



In this issue . . .

President's Column <i>Kenneth Ashley, MD</i>	1
Editors' Column <i>Joanne Ahola, MD, and Jose Vito, MD</i>	2
The Candidates Respond 2014 <i>Joanne Ahola, MD, and Jose Vito, MD</i>	2
Vice-President's Column <i>Eric Yarbrough, MD</i>	4
Bill Callahan, MD <i>Roy Harker, Executive Director</i>	4
Welcome to our new Members	6
APA Trustees pass Position Statement <i>David Scasta, MD</i>	9
JGLMH Updates <i>Mary Barber, MD</i>	9
APF Approves Matching Fund <i>Roy Harker, Executive Director</i>	10
Upcoming Subspecialty Meetings <i>Kenn Ashley, MD</i>	10
AGLP Sponsors	11
Membership Forms	12

President's Column Kenneth Ashley, M.D.

KAshley@aglp.org



Kenn Ashley, MD

Beginnings . . . As 2013 comes to a close it is time to reflect on the significant events of the year . . . and what a year it was!

DSM 5: After years in development, controversy over proposed changes, ongoing coverage by the media and major interest from the general public DSM 5 was released to much fanfare. Ultimately, most of the significant and highly contested changes proposed for personality disorders were cancelled. Gender Identity Disorder became Gender Dysphoria. As faculty, I have been incorporating the changes in teaching. I do find it interesting that the upcoming change to ICD-10, which I have not noticed getting much media coverage, will have more significant implications in medicine. Something to look forward to in 2014.

Marriage equality: In June the Supreme Court of the United States ruled a key section of DOMA unconstitutional, subsequently President Obama ordered the review of federal policies and laws to ensure the extension of rights to same-sex married couples. The struggle will be to resolve the conflict in those states that do not yet have marriage equality. Speaking of which, it was the year in which nine states (CA, RI, DE, MN, NJ, IL, HI, NM, UT) welcomed marriage equality. As a result, the wedding invitations and announcements by friends mounted.

Health Insurance: Also, in June the Supreme Court ruled the individual mandate of the Affordable Care Act (ACA/Obamacare) was constitutional which allowed the legislation to expand healthcare coverage to continue. Despite the problems with enrollment the plan continues. In the new year I expect there will be a host of challenges for the new health plans: continued challenges by those opposed to the law; for patients and providers adjusting to the plans' requirements and limitations.

Employment Non-Discrimination Act (ENDA): ENDA was passed by the senate. The next battle will occur in the house of representatives.

Sexual Orientation Change Efforts (SOCE) and related issues: Several states banned SOCE (aka Reparative or Conversion therapies). Additionally, the largest and oldest ex-gay group, Exodus International, shutdown with apologies from president Alan Chambers for harm done. This issue is far from over, as Exodus has promised to reemerge as a new ministry

Anti-gay legislation: While there was major advance in LGBT human rights, there were events in Russia, India, and Uganda which resulted in the enactment of anti-LGBT legislation. It was a reminder that they are many challenges ahead, we must not be complacent.

Psychiatric Leadership: The openly gay psychiatrist Saul Levin, MD was named CEO and Medical Director of the APA. Dr. Dinesh Bhugra, president-elect of the WPA (World Psychiatric Association) came out as gay. Both have made spoken on the importance of LGBT mental health issues.

John Fryer Award: We negotiated with American Psychiatric Foundation (APF) to coordinate fund raising efforts to replenish the fund for the John Fryer Award. Currently we have a matching grant for the first \$10,000 we raise. Please visit the APF website (www.americanpsychiatricfoundation.org) to make a

Continued on page 10

The Newsletter of the Association of Gay and Lesbian Psychiatrists

Co-Editors, Joanne Ahola, MD, and Jose Vito, 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 the National Office, 4514 Chester Avenue, Philadelphia, PA 19143; phone 215-222-2800; Fax: 215-222-3881; E-mail: AGLPEditors@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 15, 2014.

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
Half-Page Ad	\$250
Business Card	\$125

Community service announcements are printed without charge, but are accepted only on a limited basis depending upon space limitations and applicability.



View this and all AGLP Newsletters by visiting our website at www.AGLP.org. Scan the QR Code to the left to visit the entire archive.

AGLP National Office

Roy Harker, Executive Director
rharker@aglp.org
4514 Chester Avenue
Philadelphia, PA 19143-3707
Voice: (215)222-2800
Fax: (215)222-3881
aglp@aglp.org
www.aglp.org

Editorial Column Joanne Ahola, MD, and Jose Vito, MD

AGLPEditors@aglp.org



Joanne Ahola, MD



Jose Vito, MD

Believe it or not, it is 2014!

We have another exciting newsletter for you.

Our APA candidates are busy campaigning. For this issue, candidates were asked to respond to questions about two issues of relevance to our members. Remember to complete and submit your ballot as every vote really does count.

We are saddened by the news of Dr. William E. Callahan's death. Eric Yarborough has written about Bill in his column.

Our Planning Committee is working very hard to fill the APA Annual Meeting in NYC with exciting events. Watch for hotel recommendations, travel guides, academic presentations, award ceremonies and social events.

We hope to see you all there in NYC!

The Candidates Respond 2014 Joanne Ahola, MD, and Jose Vito, MD

AGLPEditors@aglp.org

Each year the newsletter asks APA election slate of candidates two questions regarding LGBT-associated topics. Below are the questions we asked of the candidates this year and the responses received.

Question 1: Dr. Marshall Forstein has initiated a Call to Action for the APA, in which he proposes that we no longer hold meetings in states that deny equal rights for same sex relationships, thereby taking a stance against feeding the economies of states that deprive LGBT people of equal treatment under the law. This initiative could begin after meetings already contracted for have been held, or penalties could be paid so that changes could begin immediately. If elected, would you support this plan?

Question 2: A New Jersey law banning therapies attempting to alter the sexual orientation or gender identity of a minor has been upheld as constitutional, although the decision may be appealed as two of the plaintiffs are also challenging a similar law in California. If elected, what would be your stand on so-called conversion therapies? Do you believe in banning such "treatments"?

PRESIDENT-ELECT



Renee Binder, MD

Renee Binder, M.D.

Question 1: I am proud to have lived and worked in the progressive city of San Francisco since I entered medical school. As APA President, I will absolutely advocate for support of marriage equality. My gay nephew married the love of his life last month in New York. My niece married five years ago in Boston, and she and her wife now have a one-year old beautiful daughter. When I served on the Assembly Executive Committee in 2004 and was the Trustee-at-Large on the Board of Trustees in 2005, I strongly advocated for the APA Position Statement stating that the APA supports "the legal recognition of same-sex civil marriage with all rights, benefits and responsibilities conferred by civil marriage, and opposes restrictions to those

Continued on page 3

The Candidates Respond
Continued from Page 2

same rights, benefits, and responsibilities." It was a proud moment for the APA when that Position Statement was approved in 2005!

We are achieving many victories in our fight to support the legal recognition of same-sex marriage. Most of the victories have occurred through the legislative and the judicial route. For example, in November 2013, the governors of Hawaii and Illinois both signed legislation that will allow same-sex couples to marry. In December 2013, the Supreme Court of New Mexico ruled to allow same-sex couples to marry and in the same month, a federal judge in Utah struck down the ban on same-sex marriages in that state. This last victory is especially significant because Utah is a conservative state, and the Mormon Church has actively opposed marriage equality. As of December 20, 2013, there are 18 states plus the District of Columbia where same-sex couples can legally wed. The fact that the US Supreme Court ruled that the Defense of Marriage Act was unconstitutional will lead to more victories in our battle for marriage equality.

Although I feel that the most effective strategy to legalize same-sex marriage will be through advocacy, the courts and the legislatures, I support Marshall Forstein's plan to not have APA meetings in states that oppose marriage equality. The APA needs to clearly send the message that we support equal protection and non-discrimination. Same-sex couples must be given the same legal benefits, rights and responsibilities as opposite-sex couples. This plan is similar to the 2010 boycott of Arizona by several convention groups because of its anti-immigration law.

If I am elected APA President, I will be a strong advocate for marriage equality, using all of the tools at APA's disposal, not just because of the detrimental health effects of discrimination, but also because it is the right thing to do.

Question 2: As APA President, I will work vigorously with the Committee on Judicial Action and our Council on Advocacy and Government Relations to retain the ban on conversion/reparative therapies.

Since these therapies are ineffective and harmful, they should be banned. The legal question for the courts in California and in New Jersey revolves around the role of government in legislating treatments and whether the government has the right to interfere with parents' choices about treatment for their children. In my role as Director of a forensic psychiatry fellowship program, I teach my residents and fellows about the *Parens patriae* doctrine. In the legal system, *Parens patriae* refers to the power of the government to act as the parent of any child or individual who is in need of protection. We don't allow parents to abuse their children and every state has child abuse reporting laws and child protective agencies. We have laws that require seatbelts and car seats and that require bicycle helmets for children. In the case of so called "reparative therapy," I believe the doctrine of *parens patriae* applies. The government needs to protect minors from treatments that harm them. I believe that the 9th Circuit Court of Appeals in California was correct when it unanimously concluded that the California ban, the first of its kind in the nation, did not violate the free speech rights of therapists and was within the state's authority to outlaw medical or mental health practices it considers harmful to minors. The court also rejected the argument the law interferes with parents' rights to seek such counseling for their children and said that "Fundamental rights of parents do not include the right to choose a specific type of provider for a specific medical or mental health treatment that the state has reasonably deemed harmful."

The American Psychiatric Association already has an excellent Position Statement opposing reparative therapies (approved in 1998 and augmented in 2000). It states, "Psychotherapeutic modalities to convert or 'repair' homosexuality are based on developmental theories whose scientific validity is questionable. Furthermore, anecdotal reports of 'cures' are counterbalanced by anecdotal claims of psychological harm. In the last four decades, 'reparative' therapists have not produced any rigorous scientific research to substantiate their claims of cure. Until there is such research available, [the American Psychiatric Association] recommends that ethical practitioners refrain from attempts to change individuals' sexual orientation, keeping in mind the medical dictum to first, do no harm.

The potential risks of reparative therapy are great, including depression, anxiety and self-destructive behavior, since therapist alignment with societal prejudices against homosexuality may reinforce self-hatred already experienced by the patient. Many patients who have undergone reparative therapy relate that they were inaccurately told that homosexuals are lonely, unhappy individuals who never achieve acceptance or satisfaction. The possibility that the person might achieve happiness and satisfying interpersonal relationships as a gay man or lesbian is not presented, nor are alternative approaches to dealing with the effects of societal stigmatization discussed.

Therefore, the American Psychiatric Association opposes any psychiatric treatment, such as reparative or conversion therapy which is based upon the assumption that homosexuality per se is a mental disorder or based upon the a priori

AGLP Board of Directors,
Advisory Council, and
Standing Committees
2013 - 2014

PRESIDENT		
Kenn Ashley, M.D.	212-844-1864	KAshley@aglp.org
VICE-PRESIDENT/PRESIDENT-ELECT		
Eric Yarbrough, M.D.	646-256-7009	EYarbrough@aglp.org
IMMEDIATE-PAST PRESIDENT		
Ubaldo Leli, M.D.	212-532-1204	ULeli@aglp.org
SECRETARY		
Jonathan Weiss, M.D.	646-285-2436	JWeiss@aglp.org
TREASURER		
Serena Volpp, M.D.	443-834-3215	SVolpp@aglp.org
NEWSLETTER EDITORS		
Joanne Ahola, M.D.	212-877-3775	AGLPeditors@aglp.org
Jose Vito, M.D.	917-727-4662	
JOURNAL OF GAY AND LESBIAN MENTAL HEALTH		
Mary Barber, M.D.	845-680-8032	MBarber@aglp.org
Alan Schwartz, M.D.	212-727-0923	ASchwartz@aglp.org
EXECUTIVE DIRECTOR		
Roy Harker	215-222-2800	RHarker@aglp.org
AGLP ADVISORY COUNCIL		
MEMBERSHIP		
Chris McIntosh, M.D.		CMcintosh@aglp.org
MEDICAL STUDENTS		
Joshua Carroll		medstudents@aglp.org
Scott Grossman		
PSYCHIATRIC RESIDENTS AND FELLOWS		
Laura Erickson-Schroth, M.D., M.A.		LErickson-Schroth@aglp.org
EARLY CAREER PSYCHIATRISTS		
Dan Safin, M.D.		DSafin@aglp.org
ETHNIC MINORITY MEMBERS		
Amir Ahuja, M.D.		AAhuja@aglp.org
EDUCATION COMMITTEE		
Andy Tompkins, M.D.	443-834-3215	ATompkins@aglp.org
CHILD AND ADOLESCENT PSYCHIATRISTS		
Jonathan Weiss, M.D.		JWeiss@aglp.org
WOMEN		
Sarah Noble, D.O.		SNoble@aglp.org
PSYCHOTHERAPY		
Chris McIntosh, M.D.		CMcintosh@aglp.org
HIV-AFFECTED MEMBERS		
Paul Browde, M.D.		PBrowde@aglp.org
INTERNATIONAL MEMBERS		
Gene Nakajima, M.D.		GNakajima@aglp.org
TRANSGENDER MEMBERS		
Jack Pula, M.D.		JPula@aglp.org
WEB EDITOR		
Maureen Murphy-Ryan, M.D.		MMurphyRyan@aglp.org
ASSEMBLY DELEGATES TO THE CAUCUS OF GAY, LESBIAN AND BISEXUAL PSYCHIATRISTS		
Dan Hicks, M.D. (President)		
Philip Bialer, M.D.		
Ubaldo Leli, M.D.		
AGLP REPRESENTATIVE TO THE APA ASSEMBLY		
David Scasta, M.D.		DScasta@aglp.org
APA COMMITTEE ON GLB ISSUES		
Anand Pandya, M.D.		APandya@aglp.org

Vice-President's Column**Eric Yarbrough, MD**

EYarbrough@aglp.org

*Eric Yarbrough, MD*

First, I would like to acknowledge the loss of one of our members, Bill Callahan. While I did not know Bill well, I've had several conversations with him throughout my time in AGLP. He was always very friendly and engaging and his presence in our organization will truly be missed.

Our next meeting will be in NYC in May and the local arrangements committee has already started putting together a series of social and educational activities for our members. We will be meeting in January and then monthly until May. Some of the ideas we are currently throwing around would be a cruise as we did in Hawaii.

Having everyone together for a period of time did prove to be something rather enjoyable. In New York we have the fortune of having an endless array of things to do. We'll try to keep you as entertained as possible.

I regret to say that our submissions for AGLP symposia at the APA were both rejected. The content of these submissions I think would be rather valuable to our members so whether we do the presentations outside of the APA or during a future meeting remains to be seen. One of the submissions included discussing grey areas in treatment with LGBT clients. While many of us are knowledgeable about the basics of LGBT work, I hazard to say in our practices we frequently come across situations and presentations which are difficult to understand or manage. My hope was to get a group of people together to discuss some of these situations and begin a discussion about how to approach them.

The other presentation focused on making clinics LGBT friendly. While psychiatrists and therapists are usually well-educated from their training, other staff that interact with our clients may need further education. Our medical record systems may be out-of-date and basic administrative practices need to be changed to be more inclusive to our population. I consider both of these topics valuable and hope you'll get a chance to hear them. All that being said, many of our members will be making presentations and we'll provide that information to you as it becomes available.

Until the spring I hope you have a safe and happy New Year.

•••

*William Callahan, MD***William E. Callahan, Jr., 53, died December 12 in South Africa.**

It is with deep sadness and regret that we let you know of the passing of Dr William Callahan.

Dr. Callahan, a long time AGLP member, and, recently, a member of the Orange County Psychiatric Society, had taken a job in West Africa with the US Consular Corp of the US State Department as a medical officer. His responsibility was to see to the mental health needs of

embassy personnel and dependents as well as participate in security threat analysis in West Africa.

He apparently fell to his death while hiking alone on the Table Mountain range near Camps Bay (Cape Town) South Africa on Thursday.

Dr. Callahan had a distinguished career with the USAF special forces as a flight surgeon and earned a number of decorations. After completing his training in psychiatry, he practiced in southern California, where he was a well-known, popular psychiatrist, who also rose to leadership roles in the CPA, the CMA and the APA, where he was a Distinguished Life Fellow.

Dr. Callahan was particularly well known at the local level for his work with families of individuals with severe mental illness. In the CPA he was a long-standing member of the CPA Government Affairs Committee, served as the Chair of the CPA Political Action Committee for many years, was the CPA's and then the APA's chief Public Affairs contact. He worked hard to improve the standing of psychiatrists in the house of medicine and in the larger world and was a longstanding member and supporter of NAMI.

He was an extraordinary, well-loved individual and he leaves behind many friends and colleagues, as well as patients and their families who will all miss him dearly.

The day before Bill Callahan died during a vacation to South Africa, he posed for photos and reveled with newfound friends, singing and dancing at the Mandela memorial in Cape Town.

Friends and family knew Bill, a prominent psychiatrist with a practice in Aliso Viejo, for his adventuresome spirit. Photos of his adventures abroad – and condolences - from those who knew him flooded a Facebook page created after news of his death.

COURTESY OF U.S. STATE DEPARTMENT

Officials with the state department said Callahan died Dec. 12 while on vacation to Cape Town, South Africa.

Callahan had left his private psychiatry practice in California last year to join the U.S. State Department as a Regional Medical Officer and Psychiatrist based out of the U.S. Embassy in Accra, Ghana, said Kenneth Dekleva, Director of Mental Health Services at the U.S. Department of State in Washington, D.C.

"His death has touched many people: my phone hasn't stopped ringing since Friday...we lost one of our own," Dekleva said. "It's a huge loss for our organization. He represented the best in psychiatry in my opinion. We're very proud to have known him and to have had him as part of our team."

Dekleva said that the investigation surrounding the circumstances of Callahan's death is ongoing in South Africa.

"We're all very sad about this event," said Lesley MacArthur, a friend of Callahan's and a local psychiatrist with offices in Newport Beach. "You know, it's just sort of typical about how Bill lived his life he lived it very full and large. The fact that he passed away doing something adventuresome is, in some way, not surprising."

Services in Greenfield, Mass. and Laguna Beach will occur in early 2014, the State Department said. Callahan is survived by his father, two brothers, and a sister, the State Department said.

•••

The Candidates Respond
Continued from Page 3

assumption that the patient should change his/her sexual homosexual orientation."

As APA President, I will ensure that this Position Statement is used to guide our actions as an organization in legislative advocacy and in decisions to write and/or sign on to amicus curiae briefs in legal cases. The APA has a responsibility to do what it can to prevent more harm being done by this misguided "treatment" while helping to inform practitioners and the public about alternative, health-affirming services for LGBT people.

PRESIDENT-ELECT



Jim Ninger, MD

Jim Ninger, M.D.

Thank you for the opportunity to address the two posed questions. I hope you will read my Platform Statement on my website where I mention my commitment to diversity in all levels of our organization, the need to identify and cultivate minority representatives to rise to leadership positions in the APA, and my commitment to the treatment of under-served populations.

Question 1: As to the first question, I think it is appropriate for the APA to take a stand wherever there is clear injustice and denial of equal rights

and to emphasize the negative effects of such policies on the mental health of the individuals affected. I would support not "feeding the economy" where equal rights for same-sex relationships are denied. There might be occasions, however, where it could be productive to hold a meeting in an area of oppression ("in their house") to draw attention to flawed policies and rally supporters and advocacy groups to the cause. We should also consider what involvement our APA should take in raising awareness about international abuses to LGBT individuals such as Russia's criminalization of groups promoting or recognizing homosexual relations and the Ugandan Parliament's recent approval of legislation imposing harsh penalties on actively gay individuals.

Question 2: The second question concerns "Conversion Therapy", the attempt to change an individual's gender identity or sexual orientation. There is no scientific evidence for the efficacy of this treatment, and individuals should be helped to adapt to and become comfortable with their true selves. This is not to say the issue should be ignored or left alone as many find coping with ignorance or bias in those around them painful and can benefit greatly from an empathic, objective therapist. Also many adolescents go through periods of confusion in dealing with their emerging sexuality and gender identity and can be helped in their self-examination by a therapist without a pre-determined outcome goal or agenda.

PRESIDENT-ELECT

Mark Rapaport, M.D.

Question 1: I am in favor of APA no longer holding meetings in states that deny equal rights for same sex partners. This is a human rights issue and similar tactics to not only economically deprive an entity of support but raise public awareness of laws and policies that restrict the rights of people have been used effectively previously. One of the best examples was the impact that the boycott of companies with holdings in South Africa had during the apartheid era. I



Mark Rapaport, MD

would suggest that APA leadership and its members also encourage other speciality organizations in psychiatry, mental health, and patient advocacy to consider taking a similar stand.

Question 2: It is sad that we live in a society that cannot accept the diversity inherent in human beings and facilitate people being loved and accepted in this world for who they are. I am adamantly opposed to subjecting minors to any form of "conversion therapy". I do not believe that this is an ethical practice and there is no scientific basis supporting these so-called "therapies". In contradistinction, I think we need to create an environment where people who may be working through sexual orientation concerns

or gender identity issues feel comfortable seeking help and guidance from qualified professionals and peer support groups. One of the challenges we face in medicine in general and psychiatry in particular is paucity of attention given to formal training about human sexuality. I think education helps to dispel myths and enhance the practitioner being comfortable engaging in discussions about sexuality.

TREASURER



Frank Brown, MD

Frank Brown, M.D.

Dr. Brown was left inadvertently off of our initial contact list and his responses could not be included as of the printing of this issue. He can be reached for comment at sdpfbw@emory.edu.

TREASURER



James Greene, MD

James Allen Greene, M.D.

I appreciate your timely questions addressing the continuing discrimination against our lesbian, gay, bisexual and transgender citizens who deserve equal protection under the law.

Question 1: All LGBT citizens deserve equal rights. Taking a stand to mitigate discrimination against these citizens by certain states is, I believe, clearly warranted. Therefore, I would advocate taking a formal position against contracting to hold APA meetings in those states in the future. Regarding current contracts, I believe that if I am elected, my fiduciary responsibilities as APA Treasurer require that I

advocate for honoring current signed contracts unless the APA leadership (BOT) advocates otherwise.

I think it important to mention that over the past eight years in my position as Chair of Psychiatry at the University of Tennessee Health Science Center, I have

The Candidates Respond
Continued from Page 5

practiced a policy of diversity in the Department of Psychiatry. Specifically, of 14 faculty hires, I have hired two who are openly gay, as well as three African-Americans, five other ethnic minorities and eight female faculty members.

Question 2: So-called "therapies" attempting to alter the sexual orientation or gender of minors, in my opinion, should be banned. I consider such therapies not only inappropriate from a psychiatric standpoint but actually punitive and perhaps even barbaric.

I would advocate that our American Psychiatric Association take a leadership role in upholding the rights of our citizens of all colors, nationalities, religious affiliations and sexual orientation. Discrimination is wrong and our APA is currently advocating against that practice by fighting to halt discrimination against our patients and our profession by supporting parity laws.

Thank you for the opportunity to respond to your questions.

TRUSTEE-AT-LARGE



Anita Everett, MD

Anita Everett MD, DFAFA

Question 1: Yes. If elected as the Trustee at Large, I would support the idea that APA Meetings, including both the Annual Meeting as well as the Institute on Psychiatric Services Meeting be held in cities and states that have laws and policies that are support equality for gay marriage. Marriage supports stable enduring relationships, which strengthen society and support positive mental health for individuals and their families.

Question 2: The issue regarding consent for sex conversion treatment in a minor is difficult. In all honesty, I am not in favor of extending the

capacity for minors to consent to permanent sex change surgical procedures. Adolescents in our society are in a period of unstable transition as they move from childhood through adolescence and into adulthood. Many believe that this period of transition has expanded over time so that young Americans spend longer in adolescent transition and often do not assume stable adult roles until early to mid 20's.

If our LGBT groups advocated that that this is an issue of national significance and that not supporting this could adversely impact patients, I would be willing to reconsider. This would also need to be reconciled with other APA positions that are based on the premise that adolescent minors may not have sufficient capacity to appreciate the long-term consequences of certain actions. Along these lines, APA has supported the AACAP position that opposes capitol sentencing for minors. The basis for that policy is that minors may not have the capacity to fully appreciate the nature character and long-term consequences of major crimes. This is a very challenging issue that I would be very interested in dialoging further about.

TRUSTEE-AT-LARGE

Stephen McLeod-Bryant, MD

Question 1: I support such a stance. This month the APA Board of Trustees adopted the "Position Statement on Homosexuality", which states in part, "The



Stephen McLeod-Bryant, MD

American Psychiatric Association opposes discrimination against individuals with same-sex attraction whether it be in education, employment, military service, immigration and naturalization status, housing, income, government services, retirement benefits, ability to inherit property, rights of survivorship, spousal rights, family status, and access to health services." The APA should not economically support states whose laws, or application of those laws, run counter to our stated position.

However, to most effectively implement this stance, I believe three issues must be addressed:

1) Consensus on which states should be avoided--Same-sex marriage has garnered the most recent attention as a potential litmus test for judging states' legal environment for LGBT people. But, as the position statement highlights, there are a number of issues related to equality and fair treatment beyond same-sex marriage which must be considered before declaring a state worthy of receiving APA business. Therefore, it would be important for the Board to work with the Caucus of Gay, Lesbian, and Bisexual Psychiatrists in determining acceptable meeting states or locales.

2) Communication of the stance--The point of taking a stance, as suggested by Dr. Forstein, is to drive change to improve the treatment of LGBT individuals under the law. However, if no one knows the APA is taking such a stance, or why such a stance is being taken, it will have little impact. The APA's Office of Communication and Public Affairs (OCPA) should be tasked with helping to craft the message and selection of the target audience to communicate the APA's desire not to support states which do not embrace

Continued on page 7



**WELCOME TO OUR
NEW MEMBERS**

Jose Aguilar, M.D.
Moreno Valley, CA

Mark Haygood, D.O.
Mobile, AL

Huey Merchant, M.D.
Toluca Lake, CA

Furqan Nusair, M.D.
New York, NY

The Candidates Respond
Continued from Page 6

equality and fair treatment of the LGBT community.

3) Support of District Branches/State Associations in states determined to be antithetical to LGBT equality--As one who has lived in APA's Area V, first in South Carolina, then in Tennessee, I am well aware of the antipathy held in states to these issues despite the best efforts of APA members in those states to change prevailing attitudes toward the LGBT community. The APA can not abandon those DBs/SAs, just because the state politic is unwilling to fairly consider the issue. If this Call to Action is to galvanize the membership, the APA must support the DBs/SAs in taking difficult stands. Some of the activities the APA could do to support these DBs/SAs include the OCPA generating talking points for members and the states' citizens regarding the APA's stance or assisting DBs/SAs in finding alternative venues for their annual meetings, if they so chose.

Question 2: The APA's position on conversion therapies was made clear, again referring to the "Position Statement on Homosexuality": "The American Psychiatric Association does not believe that same-sex orientation should or needs to be changed, and efforts to do so represent a significant risk of harm by subjecting individuals to forms of treatment which have not been scientifically validated and by undermining self-esteem when sexual orientation fails to change." I support this stance and any efforts to educate legislators, third-party payers, and the general public to the lack of benefit and significant risk of conversion therapies.

AREA 2 TRUSTEE



Jack Drescher, MD

Jack Drescher, M.D.

Question 1: This is a thorny question. I believe that consideration of a state's attitudes toward LGBT populations should be one factor in deciding where APA meetings take place. However, the matter is not clearly black and white. For example, in my home state of New York, LGB citizens have both marriage rights and statewide protections from discrimination in housing and the workplace. However New York does not provide statewide protection from discrimination for transgender citizens. So should APA not hold its conventions in New York City? Obviously, more thought and consideration needs to be given to applying this proposal in a way that would make it effective in persuading states to reconsider their anti-gay stances.

Question 2: My positions on sexual orientation conversion efforts (SOCE) are widely known. I authored the draft of APA's 2000 position statement on this matter which advised ethical practitioners to refrain from these practices. I submitted an amicus brief in support of the

California law banning SOCE and, at the request of their Attorney General's office, submitted a declaration in support of the New Jersey law. I do think these practices, which have no scientific basis of efficacy and in many instances can cause harm to adults as well as to minors, should be banned.

AREA 2 TRUSTEE



Vivian Pender, MD

Vivian B. Pender, M.D.

Question 1: First and foremost, our organization stands for Human Rights and it goes without saying that Gay Rights are Human Rights. Clearly the APA stands behind gay rights, and I support this without reservation. In my opinion, the key is figuring out the best way to leverage our collective skills and resources so as to achieve the most success.

As recently as June, 2013, the US Supreme Court struck down the Defense of Marriage Act as unconstitutional. "The federal statute is invalid, for no legitimate purpose overcomes the purpose and effect to disparage and to injure those whom the State, by its marriage laws, sought to protect in person-hood and dignity," Justice Anthony Kennedy wrote in the majority opinion. "By seeking to displace this protection and treating those persons as living in marriages less respected than others, the federal statute is in violation of the Fifth Amendment." Clearly, the US is lagging behind other countries in having only 17 states that recognize gay marriage.

The question is, how can we as the APA motivate states to ensure equality and human rights. A multi-pronged approach can be effective. In addition to boycotting those states that deny equal rights to all citizens, we could also consider approaching the issue by advocating with and persuading the people who vote, the electorate. I would ask APA Communications to begin a publicity campaign, to educate and inform, and publicize a detailed accounting of discrimination and stigma. In the field of human rights, we can name and shame, identify, and report.

The APA must fully support that Gay Rights are Human Rights.

Question 2: No psychotherapy should be coercive. By its very nature, authoritarianism must not be used because it would represent an abuse of power. The therapeutic alliance is critical in the inherently imbalanced doctor-patient relationship. Obedience to authority is not considered therapy.

'Conversion therapy' goes even further in forcing a person to change their identity in addition to their orientation. The APA has wisely upheld the ban on 'conversion therapy' and I support that decision without reservation.

Thank you for the opportunity to state my position.

AREA 5 TRUSTEE



R. Scott Benson, MD

R. Scott Benson, M.D.

Question 1: The APA has a strong position on same sex relationships and I was proud when my community passed an ordinance acknowledging certain rights of partners in same sex relationships. If elected, I would encourage the Board's strategic planning group to consider this plan, along with the other important initiatives of the APA, as they set priorities.

Unfortunately, the resistance to the small step taken in my community signals how far we have

The Candidates Respond
Continued from Page 7

to go to change minds in Florida. Would action by the APA to boycott the whole state decrease stigma, increase membership, enhance quality of care, or improve access? I believe we should find appropriate and effective ways to advocate for equal treatment. As the APA grapples with this issue we should seek to identify not only ways to penalize states, but other effective ways to accomplish this goal.

Question 2: I believe strongly that conversion therapies are misguided and damaging to the individuals subjected to this "treatment". We should discourage the use of such questionable therapies. However, I would stop before asking legislators to begin to define what therapies are appropriate and which are not. I believe we may start down a slippery slope with many unintended consequences. Any legislation has potential effects that could work to our detriment as a profession. What treatment would they ban next?

I have served many years on the AACAP Committee on Quality Issues and I was the Area 5 liaison to the APA Practice Guidelines Steering Committee. In those roles I have worked to define quality care which includes attention to safety and effectiveness. As your Area 5 Trustee I will continue to do so.

AREA 5 TRUSTEE



Gary Weinstein, MD

Gary S. Weinstein, MD

Question 1: I would most definitely support this plan. Prejudice and bigotry interfere with the acceptance and passage of laws guaranteeing equal rights for same sex relationships. Growing up Jewish in a small Alabama town I was also subject to more than a taste of the dark side of humanity with weekly public cross burnings by the local Ku Klux Klan. These were accompanied by vocal and vindictive actions against anyone who was the "wrong" race or religion. That is why I have participated in marches at various times for equal rights and treatment based on gender,

religion, sexual orientation, race and mental illness. It is why I have been a "card-carrying member" of the ACLU. Eventually there will be total marriage equality in all states but until then aversion of bad publicity and greed from loss of income will have to trump the prejudice and bigotry that persists.

A proactive stance though has to be taken because as Dr. Martin Luther King said: "When there is injustice anywhere there is injustice everywhere".

Question 2: I do believe in banning what is labeled as "therapy" but is really cruel and unusual punishment that should be held unconstitutional. This behavior is akin to the ancient practice of whipping people deemed mentally ill to "drive out the evil spirits". The ignorance and fear that leads to such destructive acts will eventually be overcome by vigorous efforts aimed at greater education and understanding. The old guard that seems so frightened and unaccepting of the LGBT Community will be swept away by the winds of change.

Some of my proudest moments in the APA Assembly were related to the emotional passage of Action Papers changing APA Policy to support and promote the equality of rights for those in same sex relationships.

Thank you for the opportunity to address the AGLP and I would greatly appreciate your vote.

RESIDENT-FELLOW MEMBER TRUSTEE-ELECT (formerly known as Member-in-Training Trustee-Elect (MITTE))



Vittoria DeLucia, MD

Vittoria DeLucia, M.D.

Question 1: Absolutely. I strongly feel that this is a sound ethical decision; I have never been presented with a sound legal argument as to why two consenting adults cannot be united under American law simply because they are the same sex. By refusing to hold meetings in states that deprive its people of the basic right to pursue happiness, the APA acknowledges that this right is being withheld. Without knowing the specifics of the aforementioned penalties, I believe that this issue is sufficiently important that we enact these changes immediately.

Question 2: Without question, conversion therapies should be banned. Acting to prohibit these practices would be in accordance with the Pan American Health Organization's position statement over 18 months ago. Given the evidence that conversion therapies are extremely detrimental to mental health, I perceive it as psychological abuse masquerading as "treatment," a sentiment shared by the Ninth Circuit Court in 1997. While it can be argued that banning conversion therapy infringes on individual rights, I believe that it is more important to create a culture in which LGBT community members are accepted and respected rather than provide an unnecessary and malignant service.

RESIDENT-FELLOW MEMBER TRUSTEE-ELECT



Heather Liebherr, DO

Heather Liebherr, D.O.

Question 1: If elected, I would support the Call to Action to no longer hold meetings in states that deny equal rights for same sex relationships. A ruling from the APA has the potential to influence other mental health organizations to follow suit and together we will have the ability to place greater economic pressure on those states. As acknowledged by Dr. Forstein, meetings are planned years in advance and monetary penalties are likely to occur if organizations change their scheduled location. In my opinion, this should not be a hindrance and instead considered

as a cost of advocacy. If organizations choose to raise money to offset these advocacy costs, fundraisers can be developed which will help spread the word that we will not stand for unequal treatment of our LGBT peers.

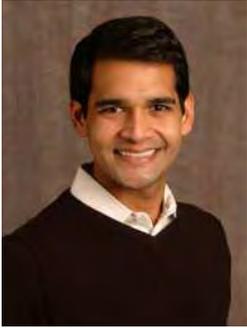
Question 2: Homosexuality, sexual orientation disturbance, and ego-dystonic homosexuality were removed from the DSM over a quarter of a century ago. Conversion therapies are remnants of the stigma that surrounds the LGBT community. Treatments attempting to change an individual's sexual orientation are not evidence-based and adverse outcomes have been reported. As such, these treatments should be banned. The plaintiffs in the court hearings are parents seeking treatment for minors. The New Jersey plaintiffs sought conversion therapy on the grounds that their child was suffering from depression as a result of homosexual thoughts. Unlike conversion therapies, there are a plethora of

The Candidates Respond
Continued from Page 8

studies supporting evidence-based treatments for depression, which should be the focus of treatment in these cases.

RESIDENT-FELLOW MEMBER TRUSTEE-ELECT

Ravi Navin Shah, M.D.



Ravi Navin Shah, MD

Question 1: This initiative raises a really interesting question about balancing the benefits of a hard line political statement against the good of promoting grassroots level social change. In this specific situation, I fear the benefits of this boycott may be outweighed by the risks of further isolating those states with the least progressive social policies. As psychiatrists, we are professionals who can serve as ambassadors and educators to the public about the range of human experience. By avoiding those states that do not allow equal opportunity for same sex relationships, we isolate them, which may further entrench their viewpoints. Furthermore, this

maneuver may make people in same sex relationships who live in these areas feel abandoned by our field. Instead, I think we have more to offer as professionals by continuing to hold conferences in all 50 states and promoting leadership, education, and acceptance consistent with the values of the APA and psychiatrists in the U.S.

Question 2: As many people are aware, so-called conversion therapies have no scientific basis or evidence of efficacy. Furthermore, changing gender identity or sexual orientation is not an appropriate aim of psychiatric or medical treatment. As such, I personally oppose any treatment that purports to alter sexual orientation or that assumes any given sexual orientation is pathological. In addition, such interventions may be psychologically dangerous and traumatizing, particularly for vulnerable groups like minors who may not have a choice in enrolling in such programs. Given that such "therapies" are not a legitimate form of treatment and carry potential for serious harm, I believe that they should be banned for minors.

•••

Position Statement on Issues Related to Homosexuality

David Scasta, M.D., AAOL Representative

DScasta@aglp.org

I am pleased to report that the position paper on same sex attraction listed below was passed by unanimous consent of the Board of Trustees of the American Psychiatric Association on December 7, 2013. The position is decisive, far reaching, comprehensive, and likely will be used frequently in legal, political, and social venues to advocate for the mental health and well-being of gay and lesbian peoples. The position statement was initiated through the Association of Gay and Lesbian Psychiatrists' representation in the legislative Assembly of the American Psychiatric Association, which is the largest psychiatric association in the world. That effort is a mark of AGLP's continuing advocacy for the LGB community and the APA's continuing commitment to equality for lesbian and gay peoples.

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

Title: Position Statement on Issues Related to Homosexuality

APA Position: While recognizing that the scientific understanding is incomplete and often distorted because of societal stigma, the American Psychiatric Association holds the following positions regarding same-sex attraction and associated issues.

It is the American Psychiatric Association's position that same-sex attraction, whether expressed in action, fantasy, or identity, implies no impairment per se in judgment, stability, reliability, or general social or vocational capabilities. The American Psychiatric Association believes that the causes of sexual orientation (whether homosexual or heterosexual) are not known at this time and likely are multifactorial including biological and behavioral roots which may vary between different individuals and may even vary over time. The American Psychiatric Association does not believe that same-sex orientation should or needs to be changed, and efforts to do so represent a significant risk of harm by subjecting individuals to forms of treatment which have not been scientifically validated and by undermining self-esteem when sexual orientation fails to change. No credible evidence exists that any mental health intervention can reliably and safely change sexual orientation; nor, from a mental health perspective does sexual orientation need to be changed.

The American Psychiatric Association opposes discrimination against individuals with same-sex attraction whether it be in education, employment, military service, immigration and naturalization status, housing, income, government services, retirement benefits, ability to inherit property, rights of survivorship, spousal rights, family status, and access to health services. The American Psychiatric Association recognizes that such discriminations, as well as societal, religious, and family stigma, may adversely affect the mental health of individuals with same-sex attraction necessitating intervention by mental health professionals, for which, the American Psychiatric Association supports the provision of adequate mental health resources to provide that intervention. The American Psychiatric Association supports same-sex marriage as being advantageous to the mental health of same-sex couples and supports legal recognition of the right for same-sex couples to marry, adopt and co-parent.

•••

Journal of Gay and Lesbian Mental Health 2014 Outstanding Psychiatry Resident Paper Award

The Journal of Gay and Lesbian Mental Health (JGLMH) is a quarterly, peer-reviewed journal indexed by PsychInfo. JGLMH is the official journal of the Association of Gay and Lesbian Psychiatrists (AGLP, www.aglp.org).

We are seeking outstanding resident papers on LGBT mental health; these can be original research papers, case series and detailed case reports, or review articles. The award includes \$500, publication in JGLMH, and assistance with travel to the AGLP annual meeting (held concurrently with the APA) in New York City in May to present the resident's work. The deadline to be considered for a 2014 award is March 1, 2014. Co-authored papers are eligible as well, but the resident must be the first author.

Entries can be submitted to editors@aglp.org.

•••

APF Approves Matching Grant Fund Roy Harker, Executive Director

RHarker@aglp.org

The American Psychiatric Foundation (APF) Board of Directors, acting on the recommendation of the APF Legacy Fund Committee, has approved a matching grant fund of up to \$10,000 to develop the endowment of the Association of Gay and Lesbian Psychiatrists' John Fryer, M.D. Award. The APF Board recognizes the importance of sustaining Dr. Fryer's legacy through this prestigious award, by honoring the contributions of LGBT leaders in the field of psychiatry.

The Fryer Award educates psychiatrists on a wide range of significant LGBT issues. Fryer lectures take place at the Annual Meeting of the American Psychiatric Association (APA) and are popular and well-attended. By publishing these lectures as papers in the *Journal of Gay & Lesbian Mental Health*, which has a wide circulation among psychiatrists and other mental health workers, the reach of these lectures is extended even further. Past honorees have included prominent advocates for the LGBT community, such as Barbara Gittings, Frank Kameny, Evan Wolfson, and Bishop Gene Robinson, as well as experts in psychiatry and the mental health field, including Lawrence Hartmann, Richard Pillard, Marjorie Hill, and Caitlin Ryan.

The award is named for John Fryer, M.D., the Philadelphia-area psychiatrist, who appeared with Barbara Gittings and Frank Kameny as "Dr. H. Anonymous" at the 1972 APA Annual Meeting and helped move forward the process of removing the diagnosis of homosexuality from the DSM. John Fryer, MD was born in Kentucky in 1938. He attended medical school at Vanderbilt University and completed his psychiatry residency in Philadelphia and spent the rest of his career in Philadelphia. His early years as a psychiatrist were difficult because of his sexual identity. He was forced to leave the University of Pennsylvania's Psychiatry Residency Program when it was discovered that he was gay, and later he completed his residency at Norristown State Hospital. Dr. Fryer was never apologetic about who he was or how he presented himself, and he went on to have a distinguished career as a professor of family and community psychiatry at Temple University.

The Association of Gay and Lesbian Psychiatrists (AGLP) has instituted a fund raising campaign, in association with the American Psychiatric Foundation, which will launch with this \$10,000 matching grant fund, to help endow this award in perpetuity. For more information about how you can get involved, please contact Roy Harker, Executive Director of AGLP at rharker@aglp.org. Tax-deductible contributions can be made through a secure link on the AGLP website at www.aglp.org. Contribute now by clicking on this secure link [https://aglp.memberclicks.net/index.php?option=com_mc&view=mc&mcid=form_155423]!

•••

Listings of Upcoming Subspecialty Meetings of Interests to Members

Kenn Ashley, MD

KAshley@aglp.org

Many AGLP members are members of other organizations such as the ones listed here. As a way to increase the visibility and effectiveness of AGLP, members that participate in other organizations are encouraged to hold gatherings at these

meetings to increase networking potentials. In the past these have ranged from a hosted get together at a members home to more formal presentations combining the issues central to AGLP and the primary meeting issue. If you are interested in improving communications between the subspecialties and AGLP, contact our President, Kenneth Ashley, MD, at KAshley@aglp.org for more details and suggestions.

American College of Psychiatrists <http://www.acpsych.org/>
Grand Hyatt, San Antonio, Texas
February 19-23, 2014

APA Institute on Psychiatric Services
2014 San Francisco, California, October 30-November 2
2015 New York, New York, October 8-11

APA Annual Meeting
2014 New York, NY, May 3-7
2015 Toronto, Canada, May 16-20

Association of Women Psychiatrists
<http://www.associationofwomenpsychiatrists.com/index.php>
Meetings have been in conjunction with the Annual APA Convention

Black Psychiatrists of America (BPA)
<http://www.blackpsych.org/>

American Academy of Psychiatry and the Law (AAPL)
<http://www.aapl.org/>

American Academy of Psychoanalysis and Dynamic Psychiatry
<http://www.aapdp.org/>

American Association for Emergency Psychiatry
<https://www.emergencypsychiatry.org/>

American Association for Geriatric Psychiatry (AAGP)
<http://www.aagppa.org/>

American Association of Directors of Psychiatric Residency Training (AADPRT)
<http://www.aadprt.org/>

•••

President's Column
Continued from Page 1

contribution.

I could not include all of the many significant events of the year, but it seemed like so much happened in 2013. Hopefully, next year will be even better. It has been stated that for the past few years, every year has subsequently been the "gayest year" because the trend in our country has been towards justice on LGBT human rights.

Enough about the past, time to look forward—the APA Annual Meeting in NYC, May 2014. We are in the midst of planning amazing programs and events for the meeting. What else would be expected of NYC?! I hope to see many of you there. Also, if you have not already done so consider joining the conversation on our Facebook page.

•••

THANKS TO THE FOLLOWING WHO HAVE GENEROUSLY SUPPORTED AGLP FOR 2013-2014

EXCEPTIONAL CONTRIBUTION

DAVID RUDOLPH KESSLER, MD

FOUNDING MEMBERS

KENN ASHLEY, MD

JACK DRESCHER, MD

PETROS LEVOUNIS, MD

UBALDO LELI, MD

EDWARD NIX, MD

LEONARD RUBIN, MD

ANDY TOMPKINS, MD

PATRONS

JEFFREY AKMAN, MD

MARY BARBER, MD

CURLEY BONDS, MD

WILLIAM COHEN

MICHAEL GOLDER, MD

GEORGE HARRISON, MD

NORMAN HARTSTEIN, MD

DAN HICKS, MD

JAMES P. KRAJESKI, MD

ANTHONY MARINO, MD

CHRISTOPHER MCINTOSH, MD

CHESTER ROBACHINSKI, MD

HOWARD RUBIN, MD

DAVID SCASTA, MD

ALAN SCHWARTZ, MD

LOWELL TONG, MD

TIM VALKO, MD

ERIC YARBROUGH, MD

SPONSORING MEMBERS

JAMES BATTERSON, MD

LONNY BEHAR, MD

PHILIP BIALER, MD

STEVEN BLUESTINE, MD

ROBERT CABAJ, MD

KEVIN CARRIGAN, MD

DEBBIE CARTER, MD

CHERYL CHESSICK, MD

ROBERT DELGADO, MD

WILLIAM GILMER, MD

CARLOS GREAVES, MD

ELLEN HALLER, MD

WILLIAM HERZ, MD

ROBERT KERTZNER, MD

JONATHAN KOELLE, MD

DAVID KREFETZ, DO

MARLIN MATTSON, MD

ROBERT J. MITCHELL, MD

J. BRETT OFFENBERGER, MD

RICHARD PLEAK, MD

DANIEL SAFIN, MD

DANIEL SEWELL, MD

MAURICE SMITH, MD

SERENA VOLPP, MD

JONATHAN WEISS, MD

SYDNEY WRIGHT, JR., MD

PENELOPE ZIEGLER, MD

DONATIONS TO STUDENT TRAVEL

LONNY BEHAR, MD

PHILIP BIALER, MD

JUAN BUONO-ALCARAZ, MD

WILLIAM BYNE, MD

KEVIN CARRIGAN, MD

ROBERT DAROFF, MD

MARSHALL FORSTEIN, MD

DAVID GOLDENBERG, MD

MICHAEL GOLDER, MD

ELLEN HALLER, MD

KEITH HALLOCK, MD

RICHARD HERSH, MD

WILLIAM HERZ, MD

DANIEL HICKS, MD

RICHARD ISAY, MD

DAVID KREFETZ, MD

JOHN KRUSE, MD

GERNOT LANGS, MD

KEWCHANG LEE, MD

EDWARD LIM, MD

JAMES LINDSEY, MD

PAUL LYNCH, MD

DANIEL MARDONES, MD

SCOTT MASTERS, MD

JOSEPH MERLINO, MD

ROBERT MITCHELL, MD

JOSEPH MURRAY, MD

JULIE SCHULMAN, MD

ALAN SCHWARTZ, MD

DANIEL SEWELL, MD

RONALD TAYLOR, MD

JOSHUA THORNHILL, MD

ANDY TOMPKINS, MD

LOWELL TONG, MD

DOUGLAS VANDERBURG, MD

