY 10025; Office Phone: 212-523-6936; Fax: 212-523-4911; E-mail: EYarbrough@aglp.org). Submissions should be clearly readable. Submissions on electronic media are preferred. Submissions become the property of AGLP and will not be returned unless requested and accompanied by a self-addressed and stamped envelope. The *Newsletter* reserves the right to make editorial changes and to shorten articles to fit space limitations. Name, address, daytime telephone number, and a short biographical statement about the author should accompany the submission even if the author requests anonymity in publication (which is discouraged). The deadline for inclusion in the next issue is March 1, 2011.

ADVERTISING RATES

The *Newsletter* of the Association of Gay and Lesbian Psychiatrists accepts limited advertising depending upon space and applicability to issues affecting psychiatrists who either are gay or lesbian or treat gay and lesbian patients. The mailing lists for AGLP are confidential and never sold or provided to any vendor.

Full Page Ad	\$350
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Editor's Column Eric Yarbrough, MD

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Eric Yarbrough, MD

It's December here in New York City and holidays are on us again. I always think that New York is busy but seem to forget that it gets much busier around this time of year. Some people enjoy the hustle and bustle of the holidays. I've already managed to do the majority of my shopping online. It's still important for me, however, to get out at least once or twice and brave the crowds.

Since I started this job as newsletter editor, I found myself with another promotion here at St. Luke's Roosevelt hospital. Being someone always directed toward the academics, it was thrilling for me to find out that I had been promoted to the assistant program director position. That being said, interviews are in full swing. At least 20% of my time is dedicated to talking to future psychiatrist about how they might fit into our program and what they hope to do to change the world. I always make a point asked them about their views on psychotherapy. Freud has always been a passion of mine, and it certainly doesn't hurt the applicant to know something about him while interviewing with me. Some of them seem to know a lot and have a passion for therapy in general. Others know very little and have a more biological stance. Maybe I'm biased, but I think those which are more experienced with the

therapeutic arts seem to do better in the interview overall.

Along with my new job, I get the opportunity to teach the first and second-year residents about psychotherapy. For the first years I get four classes to introduce them to the subject. I find myself changing year-by-year what to focus on those four classes. It's important that they understand there is an unconscious. Some people might be surprised how many psychiatric residents don't believe in an unconscious mind. It's important that they know were psychoanalysis started. Yes, Freud is always mentioned, but I try to bring up other models of the mind as well. I also try to focus on boundaries, the frame, the therapeutic relationship, and by the time all this is over with, I've managed to run well over my allotted time. A psychiatry residency program should be five years. There's just too much to learn.

For this edition of the newsletter, I decided to uphold tradition, as I have with the previous topics. In prior issues, questions were posed to APA candidates who will be voted on in the January elections. Hopefully their answers will help guide you in your decision making at the polls.

For this edition of the newsletter, I decided to uphold tradition, as I have with the previous topics. In prior issues, questions were posed to APA candidates who will be voted on in the January elections. Hopefully their answers will help guide you in your decision making at the polls. You will also find updates from our different board members regarding education, outreach, and the APA annual meeting scheduled for Philadelphia in May 2012. Our front page focuses on membership and our need to increase our numbers. My hope is to continue to get more of you to contribute, either with getting new members to join AGLP or by writing for the newsletter, to help our organization grow. Much like the questions posed for the APA candidates, I'd like to pose questions for members to answer in future additions of this newsletter. Some of you may be hearing from me in the upcoming months. As always, feel free to contact me if you'd like to contribute.

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President's Column**Aloha, I do****Kenn Ashley, M.D.**

KAshley@aglp.org



Kenn Ashley, MD

Hope for the Holidays

While the euro zone is in crisis and the front runner for the Republican party continues to rotate, the holiday season and the end of the year are upon us. I will spare you another end of the year list, but I do want to write about some recent events that left me feeling hopeful.

The stress of the recent Joint Commission survey of the institution where I work has resolved. In spite of how problematic the Joint Commission accreditation process can be, there is reason to anticipate the surveys. There will be a commitment to ensure that health care organizations do not discriminate against LGBT people. The Joint Commission published *Advancing Effective Communication, Cultural Competence, and Patient- and Family- Centered Care for the Lesbian, Gay, Bisexual, and Trans- gender (LGBT) Community: A Field Guide* in November. In July 2012 the Joint Commission, among the various aspects of culturally competent care, will require that all hospitals have LGBT non discriminations policies in order to maintain their accreditation. It will be a very good thing to have health care organizations implementing these guidelines for LGBT culturally competent care.

Earlier this year the rates of new HIV infections were published by the CDC. It was

In July 2012 the Joint Commission, among the various aspects of culturally competent care, will require that all hospitals have LGBT non discriminations policies in order to maintain their accreditation. It will be a very good thing to have health care organizations implementing these guidelines for LGBT culturally competent care.

upsetting because it showed that the rates of new infections have remained stable over the past few years. The data indicated very high rates of infection in younger men who have sex with men (MSM), particular among men of color. On World AIDS Day, President Obama announced plans to implement a strategy that would end the AIDS epidemic in the United States. The plan is broad, addressing multiple facets of both prevention and treatment. It is hoped that this plan can be enacted with the key components in place, such that we can soon see an end the AIDS epidemic in the United States.

Shortly following World AIDS Day, there was good news about international LGBT rights. At a meeting of the United Nations Human Rights Council, Secretary of State Hillary Rodham Clinton announced that the administration would use foreign policy to actively combat efforts by other nations that criminalize homosexual conduct, abuse LGBT people, or ignore abuse against them. Although there are no specifics about how these policies will be implemented, it is a start. We can also hope that these same standards are maintained for the United States.

Kenn Ashley

President, AGLP

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Vice-President's Column**Andy Tompkins, MD**

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Andy Tompkins, MD

It is winter as I write this column, a time for me that is usually accompanied by reflections, celebrations and resolutions to try harder/better/faster/stronger in the New Year. I also am bombarded by groups making one last pull for donations. Some recent mailings have included my undergrad, medical school, psychiatric themed political action committees (PACs), church and my past volunteer positions. The tax code does provide an incentive for me to make some of these donations. If I have to pay taxes (and not use the money to buy another one of my ever growing supply of

cooking gadgets), I would rather my money go to an organization (and provide me a tax deduction) that promotes acceptance of LGBT individuals and provides community to LGBT psychiatrists than federal government agencies that do not recognize same-sex marriage. Like all other readers who renew in the winter, AGLP sent me a reminder notice to pay my membership dues and asked for additional donations.

But, AGLP is more than a tax deduction for me! I have been a member for the past 10 years. Wow!! Because of this membership, I have been able to travel free of charge (with the Student Travel Scholarship program) to annual meetings; cultivated mentorship relationships; presented my first professional talks; helped coordinate this past year's annual meeting in Hawaii; developed friendships that continue to endure; built a network of colleagues to which I can refer patients; met and chatted with the John Fryer Award winners; and the list could go on. During these 10 years, I have seen AGLP accomplish large and bold goals: producing *Abomination* (the documentary discussing the consequences of reparative therapy), establishing the John Fryer Award Lecture within the larger APA (allowing me to meet with recipients such as Evan Wolfson and Bishop V. Gene Robinson to discuss their powerful stories), and organizing LGBT-themed presentations at local, national, and international psychiatric meetings.

Because of these opportunities, I decided last year to advance my membership level to Founding — no small task for a young psychiatrist less than 6 months removed from fellowship. I have been "blessed" by living in a low-cost metropolis often seen in award winning shows like *The Wire* and in John Waters' films like *Pink Flamingos*. Baltimore is gritty and relatively cheap. I understand that few AGLP members can afford to give \$1000 per year, but I need to tell you why I do it. Simply, I give because that amount of money is so little in comparison to what I have already received in actual travel costs covered, housing during annual meetings, JGLMH subscriptions, educational and professional growth opportunities, and the invaluable benefit of a strong network of friends and colleagues. I am strongly committed to continuing the legacy of the precursor of AGLP — the unofficial "Gay-P-A" that started with contemporaries of John Fryer even before I was born. However, AGLP cannot be an organization for Founders or board members or well-established psychiatrists. We need many voices (young and whatever the classy way of saying "old" is these days). We need additional large and bold goals!

Just as I was able to partake in an AGLP membership retreat as a medical student to help plan for the past 10 years — I now give that opportunity to you. AGLP is coordinating a retreat at the 2012 Annual meeting in Philadelphia. We will review our past mission and plan for the future. Please arrange to attend on Saturday, May 4, starting at 8:30am.

Lastly, I wanted to update you on the actions of the Educational Subcommittee. We helped coordinate a ½ day educational event for all of the psychiatric residents at Jefferson Medical College in Philadelphia with Amir Ahuja. Drs. Benoit Dubé, Eric Yarbrough, Lital Melnik and myself lectured and fostered discussions on sexuality, bullying, psychotherapy and parenting issues with LGBT patients, and removal of homosexuality from the DSM. These talks were well received and we hope to offer talks like these again through the development of an AGLP speaker's bureau. We also had a series of talks at IPS in San Francisco and are planning for next year's IPS as this article goes to press. If you have ideas or needs for educational activities, please do not hesitate to write at atompkins@aglp.org

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The Minority Report**Amir K. Ahuja, M.D.**

AAhuja@aglp.org

As always, I feel very lucky to be part of the AGLP. It is a wonderful organization and does a lot to promote LGBT Mental Health. A few exciting things have been going on recently that I would like to share.

First, this past September, I organized a half-day workshop for all of the residents at my program at Drexel University College of Medicine. It was a day of learning for our whole residency, as we all can use more LGBT-centered psychiatric education. We learned about the history of homosexuality in the DSM, psychodynamic development of LGBT persons, bullying and LGBT parenting, and how to better take a sexual history. The workshop was a real success. It was attended by almost everyone in our residency and everyone loved it! They can't wait for the next one!

Also, planning is of course underway for the APA Conference in Philadelphia next May. I will be helping arrange several events, including the People of Color event. We are still ironing out the details, but stay tuned for more information. In addition to that, there are many other events that attendees will be able to participate in, and we hope that you can all make it there!

Since joining this organization, I have given a lot of thought to minorities in Psychiatry. When you are a person of color and you are LGBT, there are multiple challenges to face. You often face the homophobia of your own culture, and the subtle (or not so subtle) racism that can be prevalent throughout the gay community. A sense of belonging can be tough to come by. This is why I feel that we can make a huge difference in the AGLP to give ourselves and the population at large a real sense of belonging and hope. We can collaborate and find ways to address these unique concerns of LGBT racial and ethnic minorities.

In the coming months, there will be more developments coming, and we welcome everyone's ideas about what those might be. I hope that some of you feel inspired and have great ideas about how to help us. I would love hear from all of you, so please e-mail me at AAhuja@aglp.org. Until next time!

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News from the Basement

David L. Scasta, MD, AGLP Representative to the Assembly of the APA

DScasta@aglp.org



David Scasta M.D.

I always enjoy serving on the Assembly reference committees which review action papers before they come to the plenary floor of the Assembly. This year we had a lively and in-depth discussion about the duties of the Speaker of the Assembly. Former Speakers, individual representatives, and APA attorneys weighed in. It seems that one of the Speakers elected not to move an action paper passed by the Assembly, feeling that he could not in good conscience move the paper in the Joint Reference Committee. The Joint Reference Committee (JRC) is a clearing and arbitration group composed of both Assembly and Board of Trustees members. The JRC irons out differences between the Assembly and Board of Trustees before motions are passed officially by the Board of Trustees. The Board of Trustees has the fiduciary responsibility for looking after the best interests of the

responsibility to the organization as a whole. In the end, the action paper was modified to state that either the Speaker OR the Recorder would ensure that the action paper is moved in the JRC. Moving the paper does not mean that it will be voted for; only that it will be considered.

I guess I should be paying special attention to such issues. I was both humbled and very honored to be informed that I have been nominated to be the next Speaker-Elect of the Assembly. The Speaker has a critical role in ensuring that the voices of constituent members of the APA are heard within the APA governance and staff. My opponent will be Dr. Melinda Young, the current Recorder of the Assembly. I will have an uphill battle to win the election, coming from the outside of the Assembly administration running against the current Recorder. Regardless of the outcome, it is a distinct honor to have been considered for the position. I hope that AGLP members will take the time to talk with their district branch representatives to the Assembly about whom they would like to be the next Speaker-Elect. If you do not know who your representative is, that person can be easily discerned by going online at www.psych.org, logging in, navigating to the Members Corner, and selecting the Component Directory. Look up your district branch and you will find your representatives listed. Postal and e-mail addresses are listed in the back pages.

I hope that AGLP members will take the time to talk with their district branch representatives to the Assembly about whom they would like to be the next Speaker-Elect. If you do not know who your representative is, that person can be easily discerned by going online at www.psych.org, logging in, navigating to the Members Corner, and selecting the Component Directory.

APA. The APA attorney insists that fiduciary responsibility of board members implies that they do not represent constituent groups but rather represent the APA as a whole. An action paper coming out of my district branch (New Jersey) called for changes in the Assembly procedural code which would require the Speaker to move all action papers passed by the Assembly. The problem that was raised in my reference committee was that the Speaker is both a representative of the Assembly and a member of the Board of Trustees. The APA lawyer argued that the Assembly could not compel the Speaker to move an action paper because of his fiduciary duties as a member of the Board of Trustees. The APA lawyer suggested that the Assembly Recorder, who is not a member of the Board of Trustees, instead be required to move the action papers because the Recorder does not have a fiduciary

I filed one action paper for fall session of the Assembly which was passed by unanimous consent. The action paper called upon the Council on Minority Mental Health and Mental Health Disparities to pull together the 15 APA position statements on LGBT matters into a comprehensive, single statement which would be more user-friendly for characterizing the APA's approach to a variety of LGBT public affairs and education issues. The action paper, parenthetically, was initially suggested by Dr. Young, my opponent for Speaker-Elect.

Although it takes an Assembly representative to file an action paper, non-members of the Assembly often are cosigners to action papers that they helped to initiate and got their representatives to file. If any AGLP members have concerns or ideas that might be best managed through an action paper, I would be privileged to work with them on bringing that to pass. I can be contacted through the AGLP national office or by e-mailing me at scastadavid@msn.com.

As a postscript, if I become Speaker, ALL action papers passed by the Assembly will be moved by me in the JRC.

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Call for Papers

Journal of Gay and Lesbian Mental Health: Remembering Frank Kameny

With the recent passing of lifelong activist Frank Kameny, the movement for LGBT civil rights has lost one of its founding giants. We are seeking submissions for the Journal of Gay and Lesbian Mental Health that remember and reflect on Kameny's contributions to the movement, and particularly his activism around organized psychiatry and its previous pathologization of homosexuality as a mental illness.

Papers can be personal remembrances of Kameny, or essays/reflections on the personal and professional meanings of his legacy. Papers can be as short as 500 words or as long as 3,000 words.

The deadline for submissions is December 15, 2011. Submissions should be sent to editors@aglp.org. The Journal of Gay and Lesbian Mental Health is a quarterly, peer-reviewed journal indexed by PsychInfo and published by Taylor & Francis. JGLMH is the official journal of the Association of Gay and Lesbian Psychiatrists (www.aglp.org). Further information on the Journal for authors can be found at <http://www.tandf.co.uk/journals/authors/WGLMauth.asp>.

JGLMH is listed in EBSCO and PsychInfo. All submissions must go through peer review before being accepted for publication. See <http://www.tandfonline.com/action/authorSubmission?journalCode=wglm20&page=instructions> for full instructions for authors.

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JGLMH now available online FREE to AGLP Members

The *Journal of Gay and Lesbian Mental Health*, the official journal of the Association of Gay and Lesbian Psychiatrists, is now available for viewing online free to all AGLP Members. Through an arrangement with Taylor & Francis, publishers of the Journal, issues 12-15 are now available with subsequent issues added as they become available. The content is searchable with search words and phrases, and you can even download and print particular articles if you like.

To access the *Journal* online, visit www.aglp.org and click on "Members Area." You will need your AGLP username and password to access

this area. Once onsite, you will see a blue tab on the right that reads "Journal of Gay and Lesbian Mental Health." Follow the links through this site to gain unre-

stricted access to all of the Journal content.

While in the AGLP members site, you might want to personalize your username and password if you have not done so already. You can also edit your profile if necessary with updated information. If you are a regular visitor to the members area, you will notice new and upgraded graphics and navigation.

Please feel free to contact the National Office if you have any questions or problems with access.

Hoping you find this new member benefit useful,

Mary Barber, MD, and Alan Schwartz, MD, Co-Editors, JGLMH
Robert Kertzner, MD, Contributing Editor

• • •

World Psychiatric Association

The Next World Psychiatric Association meeting is in Prague from October 17-21, 2012. This is a smaller International Meeting, compared to the Psychiatric Congress which takes place every 3 years. Submission deadline is January 15th, 2012. We would need to know your interest in the next day or so if you are interested in participating in submitting a LGBT focused workshop or symposium. www.wpaic2012.org

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Request for AGLP Advisory Council Committee Chairs

The Association of Gay and Lesbian Psychiatrists Advisory Council, who along with the Board of Directors provides the ongoing leadership for AGLP, is looking for AGLP members to serve on two key positions that are currently open. The Chairs of these Committees provide focused representation and development for constituent groups. The Chairs attend our bi-annual business meetings in May and October and participate in monthly phone conferences. Current AGLP membership status is the only requirement. The Council currently has vacancies on the following committees:

- Child and Adolescent Psychiatrists
- Transgender Members

If you feel you would like to get involved with AGLP on a deeper level, please contact me at RHarker@aglp.org and let us know of your interest. Your time and efforts will be vital to the ongoing work of AGLP.

We wish to encourage Resident and Early Career members especially in this effort: Networking with other Council members and the Executive Committee can provide invaluable experience.

Roy Harker, Executive Director

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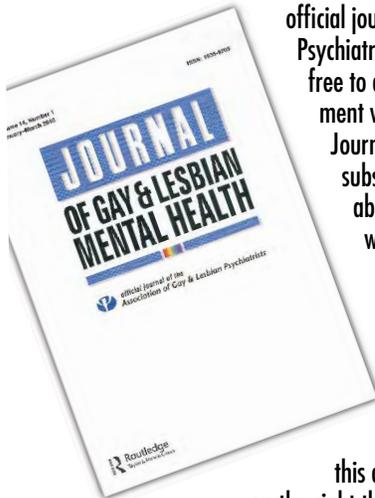
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Use this link to make reservations online. You can also find this link through the AGLP website (www.aglp.org.) If you wish to use the call center to make your reservations, please ensure you mention "AGLP" as their attendee type, so that all your reservations can be tracked and properly booked and get the AGLP rate. The Call center phone number is 212-532-1660. Ask for Joe Corona, extension 2175.

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2012 APA Candidates

Eric Yarbrough, MD

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Each year around the APA election, we like to ask the candidates about questions specific to AGLP. It's a way that you can get information about how the candidates view areas which may be of importance to you when deciding your vote. This year the questions were more concerning education — education regarding medical students and also health care workers in general. The questions were given by two past presidents of AGLP. They are as follows:

Question #1

How will you work with the AAMC to improve teaching in medical schools about LGBT medical and mental health issues given the needs of a minority population who still feel marginalized by the medical establishment in most places?

Question #2

How do you respond to the recent IOM report and Joint Commission guidelines in terms of promoting research into LGBT medical and mental health issues as well as person-centered care that is sensitive to the LGBT patient? What role does the APA have in this?



Renee L. Binder, MD

President-Elect

Renee L. Binder, MD

If elected, I will represent the interests of the Association of Gay and Lesbian Psychiatrists. I have done so throughout my entire professional career and will continue to do so.

Question #1

One of the reasons that I am proud to have been a full time faculty member at the University of California, San Francisco Medical School since the late 1970's is that UCSF has a strong history of spearheading the efforts to improve teaching in medical schools about LGBT issues. We have a UCSF "Center for

LGBT Health and Equity" that has provided training on LGBT health concerns to current and future physicians. In October 2010, we presented the National Summit on LGBT Issues in Medical Education for medical school faculty. Our Center has pioneered the infusion of LGBT topics into the curriculum of the medical school and has developed resources for use in all medical schools including "Core LGBT Competencies for Medical Students," "LGBT Curriculum Infusions," and "LGBT Curriculum Checklist." In addition, the UCSF Department of Psychiatry has been visibly represented in these efforts. Two of my colleagues, Drs. Ellen Haller and Robert Daroff, have been the leaders of this core second year medical student LGBT Health Curriculum and are in the process of submitting their materials to the AAMC's Med Ed Portal. I fully recognize the critical importance of this educational effort, and as APA President, I will work with the AAMC to see that similar resources are available to all medical schools to improve teaching about LGBT medical and mental health issues.

Question #2

I agree with the IOM report and Joint Commission guidelines about promoting

research into LGBT medical and mental health issues as well as person-centered care that is sensitive to the LGBT patient. When I was Interim Chair of Psychiatry, I supported the development of specialty clinics that dealt with LGBT issues including lesbian health, HIV psychiatry, and wellness health-promoting clinics for the LGBT population. The Center for LGBT Health and Equity at UCSF has advocated that surveys ask respondents their sexual orientation and gender identity so that reliable data can be generated on LGBT health and many surveys at UCSF and elsewhere have done so (see: "gaydata.org" for details).

Part of the role of the APA is to develop policies that are supportive of LGBT health issues and civil rights so that we can use these policies in our lobbying efforts and judicial amicus briefs. For example, the APA has a position statement in favor of same sex marriage and that has enabled us to sign on to amicus briefs in multiple states where this issue has come up in the courts.

Under my leadership as Chair of the Committee on Judicial Action, the APA signed on to an amicus curiae brief in the US Supreme Court case, *Lawrence v. Texas*. This case struck down sodomy laws in the U.S. I also was co-author of an APA resource document on child custody that supported custody and adoption by gay and lesbian parents; this document enables the APA to support legislation and judicial actions that deal with these issues.

A critical role of the APA is to educate others using scientific data, and I fully support the APA being active in combating myths and stereotypes about LGBT people.

President-Elect

Mary Helen Davis, MD

Question #1

I believe in collaborative leadership and would engage the leadership and agenda of AGLP with APA leadership working with the AAMC. The AAMC states their mission to be "to lead the academic community to improve the health of all". It is critical that medical school training curriculum incorporate the latest in current research and treatment. Academic medical centers need to be our health care innovative zones, it is inexcusable to not have culturally sensitive training that understands and provides solutions to disparities in health care. Incorporating the knowledge of IOM reports into the medical curriculum didactic and research agenda is essential. Failure to provide training on LGBT mental and medical health issues only perpetuates stigma throughout the course of a professional career. The median time dedicated to LGBT related health content issues in medical school has been reported to be about five hours with considerable institutional variation. Most medical schools acknowledge curriculum content involving gender identity, sexual orientation and HIV, however there are considerable unmet curricula needs in areas such as mental health, LGBT partner violence, adolescents, substance abuse, coming out and other chronic disease risks.

There is an opportunity with the anticipated release of DSMV, along with the IOM report on LGBT health to provide a forum for education and curriculum development across the learning spectrum, medical school, residency and beyond to educate psychiatric physicians on the medical and mental health needs of the LGBT population. The APA along with The Sexual and Gender Identity Disorders Workgroup from DSMV could be invaluable resources. The APA annual scientific meeting, along with the IPS is positioned to bring new information to its general members, collaborating with the scientific meeting

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committees allow for the development of tracks. As we prepare to launch DSMV, we can anticipate that members will be eager to learn of changes in our diagnostic categories, this is a prime time to add the emerging data about LGBT Health to our scientific program agenda. Furthermore, we have identified the need to provide more timely updates to our guidelines; I would like to see our future guidelines addressing public health issues and would welcome input and participation from your organization and its members to accomplish this goal.

Question #2

I applaud the IOM report: *The Health of Lesbian, Gay, Bisexual and Transgender People; Building a Foundation for Better Understanding* as well as the report *Injustice at Every Turn*. These reports highlight disparities in the knowledge base and treatment of the LGBT patient population. It is appalling when stigma related to gender identity creates barriers in access to medical care. These reports highlight specific problems as well as deficits in our research. It is insufficient to recognize the prevalence of LGBT adolescent substance abuse and suicide risk and other demographic data without additional research into prevention, intervention and treatment strategies. Health care reform calls for patient and family centered care, this means more than the traditional family. Achieving this type of patient and family centered care requires public as well as professional healthcare literacy about lesbian, gay, bisexual and transgender health issues across the lifespan. The Joint Commission report sets forth standards that will help in promoting more culturally sensitive communication, however these reports and field guides need to become part of our mainstream curriculum.

Professionalism requires lifelong learning to gather state of the art medical knowledge about the health issues of our patients. The LGBT patient deserves the right to culturally sensitive care from a knowledgeable and compassionate physician. The problem is a large body of the medical establishment has never had formal training on gender identity issues and health research has been limited and inadequate. The APA should expand support to the Association of Gay and Lesbian Psychiatrists in determining the educational initiatives regarding the medical and mental health needs of the LGBT population and the forums in which this curriculum could be developed and conducted.

The APA can provide solutions by collaboration with leadership from the office of minority and national affairs, APIRE and the APA foundation. The IOM reports provide a stimulus for further action and research. However it is not enough to identify needs without developing an implementation strategy to achieve those needs. If elected, population health will be a major focus of my presidency, as part of this focus, disparity and unmet health needs will be included in my agenda. I look forward to working with your organization and closing the gap as we expand our knowledge base around LGBT health issues.

Please do not hesitate to contact me with your comments or concerns.
mhdavis610@aol.com

President-Elect
Jeffrey Lieberman, MD

Question #1

The Association of American Medical Colleges (AAMC) is an important and trusted partner of the American Psychiatric Association (APA). We are fortunate



Jeffrey Lieberman, MD

that AAMC president Dr. Darrel Kirch is a highly capable and forward-looking psychiatrist who thinks broadly about the role of diversity in healthcare. Thanks to the AAMC's leadership, in 2007 we learned that as many as 20% of medical students reported witnessing mistreatment related to sexual orientation and gender identity. In response, the AAMC issued recommendations that medical schools endorse non-discrimination policies related to LGBT identification, improve curricular representation of issues relating to LGBT health and ensure a safe and welcoming learning environment for LGBT students in admissions and student

affairs. Recent statements by the Institute of Medicine and The Joint Commission appropriately expanded the scope of these recommendations beyond the teaching mission of the academic medical center and into research and clinical care.

Academic medicine is moving in the right direction on LGBT issues. I believe there are many opportunities for collaboration with the AAMC to enhance the APA's work in education, research and clinical care related to LGBT populations. I also believe that as mental health professionals, we have unique insights into the effects of marginalization on minority populations that we can contribute to the national dialogue. As APA President, I will work with our Council on Minority Mental Health and Health Disparities, the Association of Gay and Lesbian Psychiatrists, the Group for the Advancement of Psychiatry's LGBT Issues Committee (which has developed an outstanding syllabus in LGBT mental health) and the AAMC's new Chief Diversity Officer Dr. Marc Nivet to enhance the APA's approach to diversity and to ensure psychiatrists are contributing to national efforts to provide safe and tolerant environments for teaching, learning and caring for patients.

Question #2

The Institute of Medicine's (IOM) report on the Health of Lesbian, Gay, Bisexual and Transgender People³ and The Joint Commission's (TJC) field guide for Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care for the Lesbian, Gay, Bisexual, and Transgender (LGBT) Community⁴ are landmark statements that, in concert with the Association of American Medical Colleges' (AAMC) recommendations for medical schools, represent a unified call to improve the care that we provide for LGBT patients by (i) developing the required evidence base through research, (ii) building a safe and welcoming clinical environment and (iii) developing appropriate methods to teach physicians-in-training.

The APA has a number of internal and external resources on which we can draw in response to this call. Internally, our councils on Research and Quality Care, Health Care Systems and Financing, Minority Mental Health and Health Disparities and Medical Education and Lifelong Learning represent a wealth of knowledgeable and experienced members who may consider this call in the context of their work. Externally, our colleagues in the Association of Gay and Lesbian Psychiatrists and the Group for the Advancement of Psychiatry's LGBT Issues Committee have already made remarkable contributions in their thoughtful work on LGBT identity, patient care and education. As APA President, I will bring together our members to respond to the calls from the IOM, TJC and

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AAMC and develop a unified APA response with recommendations for research priorities, clinical care guidelines and teaching tools to improve mental health-care for the LGBT community.



David Fassler, MD

Treasurer
David Fassler, MD

Question #1

Surveys conducted by AAMC reveal that 15% of medical students report being aware of the mistreatment of LGBT colleagues at their school during the preceding academic year, and 7% described the social, personal and learning environments at their institution as "hostile" towards LGBT students. Among self-reported LGBT students, 17% reported hostile environments. 3.2% of students reported that they had been denied training opportunities based on sexual orientation, and 4.2%

reported lower grades or evaluations. In response to the survey results, AAMC formulated a set of LGBT "good practices" for medical schools.

The LGBT Resource Center at UCSF has also developed a useful set of guidelines and specific recommendations to help medical schools "incorporate LGBT topics into the formal curriculum, provide LGBT information outside the curriculum, support LGBT students and faculties, and promote equality for LGBT students, faculties and patients." An institutional self-assessment tool that allows schools to evaluate their programs, services, benefits and policies from the standpoint of LGBT equity is also available through the Resource Center. The APA should review these resources and other available guidelines and work collaboratively with AGLP, AADPRT, the Group on Diversity and Inclusion (GDI) of the AAMC and the AMA's Council on Medical Education to facilitate the dissemination of the information to medical school administrators, department chairs, training directors, and academic faculty.

Question #2

The IOM Report on The Health of Lesbian, Gay, Bisexual, and Transgender People contains timely and appropriate recommendations. The overall finding was that we need more research on most areas related to LGBT health care. The report includes specific recommendation on data collection, methodology, training and funding.

In November, the Joint Commission released its report, on "Advancing Effective Communication, Cultural Competence and Patient- and Family-Centered Care for the Lesbian, Gay, Bisexual, and Transgender (LGBT) Community". The report documents the existence of significant and persistent disparities, due, in part, to discrimination, stigma, insensitivity and lack of awareness. Consistent with the IOM Report, the Joint Commission emphasizes the need for more data, information and research. The report provides a series of detailed guidelines, strategies and recommendations designed to enhance the ability of hospitals and health systems to care for LGBT patients.

The APA should disseminate information about both reports to our members. The APA should also work collaboratively with AGLP and other professional and

advocacy organizations to ensure that the recommendations are actually implemented. Changing the attitudes of the health care delivery system will require ongoing effort, input and monitoring. However, these two reports are helpful resources. They also represent significant, if gradual, progress in a positive direction.



Robert Feder, MD

Treasurer
Robert Feder, MD

Question #1

I believe that the APA should have a liaison with the AAMC to provide assistance in curriculum design to ensure that the needs of LGBT patients will be understood and met by the upcoming generations of physicians. This can be done both by offering the expertise of those in the AGLP, as well as financial assistance.

I had mixed reactions to the Joint Commission report. I felt dismay over the continued lack of understanding and caring given to the LGBT community that the report described. I had hoped the medical community had grown in its knowledge and sophistication in regard to this, but apparently not sufficiently. I also felt a spirit of optimism after reading the report in that it promotes and outlines ways in which the situation can be improved. I feel that the APA should fully support these initiatives, again by providing consultation from our LGBT members that are willing to offer it, and by helping to fund research and patient care projects. The APA should set up a task force to investigate residency programs throughout the country to examine their curricula on these issues, and provide feedback as well as any needed resources to these programs.



Anita Everett, MD

Trustee-at-Large
Anita Everett, MD

Question #1

Equity for all individuals is an essential value for America at this time. Full and real equity is the result of a culture that values diversity. Whereas celebrating diversity represents an idea, full equity has to do with the operationalization of diversity and results in the provision of fully equal opportunity in all endeavors and for all members of our society. Including individuals from diverse backgrounds, cultures and orientations. Equity is a rising big idea in public policy that will have

far reaching benefits for many marginalized, minority or diverse individuals in our society. A guiding principle in all activities on which I would have the chance to participate and lead would include equity. As an APA, Board of Trustees (BOT), Member at Large, I may not have the opportunity to interact directly with the AAMC, equity however for all members and patients is a critical value in practice as well as in training.

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Question #2

How do you respond to the recent IOM report and Joint Commission guidelines in terms of promoting research into LGBT medical and mental health issues as well as person-centered care that is sensitive to the LGBT patient? What role does the APA have in this?

The APA has tremendous opportunity to influence the adoption of a person centered therapeutic approach for all patients and groups including LGBT patients and professionals. Specific immediate examples as to how this might be addressed by the BOT over the next several years include the practice guidelines series, invitation and acceptance of LGBT sessions at both the APA annual meeting and Institute of Psychiatric Services meeting as well as through the various clinical formulation and treatment products that will be associated with the DSM 5 release. As a Trustee at Large, I would support research into LGBT issues, with a particular focus on those issues which result in LGBT individuals having less of an opportunity to participate fully in US society. Equal opportunity is my guiding principle.



Bruce Hershfield, MD

Trustee-at-Large Bruce Hershfield, MD

Question #1

I know that residency curriculum coordinators struggle to provide adequate training in a milieu that places strong demands on everyone involved. It's far too easy to neglect topics that relate to lesbian, gay, bisexual, and transgendered people. Few training programs provide anywhere near adequate training in LGBT matters.

The APA tries to be proactive in addressing disparities in treatment of minority groups--a position I have been in favor of for years. I

was very pleased to serve as Co-Chair of the Board work group that arranged for election of an M/UR Trustee. The system that is being put in place should strengthen the caucuses and provide for more input by our members who identify themselves as belonging to minority and under-represented groups.

I know that your LGBT Rep in the Assembly, Dr. Dave Scasta, reported that the APA has more position statements on LGBT matters than just about any other topic. I will continue to support that course of action. I particularly would appreciate input from your Rep on the Council on Minority Mental Health and Health Disparities, Dr. Ellen Haler, about what we can do to improve training on these important matters. Dr. Phil Bialer, who is now the M/UR Rep on the Assembly Executive Committee, has been very helpful and can be an important resource for further advice.

Question #2

The Institute of Medicine has called for sweeping changes and expansion of research about LGBT health issues, noting that each of these groups has unique healthcare needs. This research has long been neglected. The APA can help by providing forums to highlight new findings in response to the IOM report. I

would be pleased to look for guidance from your Reps on the Council on Minority Mental Health and Health Disparities, the Assembly (your caucus Rep and your Assembly liaison) and your AGLP Board of Directors.



Steve Koh, MD

Early Career Psychiatrist (ECP) Trustee-at-Large Steve Koh, MD, MPH, MBA

Question #1

Healthcare is changing rapidly. Medical education and training must keep up with these changes. Fundamentally, the changes in healthcare are not just about the fiscal realities of medical costs, but a result of the complex convergence of various factors, one of which is the movement towards patient and individual-culturally-centered care. Patients or consumers of healthcare are the primary drivers of this movement. The

demand from those we treat is pushing change in our system more than ever before.

AAMC must keep pace with the demands from the patient population and the policy changes already taking place in our country. Its vision statement (<https://www.aamc.org/about/>) makes it clear that it strives for workforce diversity, cultural competency, and the public good. While these goals have been strongly advocated by the AAMC for ethnic minorities and women, it is time for the organization to pay closer attention to the LGBT population. The need for this should be driven by the demand from the public to acknowledge unique needs of the LGBT community and as reflected by the strong push by the Obama administration to bring LGBT rights at the international and WHO level.

AAMC is a non-profit conglomerate of interest groups that ultimately represent not only medical schools but physicians and thus physician membership organizations like the APA. AAMC's organizational charge to address LGBT issues is not to ask in the organization to change its vision, but to align its vision with the current realities of the public will and political initiatives.

APA can play an important role in this dialogue. AAMC's President and CEO is a psychiatrist and the American Medical Association's (AMA) new president (to be inducted in June) is also a psychiatrist. Psychiatry has also been working more closely with consumer groups like the National Alliance on Mental Illness. APA can act as bridges between these stakeholders to continue to serve the public good.

I have been personally invested in minority issues, worked with consumer groups, and advocated for my peers and colleagues. I have worked to understand organizational changes and I believe that the key to cultural change in an organization is value alignment, supported by facts and shared interests. To advocate for change in AAMC, we must charge APA's Council on Medical Education and Office of Minority and National Affairs to work collaboratively with consumer groups and gather information on current needs of the public. This will inform us how best to leverage AAMC to increase its attention to LGBT issues in medical education. Furthermore, we must work with our AMA delegation to bring these issues to national attention.

I believe that we can effectively work with AAMC to align its strategic priorities

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(<https://www.aamc.org/about/strategicpriorities/>) to the public and national policy interests in LGBT issues. With strong psychiatric leadership at the APA, AMA and AAMC, we are at a unique position to make real changes in our medical training. I would be honored to lead our Early Career Psychiatrists to accomplish these goals.

Question #2

The recent IOM and the Joint Commission guidelines are a long time in coming. They are an acknowledgement of the importance of the sexual minority patient population in medicine and the inadequate epidemiological data we have to provide culturally sensitive and appropriate care to subcultures within those identified as LGBT. Briefly, the reports emphasize the following five crucial elements to actively engage physicians to provide culturally sensitive care to LGBT population:

- Emphasis on importance of healthcare leadership in promoting integrated policies recognizing unique needs of LGBT patients.
- Need for systems wide changes to provide safe and accessible care.
- Need for culturally sensitive workforce.
- Importance of narrowing the epidemiological and patient specific data gap of sexual minorities.
- Recognition of community and family's role in providing appropriate care to LGBT patient population.

I believe that APA must take an active role in meeting the challenges described in the reports. It is acknowledged that the field of psychiatry and organized psychiatry have come a long way from the ill treatment and marginalizing view of minority populations. When teaching medical students and junior residents, I point out our profession's mistakes and injustices committed in our past treatment of minority populations. This teachable moment is valuable for them to learn cultural humility in their careers. We often talk about cultural competency, but I find that the description of what it means to be competent in a culture foreign from one's own can lead to generalizations. To state that one is culturally competent gives the illusion that one embodies or understands the implicit and explicit cultural complexities of the other. In my opinion, it is far more important to acknowledge and appreciate the uniqueness of cultural differences and needs—in short, to approach our work with cultural humility.

With cultural humility in mind, we must engage the five elements described in the reports. The APA's Office of Minority and National Affairs (OMNA) has a proven, effective history of dealing with minority issues. We must work with OMNA to expand APA's work with cultural minority populations. APA must integrate the concept of sexual minorities in a manner similar to how ethnic minorities are viewed.

Along with the Joint Commission and IOM reports, as described in question #1, consumer groups and federal administrative policies are pushing our healthcare system toward emphasis and integration of LGBT issues. APA must be at the forefront of this movement. We must start with our own organization and make leadership driven, organization-wide changes to integrate sexual minority issues into the larger overarching multicultural emphasis of OMNA and other departments of the APA. We must specifically ask DSM-5 development and field trial teams to evaluate the new diagnostic criteria for validity and sensitivity to

sexual minority cultural issues. Finally, we must work with consumer groups and allied organizations like ACGME, AMA, AADPRT and AAMC to meet the challenges. It will be a special challenge and goal for me to endeavor in this task as the next Early-Career-Psychiatrist Trustee-at-Large.

Early Career Psychiatrist (ECP) Trustee-at-Large

Molly McVoy, MD

No response received



Jose Vito, MD

Early Career Psychiatrist (ECP) Trustee-at-Large

Jose P. Vito, MD

Question #1

I have been an active and vocal AGLP member since beginning my residency and contributing member of the APA New York District Branch Committee on the Lesbian, Gay, Bisexual, and Transsexual (LGBT) Issues. As an Assistant Professor at the Albert Einstein College of Medicine I have always advocated the importance and sensitivity to LGBT medical and mental health issues especially to the underprivileged and underserved in our community. My commitment to working closely within the APA infrastructure to ensure our equal representation and that issue will be addressed. I envision building a strong and collaborative relationship with the AGLP, AAMC and APA delivering strong leadership and effective representation while ensuring our recognition, acceptance, mutual respect and results. My strategy is to educate and engage the Board ensuring effective representation for AGLP psychiatrists to the APA Councils and Committees while maintaining continuous and fluid communication between APA leaderships and the LGBT caucus, its Assembly Representatives and AGLP members. As a first generation minority AGLP early career psychiatrist, I have experienced firsthand and empathetic to the issues that confront our community. A vote for me brings a progressive perspective, innovative approach and effective advocacy delivering unique representation to the Board while elevating the AGLP and resolving current and future issues that impact our community.

Question #2

Promoting LGBT medical and mental health related issue is critical as I believe the APA's role is to advocate vigorously for research that is scientifically sound and appropriate. The APA should assume a leadership position in this research. As a member of the AGLP, I have had the opportunity to learn from and work with many of you. To network with and be the recipient of strong mentorship from senior AGLP members has been an instrumental component of my professional development.

You have my commitment that LGBT medical and mental health related issue will be incorporated and elevated in the APA's agenda. My strategy is to leverage the intellectual strength and expertise of our AGLP leaders to focus our agenda, amplify our points of view and effectively influence the APA on issues

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that impact our community. Your voice will be represented and heard during our annual meeting, will be highlighted inclusive of the IPS meetings with a focused and comprehensive presentation addressing LGBT issues. A vote for me advances our agenda, prioritizes our issues and ensures your voice is heard within the APA.

Member-in-Training Trustee-Elect (MITTE) Andrea Brandon, MD, PhD

No response received



Brian Hurley, MD

Member-in-Training Trustee-Elect (MITTE) Brian Hurley, MD, MBA

Question #1

Building upon the progress already underway at the AAMC to support LGBT equality would be the most effective strategy to improve the inclusion of LGBT medical and mental health issues (LGBT Health) in undergraduate medical education. AAMC staff (including Tiffany St. Cloud and others in the Diversity Policy and Programs unit) are in the process of compiling a set of core competencies for LGBT Health within undergraduate medical

education, amassed from the existing set of LGBT-inclusive curricula in place at a number of medical colleges. Key to this process will be involving academic medical center faculty leaders in LGBT health, incorporating the current LGBT medical education literature, and engaging in-training advocates for LGBT Health (specifically including students, residents, and fellows). The expertise from key stakeholders will be invaluable to the crafting of core competencies grounded with a solid evidence base that can be practically established throughout medical colleges in the United States and Canada.

As the current Resident and Trainee Representative to the Gay and Lesbian Medical Association (GLMA), I am well positioned to take a lead role in supporting the APA's collaboration with the AAMC related to LGBT Health topics in undergraduate medical education. I am fortunate to have relationships with many of the leading LGBT Health leaders in the country, including many leaders at the AAMC. The national strategy to enhance LGBT Health inclusion in undergraduate medical education currently involves first establishing core competencies and common standards, and then using the momentum from the combination of many national initiatives to accelerate the common adoption of action steps to teach LGBT Health at medical colleges.

Key national initiatives that have accelerated this progress include the Institute of Medicine report, the Joint Commission LGBT-inclusive patient-centered care guidelines, HHS's recommended actions to improve LGBT health, and the well-publicized recent JAMA article from the LGBT Medical Education Research Group at Stanford University School of Medicine. We are at a fortunate time in the evolution of undergraduate medical education, with national awareness of the importance of LGBT Health as a key leverage point in fostering the broad adop-

tion of LGBT Health within undergraduate medical education curriculum.

It is the responsibility of the APA, AAMC, and other medical organizations to build upon this momentum to ensure academic medical centers adequately prepare physicians that address the needs of our LGBT patients. We have an imperative to move forward in solidarity as both advocates and collaborators to ensure the adoption of LGBT Health curricula at all levels of medical education. While LGBT Health inclusion within undergraduate medical education is an important goal, I believe also parallel processes within both graduate medical education (through the residency review committees) and within continuing medical education (as California recently mandated) are also critically important. As a lifelong LGBT Health activist, I would (if elected) be an advocate for LGBT Health on the APA Board of Trustees to support the allocation of resources necessary to generate the adoption of LGBT Health throughout undergraduate medical education.

Question #2

It is thrilling to see the Institute of Medicine and Joint Commission highlight LGBT medical and mental health (LGBT Health) as a core issue for the national research agenda and as a patient care imperative – it has taken a great deal of time to reach this point and it was sorely needed. There are other critical events happening concurrently which shape our current transition point in the LGBT Health movement. Never before have we had a systematic analysis detailing the degree of (non) inclusion of LGBT Health into undergraduate medical education curriculum, policy, and student affairs, and the recent JAMA publication by the LGBT Medical Education Research Group at Stanford paints a critically important picture of today's state of affairs. There is now greater public accountability of medical center policy, highlighted by the Healthcare Equality Index of the Human Rights Campaign (now in its fifth year), which surveys and rates policies and practices related to LGBT patients and families at healthcare facilities across the country. Lastly, over the past year we have seen New York state adopt an inclusive definition of marriage and an end to the United States military's don't-ask don't-tell policy. Indeed, these are historic times.

The convergence of these initiatives is a call to action for physicians throughout health care, and particularly within the APA. There are several opportunities for the APA to take a leading role in the LGBT Health movement. The first is to convene a task force assembling LGBT mental health experts to establish a set of LGBT mental health standards for clinical practice. In turn, these can be used to inform both an LGBT-inclusive federal research agenda as well as support the educational competencies that are being developed as a standard for undergraduate, graduate, and continuing medical education. Alongside a number of affiliated organizations, the APA can then serve as a key resource point for medical colleges, academic medical centers, and medical policy makers looking to fostering an LGBT-inclusive educational environment and reform policies for clinical settings.

The APA is positioned to capitalize on a robust degree of already existing LGBT-oriented CME programming at APA meetings. Given the broad degree of LGBT expertise within our membership, the APA would be well served to invest resources in a grassroots campaign involving APA members in local LGBT-inclusive educational reform initiatives at local colleges of medicine and residency programs. Further, the APA's center for Department of Government Relations has the opportunity to prioritize national-level LGBT advocacy, in conjunction with organizations like the Human Rights Campaign, the Gay and Lesbian Medical Association, and the National Coalition for LGBT Health. Given we are

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the only national medical association with an independently organized affiliated LGBT-focused organization (the AGLP), we have the opportunity to lead the LGBT physician movement within organized medicine.



Erik Vanderlip, MD

**Member-in-Training
Trustee-Elect (MITTE)
Erik Vanderlip, MD**

Question #1

LGBT medical and mental health must be leading priorities for the APA and other professional organizations as part of a larger drive to correct injustices in the way our infrastructure recruits and trains a future health-care workforce that will ultimately care for persons disenfranchised from the current system. As chief resident of the University of Iowa combined program in Family Medicine and Psychiatry, I have personally delivered

care to a number of LGBT individuals from both a mental health and physical health perspective, and recently organized a combined journal club on the delivery of optimal medical and mental health care to this population. As the Member-In-Training representative to the Board of Trustees, I will work steadfastly to ensure that new policy with the APA is inclusive of those with LGBT backgrounds, and that current opportunities in MIT fellowships within the APA include LGBT persons. As a member of the APA Council on Medical Education, I participated in defining psychiatry RRC Milestone language that establishes goals and expectations amongst all post-graduate psychiatric training programs that include LGBT-specific didactics and clinical exposure. Further, as the APA works with similar professional organizations such as the AMA, AAP (American Academy of Pediatrics), ACOG (American College of Obstetrics and Gynecology) or AAFP (American Academy of Family Physicians), I will have the unique ability to tailor LGBT mental health training to primary care settings with my background in family medicine. I would partner with medical student groups and LGBT groups on a national level to lobby for tougher standards among medical student education so that all forms of practitioners will better understand the discrimination experienced by one of our most underserved and under-recognized populations.

Question #2

I am extremely encouraged by actions recently taken by the Joint Commission to require LGBT non-discriminations policies be in place amongst institutions it accredits. Further, recent attention from the IOM highlights the pressing need for further research into LGBT issues, most notably in transgendered and bisexual populations. While accreditation standards and policies are helpful, they do nothing to correct disparities in care unless they are enforced with meaningful action, and institutions embracing these standards have the clinical tools and resources necessary to truly create healthcare systems that are non-discriminatory. On a policy level, I will work with the APA and fellow MIT's to pursue clearer guidelines that establish a priority for LGBT-related epidemiological and clinical research and training in a way that allows for person-centered outcomes and integration of mental and medical care. I would strongly push

for collaboration with other professional organizations to form the policy to construct a safety net for certain individuals at substantial risk for slipping between the cracks. Additionally, if so desired, I would seek to create a national APA platform for recognition of educational programs, researchers, and clinical practitioners particularly adept at providing mental health care to LGBT clients.

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WELCOME TO OUR NEW MEMBERS

J. Flavio Casoy, M.D.
San Francisco, CA

John Cummins
Columbia, MO

Jacqueline Dahl, M.D.
Santa Rosa, CA

Henry Eddleman, M.D.
Hendersonville, NC

Paul Elizondo
San Francisco, CA

Philip Krick, D.O.
New York, N.Y.

David McDowell, M.D.
New York, NY

Jonathan Nye, M.D.
San Francisco, CA

Jose Rengifo
Chicago, IL

Amilton Santos Jr, M.D.
Campinas, State of San Paulo, Brazil

Priyankar Sarkar, M.D.
Philadelphia, PA

Nathaniel Sharon, M.D.
South San Francisco, CA

Carl Streed, Jr.
Baltimore, MD

AGLP Phone Conference

Friday, August 12, 2011

Members present: Kenn Ashley (chair), Andy Tompkins, Eric Yarbrough, Sarah Noble, Amir Ahuja, Roy Harker

Philadelphia 2012 – Sarah Noble, the local arrangements chair, is meeting with Roy Harker to finalize some of the plans for the next APA meeting. A hotel as tentatively been selected but can't be formally named until November.

Symposium for APA – The proposal is for a four person symposium. It will use the APA task force paper addressing reparative therapy. Spirituality will be brought up. The idea to reconcile someone's sexuality and religious beliefs will have particular focus. This was discussed in great detail with committee members and further information will be gathered before this symposium is submitted. Other members of the past executive board will be included in this discussion. The submission will be voted on by the executive board.

IPS San Francisco October 2011 – aglp.org will have all meeting information. The Paulsen Award will be presented to George Harrison at a social event during this time.

Fall Business Meeting, 12pm to 5pm on October 15th at the home of Roy Harker

Board Reports:

President Kenn Ashley: He reports that he is focused on including new board positions in order to outreach to the subspecialties. Kenn would like AGLP to have a presence at all major conferences.

Vice-president Andy Tompkins: The Drexel education day is set and Andy Tompkins, Lital, Eric Yarbrough, and Benoit Dube will be presenting. Amir Ahuja has been coordinating this event with Andy.

Secretary Eric Yarbrough: The deadline for the next AGLP newsletter is November 1st

Privacy and Confidentiality Task Force; Sarah Noble: We are discussing the practical aspect of protecting information online. AGLP wants information publicized for referrals. AGLP will further have publications online and on facebook. We are looking into the ideas about asking permission and what would go into that. There is also a philosophical stance. Our information gets sent out in anonymous envelopes. It may convey many ideas to members and also not alert members to information that is coming from our organization.

Meeting adjourned at 4pm EST

Next phone conference will be Friday, September 9th, 2011

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AGLP Phone Conference

Friday, September 9th, 2011

Members Present: Kenn Ashley (chair), Sarah Noble, Roy Harker, Amir Ahuja, Andy Tompkins, Karl Jeffries, Serena Volpp, Paul Browde, Jonathan Weiss, David Scasta, Chris McIntosh, Eric Yarbrough

Philadelphia 2012 – Sarah and Roy have been meeting with the Philadelphia tourism caucus. Lowe's is our official hotel. A link will be put on aglp.org to make travel reservations with the APA rate.

Symposium 2012 – The board was contacted and responses came in from the proposed symposium. Many of the responses were negative. Christopher Kraft will be participating instead of Warren Throckmorton. It will center around how religion and sexual orientation can be in conflict. Some of the speakers will

look at how to do patient-centered treatment in those organizations. (first name) Blair will talk about Christianity, Christopher Kraft will present regarding the Jewish religion.

It was motioned and accepted that the symposium will be adopted with recommended changes by the board. While the symposium will be controversial, the education and discussion around the subject matter is important

IPS San Francisco 2011 – Gene Nakajima has worked on this a great deal. A Saturday night party is being suggested. No confirmation as of yet. Continue to watch aglp.org for updates. AGLP members presented topics related to LGBT concerns are listed on our website.

Board Reports:

President Kenn Ashley: I will continue to reach out to create a wider net of communication with the different subspecialty services.

Vice-president Andy Tompkins: The symposium and upcoming half-day at Drexel were discussed. See Minority outreach report. Submissions for IPS 2012 will be due December 2011.

Secretary Eric Yarbrough: Minutes will be sent out to be reviewed for approval at the fall business meeting in Philadelphia

Treasurer Serena Volpp: Our budget is still stable. Income areas we are lacking are membership dues and grants. Expenses are too high with credit card expenses and website expenses. The budget will continue to be observed and adjusted accordingly. A fee to cover the credit card expense can not be charged. Dues haven't been raised in seven years. Discussion regarding this will be added for the upcoming October meeting.

Executive Director Report; Roy Harker: Next month starts the 2010 audit. The journal continues to meet every month and they are working on a new design for the cover.

Minority Outreach Committee; Amir Ahuja: The Drexel half-day class will take place September 28th. The board discussed storing information on the aglp.com website to have available for future presentations. CVs of participating members online may also help the process.

Membership; Karl Jeffries: No formal report but Karl reports he is now able to focus his efforts on a membership drive

Child/Adolescent; Jonathan Weiss was introduced as the Child/Adolescent Representative. He was formally welcomed by the board.

Psychotherapy Committee; Chris McIntosh: No formal report

Assembly Report; David Scasta: The Anti-homosexuality bill in Uganda has been reintroduced to the assembly. A letter was sent to the administration in Uganda. AAOL will be doing more workshops on bullying. Legislation – procedural issues were discussed.

HIV Committee; Paul Browde: Discussed a presentation at the APA and the possibility of a performance at APA in Philadelphia.

Privacy and Confidentiality Task Force; Sarah Noble: A privacy statement went out. Further discussion will take place.

Meeting adjourned at 4:05pm EST

Next Meeting: October 15th, 2011 from 11am to 5pm in the home of Roy Harker

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AGLP Fall Business Meeting

October 15th, 2011 12pm-5pm

Members present: Kenn Ashley (chair), Andy Tompkins, Eric Yarbrough, Serena Volpp, Roy Harker, Amir Ahuja, Sarah Noble, Jonathan Weiss

Previous Minutes

Action: It was moved and accepted that the minutes be accepted with the submitted corrections.

APA Meeting in Philadelphia

Discussion: Sarah Noble. Early planning has started with the local arrangements committee. Favorites listed among members. The hotel has been selected. Members can expect to have an opening social and closing reception, women's dinner, social event for the residents, and potentially a larger social event for Saturday night.

Charging a fee at AGLP events

Discussion: The board discussed the balance between getting new members and giving the present members a perk of membership. A non-member cover of \$10 was suggested for some events. Medical students will be charged \$5.

San Francisco 2011

Discussion: AGLP will be represented in workshops at the convention. Gene Nakajima have organized events which will be posted on AGLP.org.

IPS New York 2012

Discussion: The board is starting to brainstorm locations for social events around the convention.

President Report: Kenn Ashley

Discussion: Sub-specialty AGLP representation is starting to take form. Some members have stepped up to organize social events during sub-specialty conventions. The board and members were encouraged to think about fundraising and other ways to increase membership.

Vice-president report: Andy Tompkins

Discussion: The GAP modules were discussed as well as the speaker's bureau. Andy suggested that certain areas of the country don't hear about AGLP topics frequently and they should be targeted for the speaker's bureau. The Drexel event was well-received. The education committee plans to resume regular meetings to discuss upcoming convention events.

AGLP Retreat

Discussion: Roy proposed a new AGLP retreat to brainstorm new ideas for the organization. Tentative date for Saturday, May 5th in the morning.

Secretary Report and Newsletter: Eric Yarbrough

Discussion: Newsletter deadline as set and board members were encouraged to write for the newsletter.

Treasurer Report: Serena Volpp

Discussion: The budget was reviewed by the board. It was motioned that the budget be accepted with changes. The board approved. It was suggested that the membership drive be highlighted in the newsletter. We set a goal for 50 new members to take us to a total of 350 for the organization. It was also

suggested we switch to company that would allow automated renewal at a lower cost. Board decided to hold off on deciding about medical student dues. Student travel scholarship was motioned to be up to \$250 maximum per student per event for a current yearly budget of \$2000. It was passed.

Membership: Karl Jeffries

Submitted report: Karl Jeffries

I have been thinking about how to formalize an approach to membership so that we can begin to get a sense of control and direction. My own experience with personal and professional challenges in the past year has given me some ideas for what we as an organization might try to provide for our members (specifically a mentorship program for residents and early career psychiatrists), but that is related to specific issues and I think it would behoove us to first get a general plan in place, then to focus on details of implementation.

So if the board can at least glance at this below and give some feedback on the document as a whole, but then for the starred (*) items, if there could be some specific feedback on thoughts and prioritization, I think that would be a good place to start. Obviously, another component for each of these is who will implement or move forward.

Below is an outline of how I have begun to organize my thoughts on the membership problem as a whole — there are 3 areas of focus:

Retention:

Removing obstacles to maintaining active membership

- automatic billing
- automatic renewal of membership? (we just send them a bill after they indicate they choose auto renewal?)
- instead of monthly renewal, maybe there can be quarterly renewal?, so we have less to keep track of (everyone who renews in quarter 1 would be an active member until the end of quarter 1 next year—we only have renewals to track once every 3 months, which may make it easier to attend, follow through and perhaps easier to contain??)
- hyperlink on renewal email reminder that takes member to a pre-filled renewal form
- renewal through other media—facebook...?

Maintaining / increasing motivation to remain a member *

- services offered—journal, annual meeting offerings, referral directory, newsletter... are there smaller day-to-day things?, like an occasional letter from the president or executive director with updates, news/action alerts that can be emailed
- sense of "connection" throughout year instead of just at annual meeting (ideas?, hope was that the listserv could be more active, maybe we can utilize it more in the future, maybe use facebook group as a type of AGLP-LinkedIn)
- continue / advertise discounts for recruitment of new members
- exclusive, members-only event at annual meeting in addition to other offerings, so that we aren't taking away from the recruiting aspect of our events, but simply providing something on top of that for members to feel a bit more privileged

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Recruitment:

Need to identify specific target populations and discuss how to best recruit

(I think that there should be an informal steering committee, perhaps with conversations online, with representatives from each of the populations to provide insight into what approach should be taken and in what arenas to recruit, or how to provide incentive for joining for each of the groups) *

- Women
- Residents
- Transgender
- Medical Students
- Specific geographical areas?

Re-instatement

Recently Lapsed

- Protocol
 - Formal letter (from whom?)
 - Other outreach?
 - Personal
 - In-person discussions are a great way of re-connecting
 - Online scheduling of outreach by various board
- ##### Distantly Lapsed
- Re-request protocol
 - Survey
 - Seek ways to entice them back
 - Reasons for not renewing
 - Build database to help with organizational planning

Next, I think that it would be good to set a goal for membership numbers. Do we want to have 400? 500? What is realistic and how can we push ourselves a little bit?*

Finally, underlying membership numbers is always the question "Why would someone want to be a member of AGLP?" We have often discussed this question in bits and pieces over the years, and it is touched on above, but I am wondering if the board might want to explore developing an overall STRATEGIC PLAN for the next few years. I know that we are constantly working on various items, but we might be served by formalizing it and setting some goals for ourselves, with timelines and such. It's just an idea to throw out there as I have been thinking about membership numbers.

Nominating Committee

Kenn Ashley identified Ubaldo Leli, Andy Tompkins, Mark Townsend, Cheryl Chessick, and Leslie Gorenson (sp). It was moved to accept, seconded and approved.

Executive Director Report: Roy Harker

Audit is scheduled for next week.

AAOL Report: David Scasta

Discussion: (lifted from written submission)

The action paper opposing the Anti-Homosexuality Bill in Uganda was passed by the Assembly in May 2011. From there, it went to the Joint Reference Committee which decided not to send it to the Board of Trustees as a position statement; but rather, to ask the Board of Trustees to authorize the president of the APA to send a letter to the president of Uganda expressing the APA's disapproval. The Board of Trustees approved the letter in July 2011. Dr. John Oldham, president of the APA, sent the letter to the Hon. Gen. Yoweri Museveni, President of Uganda, and the Rt. Hon. Rebecca Alitwula Kadaga, the Speaker of Parliament, on July 27, 2011. Approximately a month later President Museveni quietly informed the parliament that he would veto the bill if it was passed. While Dr. Oldham was not the only one who wrote a letter of concern, given that the Ugandan National Association of Social Workers supported the bill, the APA's response from a mental health perspective likely was influential.

In the process of preparing the action paper, research was needed to pull up four of the prior position statements of the APA to support the letter. In all, there are approximately 15 position statements related to LGBT issues. The Assembly Recorder, Dr. Melinda Young, noted that it would be helpful to have had a single, comprehensive statement which could be a reference for a wide variety of issues related to LGBT matters without having to go back to numerous position statements that have been passed over the last 40 years. Dr. Philip Bialer and I have filed an action paper asking the Council on Minority Mental Health and Mental Health Disparities to craft such a statement to be sent to the Board of Trustees as a comprehensive position statement. The Council is aware of the action paper and is favorable of its intent. Dr. Ellen Haller is our representative on the Council and will be seeking AGLP guidance in drafting the position.

I list the action papers that have been filed for the fall meeting in November at the end of this document. Dr. Bialer, who represents the Caucus of Gay Lesbian and Bisexual Members of the APA, will not be able to attend. He will be represented by the Deputy MUR representative, Dr. Ubaldo Leli, our immediate past president.

One of my other hats is that of serving as a liaison between the New Jersey Psychiatric Association and the Philadelphia Psychiatric Society. The New Jersey Psychiatric Association will be having its Presidential Gala at the Renaissance Woodbridge Hotel, 515 Route 1 South, Iselin, NJ on November 6, 2011 at 5 PM. The Philadelphia Psychiatric Society will be having its annual Benjamin Rush Ball at the College of Physicians of Philadelphia, 19 S. Twenty-Second St, Philadelphia, PA at 6 PM on November 12, 2011. I would encourage any of our members who are members of the societies to attend so that we have an LGBT presence – particularly with the annual meeting being held in Philadelphia this year.

As always, I solicit input from AGLP members regarding suggestions for action papers or ways in which the Assembly might be beneficial to AGLP members.

Journal

Discussion: A new cover design was approved. It will start the next issue. Included will be a new page about AGLP and how to join.

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Minority Outreach – Amir Ahuja

Discussion: Possible repeats of speaker's bureau was suggested. Amir would like to expand it to more places. He will be reaching out to GLMA for membership referrals. It was suggested there be a people of color event at the annual meeting.

Child Psychiatry Report

Discussion: AGLP had a presence at the child/adolescent annual meeting. It was suggested that LAGCAPA events be advertised on the AGLP website.

Next Meeting: November 18th at 3pm EST

Adjourned at 4pm EST

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AGLP Phone Conference

Friday, November 18, 2011

Kenn Ashley (chair), Andy Tompkins, John Cummins, Eric Yarbrough, Paul Browde, Jonathan Weiss, Sarah Noble, Serena Volpp, Roy Harker

APA Convention in Philadelphia 2012

Action: Sarah Noble (local arrangements chair) reported that a tentative schedule has been made

- The committee is discussing various social activities to take place during the convention
- The board decided that a Mural Walking Tour of the city would be the best outdoor activity
- Roy Harker reported that rooms are available through AGLP.org and will book fast
- The board decided to extend the hospitality suite by one day to fit more activities in. Past years have been cramped with only one day.

Board Retreat during APA Convention

Action: Roy Harker reports a room is booked for us as Asaph Church on May 5th for the day-day Saturday retreat. More information to come.

Increasing AGLP presence at sub-specialty meetings

Action: Kenn Ashley reports that a social event will be taking place at the Psychosomatics convention in Phoenix.

IPS in New York 2012

Action: Kenn Ashley reported that workshops are being planned from AGLP and NYGLP. Gene Nakajima and Andy Tompkins have been heading up this effort on the AGLP side.

Gene Nakajima has been taking the lead with planning IPS activities and, due to the significant planning involved, Kenn Ashley will now start appointing a local arrangements committee for the IPS conferences.

AGLP Board Elections

Action: Kenn Ashley is working on the nominations committee. Membership will be notified at least 90 days in advance for nominations.

Format of Minutes

Action: Eric Yarbrough will start taking minutes in a new format. This was suggested by Kenn Ashley and agreed to by the board. It will include an agenda item, action taken during the meeting, and follow-up in future minutes.

Educational Outreach

Action: Andy Tompkins reports there is more interest in having our AGLP speakers come back to Philadelphia for lectures and grand rounds.

Newsletter

Action: Deadline rescheduled for December 9th. Eric Yarbrough will e-mail Karl Jeffries about writing a column regarding membership. John Cummins will be included in the Newsletter as our new medical student rep.

Budget

Action: Serena Volpp reports the budget is 65% of expected. We should be at 83% by this time in the year. Time was spent assigning people to the call list to encourage membership

Audit

Action: Roy Harker reports the 2009 and 2010 audit is complete. The auditory suggested we reduce expenses or raise dues. The board agreed to further discussion regarding raising dues.

Medical Student Representative

Action: John Cummins was named the new medical student representative. He will be working with PSYCH Signs to help get the word out about AGLP

Next Meeting:

December 9th, 2011 3pm EST

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AGLP Phone Conference

Friday, December 9th, 2011 3pm EST

Member Present: Kenn Ashley (chair), Andy Tompkins, Eric Yarbrough, Roy Harker, Amir Ahuja, Jonathan Weiss, David Scasta

The November minutes were approved by the board as written.

APA Annual Meeting in Philadelphia 2012

Discussion: The extra day for the hospitality suite has been reserved. At least three social events and one volunteer event through MANNA is set up for the conference. Details to follow.

Action: The Local Arrangement Committee is still working out details regarding the awards ceremony.

AGLP Service Awards

Discussion: The immediate past president leads the committee with this.

Action: Kenn Ashley will contact Ubaldo Leli regarding the committee.

IPS New York 2012

Discussion: Still awaiting confirmation of Fryer Award Recipient. AGLP Business meeting will occur in New York. The New York district branch will definitely be submitting a workshop.

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Action: Kenn will identify a social chair to arrange events at IPS New York

Raising membership cost

Discussion: It will be discussed in my detail over the next months. They will likely be increased in July of 2012. It was recommended by our auditor that we raise the general membership by \$50 annually.

Action:

Kenn will talk to Serena regarding different prices and what is needed.

Nominations Committee

Discussion: Nominations need to be announced by February.

Action: Andy will be contacting members of the committee regarding this. Kenn Ashley will forward the contact information of the nominations committee to Andy.

APA Annual Meeting AGLP Symposia

Discussion: The symposia was rejected by the APA

Action: The board suggested having the presentation during the annual meeting in the hospitality suite.

AGLP input on DSM-V

Discussion: David Scasta is part of a committee responding to the new DSM. He was asking for comments from AGLP. Kenn suggested that AGLP members respond individually rather than a membership as whole.

Action: AGLP's official stance is to abstain.

Membership Development

Action: The AGLP retreat in May, 2012, will focus on new initiatives to get members more involved and connected to AGLP. Our fliers will be looked at for ways we can update them.

Minority Outreach

Discussion: Amir is working through several different avenues regarding upcoming grand rounds, outreach, social events, and more need for speakers.

Item: APA Elections

Discussion: David Scasta was nominated to become the next speaker of the Assembly

MOC requirements are still being reviewed. Action papers are not being moved through the assembly as they should be.

Action: Members are encouraged to call their representatives in support of David Scasta

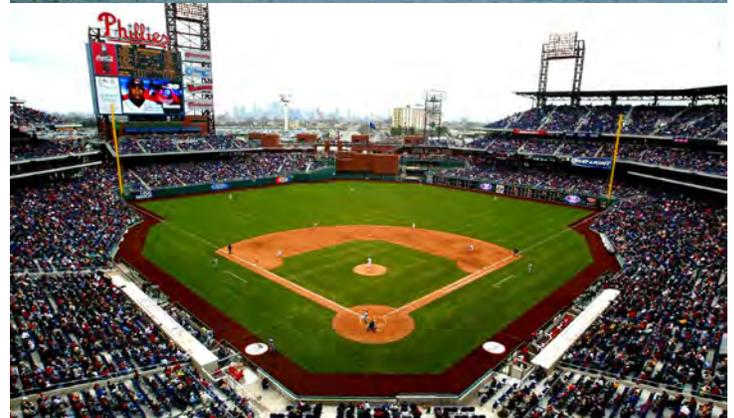
Child and Adolescent

Discussion: Jonathan Weiss continues to advocate for members to join AGLP. He also will be helping to work within forensics to promote membership.

Next Meeting: January 13th, 2011 3pm EST

***There was discussion for future meetings to take place on Monday afternoons starting in February. Schedule to follow.

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Photos courtesy of the Philadelphia Visitors and Convention Bureau.

