

OKLAHOMA PSYCHIATRY

July, August, September 2020

OPPA HOSTS FIRST CME WEBINAR

As Americans continue to work, live and play under our “new normal” COVID-19 pandemic restrictions, some pieces of our way of life must continue. In March, when the OPPOA postponed the CME Conference and Annual meeting, a new summertime date was chosen with the anticipation of meeting in person at the Tandy Center in Tulsa. That was not to be.

With the support and outstanding technical assistance from the Oklahoma State University Center for Health Sciences, Department of Psychiatry and Behavioral Sciences, OPPOA President Dr. Jason Beaman enlisted his staff to help us conduct our very first CME Zoom Webinar on Saturday, July 18th.

Fortunately, all faculty from the March 2020 program were available and willing to take the leap and present in the Zoom Webinar format to the 64 OPPOA members and other behavior health professionals who registered for the all day conference. This format made the 7 AMA PRA Category 1 Credits™ available to webinar attendees.



Nemeroff

Our thanks to **Charles Nemeroff, MD**, Chair and Professor, Department of Psychiatry, University of Texas at Austin, Dell Medical School for first presenting the *Neurobiology of Child Abuse* followed by the *Management of Treatment-Resistant Depression*.

His presentation on child abuse summarized the persistent alterations associated with childhood maltreatment, including alterations in the hypothalamic-pituitary-adrenal axis and

inflammatory cytokines, which may contribute to disease vulnerability and a more pernicious disease course.

In presenting on treatment-resistant depression, Dr. Nemeroff discussed the overwhelming evidence from multiple randomized controlled clinical trials that antidepressants are indeed effective in the treatment of major depression. Unfortunately, 30-50% of patients treated with antidepressant monotherapy or evidence-based psychotherapy do not attain remission. The management of such patients requires considerable attention to revisiting the diagnosis.

In wake of the 25th anniversary of the bombing of the Alfred P. Murrah Building in Oklahoma City, two presentations discussed research conducted in the aftermath of that horrific event.

Thank you to **Betty Pfefferbaum, MD, JD** for presenting *Children and Terrorism: 25-Years after the Oklahoma City Bombing*.



Pfefferbaum

Dr. Pfefferbaum, who is a George Lynn Cross Research Professor Emeritus in the Department of Psychiatry and Behavioral Sciences at the University of Oklahoma Health Sciences Center College of Medicine, explained child disaster mental health was a nascent field at the time of the 1995 bombing.

Studies assessed children with a range of event exposures and established a foundation for advances in our understanding of the psychological effects of disasters on children.

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COMMONSENSE COVID-19 COPING

BY SHREE VINEKAR, MD



Vinekar

Editor's Note: This article was originally published April 10, 2020 in Southlands, the newsletter of the Southern Psychiatric Association. Dr. Vinekar has updated his original article for publication in this issue of Oklahoma Psychiatry.

Today, the President announced that he had ordered 100,000 body bags. Another news item is that the government is going to recognize the people, mainly the elderly, isolated in the nursing homes and long-term care facilities, and provide additional help to them with testing for COVID-19 at point of care. We needed millions of PPE's and testing kits several weeks ago. Their numbers could have been better estimated, just as we now are estimating the number of body bags needed. It shows that we as a nation did not quite grasp the seriousness of this global disaster hitting the US. As psychiatrists, we are all too familiar with the defense of denial.

Our colleagues who are working in the inpatient psychiatric units, especially large state hospitals, will have massive needs if the contagion spreads there. They will not only need PPE's, but also special facilities to care for the patients.

They themselves, as well as the support staff, will become vulnerable to COVID-19 infection and will have to face all the associated traumatic issues. They will need a special support line to speak to experienced inpatient psychiatrists and administrators who can guide them. Psychiatric patients have special needs. If these are not met, their prognosis is worse. There is an urgent need to design special units to treat SMI patients for their COVID-19 infection. Currently we are not able to track the statistics of emerging COVID-19 cases in free-standing psychiatric inpatient units and in the State Psychiatric hospitals. Cases in general medical/surgical hospitals are trackable.

Here is a clinical vignette: *(Based on the state of knowledge and availability of resources around late March 2020)*

A woman presented in the ER for homicidal behavior toward her husband who physically assaulted her while intoxicated for announcing she had been exposed to COVID-19 in her friend, a fellow Church member, who had tested positive. In self-defense, she threatened to stab her husband if he attacked her again. He called the police because he was terrified, he would contract the disease. She was tested the next morning after being admitting to a psychiatric unit, and, as the turn-around time at that time was one week, she was released the very next day to protect her and the patients. She was not willing to receive any psychotropics. She was discharged AMA. Even now in August 2020, there are no dual diagnosis treatment units for SMI patients suffering from proven COVID-19 infection in the private and public sector. There are excellent treatment facilities for non-psychiatric patients. The general mode is to discharge patients AMA with recommendation for quarantine at home. That protects the other inpatients and the staff but does not help the COVID-19 SMIs or their families. Fortunately, the numbers of such patients are small. However, considering the recent surge in these cases preparedness from public health viewpoint for impending disaster in this domain is crucial and a challenge we have yet to meet.

This case illustrates the panic the idea of being infected with COVID-19 induces; it can lead to murder-suicide acts. She and her husband were advised to seek voluntary quarantine until the results were known. The result was negative, but the validity of the test at that time was questionable.

Even though this woman was on the psychiatric floor only overnight, there was great panic among the staff on the unit, especially because she did have productive cough and URI. This happened before masks were widely available for any staff, including the physicians. The only precaution was 6-foot social distancing.

At the time, most people were being told the infection was not airborne, not spread through the air. What if this woman was infected and spread it to patients, staff, and the psychiatrist? There was no quick turn-around test available anywhere. What if this infection was indeed airborne as discovered later?

There was a lot of concern about the ER physician not equipped to detect convincingly the COVID positive case and who had to admit this patient despite the knowledge that she was suspected of having been exposed because of legitimate psychiatric emergency. Such situations naturally make everyone defensive as there are no easy practical solutions to the dilemma.

How does a psychiatrist who has no PPE and who has to interview this woman in a small interview room cope with this? He advised her that the total time for evaluation would be 15 to 20 minutes. She needed to cover her cough and stay 6 feet away. This angered her; she took affront that she was being treated as if she was already infected.

This was the last patient of the day. Then the psychiatrist has to go home with the fear he may carry the Corona on his person to his family. Does he isolate himself in a motel for 24 hours? Or, does he put all his clothes in the washing machine and bathe to wash off the virus?

It would have been helpful if a telephone support line was available for the psychiatrist to talk to someone knowledgeable about COVID-19 immediately. Check out the following link and webpage for a support line for physicians.
Admin@physiciansupportline.com

It is the "brainchild" of Drs. Smita Gautam and Mona Masood. Is the APA making a support telephone line available for psychiatrists who are working in the inpatient psychiatric units?

The 24-hour COVID CARELINE took several months to emerge and be operational. APA disaster committee may or may not have a role to play in developing such helpline nationally or locally. It certainly is creditable that it is now made available. We need to be thankful to all the volunteers offering their time and expertise for the suffering professionals. This author received an e-mail from a fellow elderly psychiatrist and his wife when they discovered that their teen age grandson had contracted COVID from an unsuspected non-symptomatic friend. They were able to share their panic. However, there is a lot of "don't ask-don't tell" attitude because of the general fear of those who think they are exposed to this dangerous infection.

SEE COMMONSENSE COVID-19 COPING ON PAGE 4

OPPA HOSTS FIRST CME WEBINAR

CONTINUED FROM PAGE 1

Issues regarding priorities for care and appropriate approaches to early intervention have been addressed over the succeeding 25 years and a robust service and research infrastructure is in place nationwide to continue the work and move the field forward.



Tucker

We appreciate **Phebe Tucker, MD** for continuing the program on the Murrah Building Bombing by presenting *1995: Recalling Effects of Terrorism a Quarter of a Century Later*.

Dr. Tucker, who is Professor, Vice Chair of Education and Ungerman Endowed Chair in the Department of Psychiatry and Behavioral Sciences, University of Oklahoma Health Sciences Center in Oklahoma City, discussed the health and mental health sequelae for different levels of exposure among adult direct survivors, bereaved persons, first responders and other community members. Research presented assessed adult survivors emotional effects, treatments, continued needs and post-traumatic growth over many years, suggesting that recovery assistance needs to be provided for many years and adapted to the changing needs of survivors.

Thanks to co-presenters **Britta Ostermeyer, MD** and **Kevin Watson, MD** for discussing *Health Care Challenges and Delivery of Culturally Competent Care to LGBTQ+ Patients*. Dr. Ostermeyer is Professor and Chairman of the Department of Psychiatry and Behavioral Sciences at the University of Oklahoma College of Medicine. She holds the Paul and Ruth Jonas Chair in Psychiatry.



Ostermeyer



Watson

Dr. Watson is Assistant Professor and Director of the Adult Outpatient Mental Health Psychiatric Services, Department of Psychiatry and Behavioral Sciences, College of Medicine, University of Oklahoma Health Sciences Center, Oklahoma City.

Together they discussed how lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ+) individuals often struggle with access to culturally competent quality medical and psychiatric care services. These patients present with a higher burden of medical, psychiatric, substance abuse challenges and comorbidities compared to their non-sexual minority counterparts. They suffer from higher levels of mental disorders; higher rates of medical illnesses; higher rates of substance abuse and increased rates of violence.

Our thanks goes to **Tessa Chesher, DO**, Associate Professor, Department of Psychiatry, Oklahoma State University Center for Health Sciences in Tulsa, for presenting *An Introduction to Infant Mental Health*. Her professional interests include early infant and early childhood mental health, early childhood trauma and pediatric consultation-liaison psychiatry.



Chesher

Infant mental health is a rapidly growing field that targets the mental health needs of the most vulnerable in our population,

infants and children under the age of five. She discussed the basics of infant mental health as well as what knowledge and training are required to provide this service and took a look at available community resources.



Beaman

A special thanks to **Jason Beaman, DO**, OPPIA President and Chair of Psychiatry and Behavioral Sciences, Oklahoma State University Center for Health Sciences for acting as the moderator for our CME webinar and for presenting the program on *Opioid Prescribing*. This one-hour CME training on opioid abuse and misuse fulfilled the recommendation for prescribers as outlined in Oklahoma Senate Bill 1446.

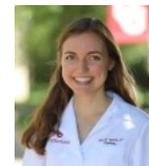
This presentation reviewed the history of the opioid crisis in the United States and the use of opioids for chronic pain. The CDC Guidelines were discussed and how Oklahoma psychiatrists may treat opioid addictions using current treatment strategies. As such, psychiatrists are on the front line in diagnosing and managing these difficult problems.

The OPPIA CME Webinar was also honored to have three psychiatric residents present their papers. Each of the residents received an honorarium of \$100 for their webinar presentations. 2020 marks the 30th Anniversary of this program at the OPPIA annual CME Conference.

The original Psychiatric Residents' Day was created by Harald Krueger, MD during his term as chief resident at the University of Oklahoma in 1981. Throughout the years, a wide variety of material has been presented. As more psychiatric residents have conducted their own research or been involved with faculty research projects, these projects have been included. By doing so, residents may present their work and engage the community of psychiatry in an intellectually stimulating and informative discourse.



Carr



Warta



Lastrapes

First to present on Saturday morning was **Branden Carr, DO**, PGY2 at the Oklahoma State University Center for Health Sciences in Tulsa. He presented *The Importance of Reproducibility in Psychiatric Literature*.

Next was **Taylor Warta, DO**, PGY2 at the OU-TU School of Community Medicine. Her program was titled *Maternal Mental Health and Fetal Brain Development*.

And finally, **Eleanor Lastrapes, MD**, PGY3 at the University of Oklahoma Health Sciences Center in Oklahoma City. Her topic was *Valproate-Induced Normal Pressure Hydrocephalus: A Rare Side Effect*. ❖

COMMONSENSE COVID-19 COPING CONTINUED FROM PAGE 3

The attached illustration below is an example of one commendable effort implemented by CHS EAP and I am sure many EAPs in many industries have set up similar care lines. Such care lines will need to be made widely available and supplemented with health care helplines and guidance to seek timely help with diagnosis and treatment of suspected COVID infections and the psychiatric and psychological aftermaths for the patients and their families. Let us not forget the children who are also suffering emotionally but cannot articulate their concerns and suffering.



The flaws and faults in the health care system have been exposed thanks to this COVID-19 crisis. Psychiatrists do not have special expertise in infectious disease or in public health; but certainly, we can ask about the psychological defenses that contributed to us being so unprepared.

The first bit of denial was the failure to recognize that this pandemic's magnitude could overburden us. Firefighters have to have proper fire-resistant suits, soldiers and policemen need the right kind of bullet-proof armor. However, we were not prepared to keep enough numbers of PPEs or masks available. Even today there are not enough PPEs to meet the needs of health care providers, workers in the food industry, and such situation is a nightmare for the administrators in all affected industries.

The fact there were no drugs to treat the COVID-19 – only quarantine and good nursing/supportive care – to prevent or treat the Airway disease and Pneumonia led to generalized panic. Massive deaths, traumatic bereavement, unemployment, needed to be labelled – a national-level disaster. Of course, this is a global disaster too, yet the economic, occupational, educational downfall and desperate efforts to balance

these areas of concerns against the public health interest have created a divided society all over the world. Who and what is dispensable? The priorities have been turned upside down. What was important once is no longer important and new meanings in life and new purposes in life will need to be discovered.

This is going to take an emotional toll. Many people are going to break down; their defenses will fail as all this stares them in the face. There is going to be a pandemic of PTSD, Major Depression, and suicides, and generalized Behavioral and Social Unrest. Could it bring out the worst – with a rebellion, society divided on the basis of blame, and victimization experienced by the entire population? The grief and anger generated by this disaster auguring death and devastation is likely to spread with displacement onto other longstanding sufferings and injustices previously tolerated but no longer. And, the question is why these are causes of human suffering not fixed for decades if not for centuries.

What are the psychological issues that can be anticipated? Fear of death, fear of contracting this strange and novel deadly virus, what happens to one's relationships after contracting it, fear of quarantine, fear of loss of jobs and income for a prolonged unpredictable period of time, fear of separation, fear of sensory and social isolation, fear of loss of loved ones and friends, fear of not being able to communicate, fear of rejection and abandonment, loss of significance and finally the fear of being thrown away as human garbage. The fear of being buried in body bags in mass graves, mass cremations, etc. could turn out to be realistic. Such primitive anxieties and fears of annihilation are likely to lead to Post Traumatic Stress Disorder. These are not phobias, but real fears based on historical facts of devastating panics experienced by entire human race in pandemics of various kinds in previous centuries.

Not having time to get one's affairs in order, financial destitution, not having opportunity to say goodbye to loved ones in person and fading into the horizon alone facing a lonely death are not just tragic consequences of this threat, but almost sure to be realized by some of us or our loved ones. Family and social breakdowns are not entirely reparable by government stimulus money which is like putting finger in the dike in a dam that is sure to collapse.

The physicians on the front line are heroes one day, but, if they turn COVID-19 positive, they are quarantined and lose their special important role overnight in the society. As of mid-July 2020, four hundred health care professionals caring for COVID patients have died and many of them were physicians and nurses. One very capable young emergency room lady physician has committed suicide after contracting COVID-19.

Not having anyone to talk to about their deadly fears and anxieties easily expected by trained psychiatrists in their communities can be a devastating experience. It is unclear what special support services are offered by consultation-liaison psychiatrists. Ideas about how to handle this crisis will have to be implemented on a much larger scale, with many more volunteers.

SEE COVID-19 COPING ON PAGE 5

OPPA MEMBERSHIP UPDATE

JULY 2020 - AUGUST 2020

Welcome New Members

Erin Walling, MD, Resident Fellow, Oklahoma City
Jackson Dalrymple, DO, Resident Fellow, Tulsa
Eric Reynolds, MD, Resident Fellow, Norman
Joshua Day, DO, Resident Fellow, Tulsa
Amos Burks, MD, Resident Fellow, Norman
Andrew Barbosa, MD, Resident Fellow, Norman
Christopher DiPesa, DO, Resident Fellow, Tulsa
Sukhmeet Bedi, MD, Resident Fellow, Oklahoma City
Zainab Cheema, MD, Resident Fellow, Moore
Tara Lemens, MD, Resident Fellow, Broken Arrow
Katrina Lin, DO, Resident Fellow, Tulsa

Administrative Reinstatements

Irina Baranskaya, MD, General Member, Edmond
Joseph Michie, MD, Resident Fellow, Tulsa
Heather Jones, DO, Resident Fellow, Muskogee
Masood Ahmad, MD, General Member, Tulsa
Tayyaba Ali, MD, General Member, Edmond

Goodbye and Good Luck: Transfer from Oklahoma

Parostu Rohanni, MD, Resident Fellow *(to Texas)*
Ifran Ahmed, MD, Resident Fellow *(to California)*
Dave Peyok, DO, Resident Fellow *(to Arkansas)*

Membership Expiration: Non-payment of 2020 Dues

Richa Yadav, MD, General Member, Edmond ❖

COVID-19 COPING CONTINUED FROM PAGE 4

Where can psychiatrists help? First, by mobilizing national-level disaster committees working with local ones in the district branches. Telephone lines are already being set up to field calls from anyone who needs psychological support. We know how to compassionately listen, and we can give information about resources. If this is a volunteer effort, it should not cost much. Such services can be publicized via websites, or radio, or even TV ads that may be offered gratis by the stations. Our APA and OPMA can be on the front line with other concerned mental health professionals but we need to become visible someday if there is a need. Telepsychiatry is essential to keep us afloat but more will be needed and expected of us in coming months.

We must provide emotional and professional support. It is imperative that we not lose sight of the challenges facing us **right now**. ❖

Shree Vinekar, MD is a Distinguished Life Fellow and serves on the OPMA Executive Council as Parliamentarian and Chair of the Continuing Medical Education Committee. He is also one of two elected Delegates representing Oklahoma to the APA Assembly and a Professor Emeritus, OU College of Medicine.

IN MEMORIAM

GORDON H. DECKERT, M.D.



A former member of the Oklahoma District Branch of the American Psychiatric Association, Gordon H. Deckert, M.D. passed away June 10, 2020 after 90 years of an amazing life, most of which was dedicated to the health and well-being of others.

Dr. Deckert, who became a Fellow in 1975, wrote many articles in the early issues of the Oklahoma District Branch newsletter. In one editorial written in July 1972, he was concerned about the future of psychiatry in Oklahoma.

"By 1980, the University of Oklahoma Health Sciences Center will either be one of the most outstanding centers for training health professionals in the United States or one of the most mediocre. Potentially, the ingredients for excellence are all here: a critical mass of leadership working effectively as a team, an outstanding long-range capital development plan, a favorable geographic location...As has been clear for some time, the future of psychiatry in general, and academic departments of psychiatry in particular, is increasingly tied to the future of the Health Campus of which they are a part."

Born May 18, 1930, he graduated from Northwestern Medical School and interned at the Mayo Clinic. Later on, he would become his medical school's Distinguished Alumni Professor and a commencement speaker to the class of 1996. During an Air Force tour in the late 1950s at Tinker Air Force Base, he was named the "medical czar" of Oklahoma in the event of a nuclear war. After this tour, he stayed in Oklahoma and developed a love for its people. Dr. Deckert joined the faculty at the OU Medical School, and served as professor and Head of the Department of Psychiatry at OU from 1969 to 1986. He was revered by generations of OU College of Medicine graduates for his riveting lectures and dramatizations that are remembered to this day. His passion was medical education—whether to doctors, nurses, politicians, or common folks.

Later in his career, Dr. Deckert took on the whole state of Oklahoma as his patient. The Oklahoma State Medical Association honored him for his role in the development of the State of the State's Health Report. In 2004, he was named the first state Champion of Health by the Department of Health and other institutions. He chaired the committee charged to develop a State Health Plan and served on The Governor's Task Force to Eliminate Health Disparities—a task that continues to this day. In 2008, he received The Distinguished Medical Service Award sponsored by The University of Oklahoma College of Medicine.

A memorial will be held at the First Unitarian Church when it is publicly safe to do so. He is survived by his wife, Jane, his two sons, a "daughter of choice" and five grandchildren. ❖

RESIDENT'S FORUM

COVID-19 RAISES DIFFICULT DILEMMA ABOUT TOUCHING PATIENTS FOR COMFORT

By Olivia Shadid, MD

Imagine that upon admission to a psychiatric hospital, patients do not anticipate physical touch to be a key aspect of their road to healing. Even as their physician, I do not document in my treatment plan considerations regarding each patient's physical touch needs and boundaries. After all, this is a psychiatric hospital, where our substrates are emotions cognitions, and behavior. The physical body - outside of the brain, medication-metabolizing pathways, and adverse effects - often becomes a secondary or tertiary thought in routine hurried practice.



Shadid

Perhaps This is why I did not anticipate a pandemic mandating social or physical distancing to be something that greatly affected the care I provide on the psych ward. I am not an ENT eliciting respiratory secretions or a pediatrician swabbing virus prone-children. I thought touch could be swiftly eliminated from my interactions and distance safely kept from patients suffering from mental health struggles.

What I've found Is that I had overlooked the myriad ways empathetic, orienting touch had pervaded my interactions with patients.

The first time that I surprisingly found myself a touch-strapped psychiatrist was on a midnight call shift in an Emergency Department (ED) as the pandemic began to roar locally in March. A 96-year-old veteran - days away from her 97th birthday and inviting the whole ED staff to the celebration - had made a suicidal statement after losing control of yet another bodily function in her late years. She was whisked to the ED in the middle of the night and kept in the hallway, her tiny body bundled in pajamas and blankets, so that staff could keep a close eye on her and her needs.

This patient was the social belle of the ED. She had a habit of grabbing staff's hands and drawing them to her chest in a gesture of gratitude. Occasionally she would kiss a hand for good measure.

Before the pandemic, I would have noted the gesture in my mental status exam and read it as a sign of the patient's desire for connection and socialization. I would have been sure to wash my hands before and after and encourage the patient to avoid kissing hands while in an ED, notoriously crawling with all sorts of potential superbugs.

That night, however, I found myself in uncertain territory. This familiar ED felt like an alien place, where I needed to note my actions more conscientiously - did I just touch my face? Can I adjust my mask? Maybe I should get an extra dollop of hand sanitizer, just to be sure?

I suddenly felt shame when the patient managed to grab my hand, and I knew I would feel further ashamed whether I pulled away or allowed her to pull my hand close.

Since March, I have felt other natural inclinations uncomfortably inhibited: to pat a patient's elbow as he sobs over his recently passed wife of 70 years, to hug a patient when she throws her arms open before she walks out the unit doors after a remarkable recovery from medically induced psychosis, to step closer to my colleagues and attendings when we are conversing. Instead I have had to stop myself - to let the patient sob and offer only verbal condolences and halt the hug and - still plagued with uncertainty - agreed to an elbow bump when offered as an alternative. I have had to take a step back from those whom I am learning from and among and strain a little harder to hear what they are saying through their masks.

I thought we would be treating the emotional strain of the pandemic. I didn't think the pandemic would lead to so many questions about what is the better choice - to touch and risk infection or to allow a patient to inhabit his sob-wracked body all alone - when a patient before me cries and his blue surgical mask darkens with tears

The pandemic is nudging me to honor the potency of the laying on of hands, even for psychiatrists. We know from the academic literature the deeply important benefits of human touch, as well as the potential for unwanted touch to cause trauma or suffering.

I hope our field can be more conscious of the immense power of touch and approach it with ever-more intention. We are healers of the mind, yet the skin is the organ where the mind encounters the external environment and comes to understand itself as harmoniously attuned to or tragically severed from its world.

Editors Note: Dr. Shadid is a psychiatric resident at the University of New Mexico. She is a 2019 graduate of the OU-TU School of Community Medicine in Tulsa and a 2019 recipient of the **OPPA Benjamin Rush Award** presented to outstanding senior medical students in the field of psychiatry.

She also is an Albert Schweitzer Fellow for Life and a recipient of the American Academy of Child and Adolescent Psychiatry's 2020 Advocacy & Collaboration Grant.

This article was originally published in the July 17, 2020 issue of [Psychiatric News](#) and is reprinted here with permission of the author. ❖

OPPA RECEIVES APA EXPEDITED COVID-19 GRANT

In order to stay connected with our members and other stakeholders, the Oklahoma Psychiatric Physicians Association (OPPA) applied for and received an APA Expedited **COVID-19 grant** to help fund the current electronic telecommunication network environment and to expand deeper into the virtual telecommunication environment setting made **critical by the coronavirus pandemic**.

Our grant, in the amount of \$2,884, will fund one-year of basic office telecommunication operations including the ATT land-line telephone and U-verse internet service for the email service to oklapsychiatry@gmail.com, as a direct means of communication between members and the district branch and website hosting for www.oklapsychiatry.org as a means for members to stay up-to-date on district branch news, events and meeting registrations.

The grant also allows the OPPA to expand deeper into the virtual telecommunications environment upgrading from Zoom Pro to Zoom Business to include additional features and availability for a greater number of members to participate in virtual meetings and events and add Zoom Webinar to make virtual CME programming available to the district branch and its local chapters.

Oklahomans are beginning to move about, slowly. There are still restrictions on how many people may gather in one place. With in-person meetings still discouraged, the OPPA Executive Council decided to move forward with the postponed spring

Continuing Medical Education (CME) Conference by creating a 7-hour Zoom webinar held July 18th.

In March, when the World Health Organization declared the coronavirus outbreak a pandemic and as the United States passed more than 1,000 people infected, little did we realize the impact the COVID-19 virus would have on our personal and professional lives. University and local school systems began giving students an extra week of spring break as faculty and staff prepared for a possible move to a virtual learning environment to prevent the spread of the coronavirus. Sports and COVID-19 began intersecting as tournaments and games would be held, but without any fans to watch.

States began closing businesses to help combat the spread of the virus as recommended by the Centers for Disease Control and Prevention (CDC). People were told to shelter at home. The workplace and school room became an extra bedroom, the kitchen table, a basement, the outdoor patio ... anyplace one could find a spot for a laptop or tablet and get to work. Zoom conferencing exploded. Virtual conferencing became the norm. In person meetings became extinct overnight.

Once the pandemic is over and we may move about freely, many aspects of our new normal may remain in place. Many will continue to work remotely. Meetings and conferences could remain in the virtual world. One bright spot the OPPA has noted due to Zoom conferencing is an increased attendance at meetings! ❖

MARK YOUR CALENDARS!

VIRTUAL ANNUAL BUSINESS MEETING COMING THIS FALL

Agenda includes:

- ◆ 2020 Awards & Recognitions
 - ◆ Financial Review
- ◆ 2021 Legislative Agenda
- ◆ Benzodiazepine Position Statement Development

SATURDAY, NOVEMBER 7, 2020 10:00 AM – 12 NOON



Hosted by the
Oklahoma Psychiatric Physicians
Association

oklapsychiatry@gmail.com
<https://www.oklapsychiatry.org>

RESIDENTS GRADUATE FROM GRIFFIN PROGRAM

Celebrating graduation at Scissortail Park in OKC are the residents from Griffin Memorial Hospital in Norman.

Pictured from left to right are **Clayton Morris, MD**, Program Director; **Meesha Sidhu, MD**; **Saveera Sidhu, MD**; **Pam Melton**, Program Coordinator; **Irfan Ahmed, MD**; **Tejpal Bedi, MD**; **Amindeep Lail, MD**; **Rosemarie Caskey, MD** and **Hunter Caskey, MD**.

Meesha is going to Washington to work at a state hospital; Saveera is entering a child fellowship at Rush University in Chicago; Irfan is going to USC in California; Tejpal is entering a child fellowship at Buffalo University in New York; Amindeep will be working in California; Rosemarie is entering a child fellowship at UT Dell Medical School in Austin and her husband Hunter will be working at the VA in Austin.



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As the field of psychiatry evolves in the face of the COVID-19 pandemic, now more than ever, we're here for our doctors with timely risk management support, updates, and the latest resources. Our psychiatry-specific expertise, paired with our long-standing ability to defend and support our clients, allows us to keep you covered — with more than an insurance policy.

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The following are highlights from the approved minutes of the OPPA Executive Council meeting held on Saturday, March 28, 2020 via Zoom Conferencing.

Treasurer's Report – The final budget report for 2019 was discussed. The income included an Expedited Grant from the APA for a Physician & Adolescent Suicide workshop, annual conference, newsletter advertisements and membership dues. The annual meeting did not raise as much funding as estimated and 32 members did not renew memberships in 2019.

Due to the postponement of the workshop and conference due to the COVID-19 pandemic, all registration fees were returned. The CME fees paid to APA may be used later these programs or transferred to others. The hotel reservations were cancelled with no penalty. Expenses lost include brochure printing, mailing and the credit card fees collected by Square.

The 2020 budget was also presented. Due to the postponement of the annual conference, the only secure income is membership dues. Dr. Rousseau moved to accept the budget reports. Dr. Tucker second. Approved.

Executive Director – At the previous meeting Mrs. Mixon was asked to review the Executive Director job summary making any necessary updates and bring it to the next meeting. Dr. Boyer reported she had discussed the position with other Executive Directors from Area 5. Dr. Vinekar suggested councilors make inquiries. Dr. Beaman ask that all suggestions be sent to Mrs. Mixon.

Officer and Councilor Ballot (*Dr. Jay Lensgraf*) – The Officer and Councilor ballot was emailed on Tuesday, March 10, 2020 to the 197 members whose email addresses were current and eligible to vote. A second email was sent on Thursday, March 19, 2020 to those who had not yet cast a vote. Of those voting, 100% approved the following slate of OPPA officers and councilors for 2020-2021: **President**-Jason Beaman, DO; **Vice President**-Shannon Thomas, D O; **Secretary**-Britta Ostermeyer, MD; **Treasurer**-Tessa Manning, MD; **APA Delegate** (2020-2022)-Harold Ginzburg, MD; and **Councilors at Large**-J. Bryan Cates, DO; Robyn Cowperthwaite, MD; Vijaya Ekambaram, MD; Hashib Faruque, MD; Courtney Nixon, MD; Jed Perdue, MD; Art Rousseau, MD; Lauren Schwartz, MD; Haiwang Tang, MD and Ashley Walker, MD. Dr. Vinekar moved to accept the ballot results. Dr. Tucker second. Approved.

New CME Conference Date (*Dr. Shree Vinekar*) – The Tandy Conference Center is available on Saturday, July 18, 2020 as well as the original faculty for the CME conference. This will be a duplication of the March program. No more finances will be expended until we are confident the conference will be held.

Physician & Adolescent Workshop (*Dr. Shree Vinekar*) – The Friday workshop which was funded by an APA Expedited Grant will be presented through the COPS and TPA chapters. The programs will need to be identical for the grant funding to apply. The CME is set for a live, in person conference.

Dates for 2020-21 Executive Council Meetings (*Dr. Jason Beaman*) – Dr. Beaman requested Council set dates for the quarterly meetings to ensure members have advance notice. The first date set was Saturday, July 11th. Following dates are October 10, 2020; January 9, 2021 and April 10, 2021. Dates may be changed if conflicts arise.

Child Psychiatry (*Dr. Brent Bell*) – Dr. Bell reported the Oklahoma Psychopharmacology project he and Dr. Sara Coffey are co-chairing is almost completed. Medicaid is requiring one parent to be home at all times when there is a child in therapeutic foster care. Tulsa is in a child psychiatric bed crisis. Shadow Mountain closed beds. Willow Crest, Parkside, St. Francis do not have enough beds. Dr. Cowperthwaite reported one child stayed five days in the ER and still no bed available.

Legislative (*Dr. Art Rousseau*) – Dr. Rousseau reported the legislature is assigned two tasks to complete. First is to pass a budget and the second is to set a date for the end of the session which is May 29th. The telemedicine landscape has changed. Senate Bill 801, the CRNA and Anesthesiologist bill which changes language from supervision to collaboration, has passed the Senate and was sent to House. Senate Bill 1915/House Bill 1735, the PA collaboration bill, has had the title struck. House Bill 2194, psychologists wanting to be called physicians is still live in the Senate. The Insurance companies have found ways around our 2008 Parity bill. Senate Bill 1718 is going forward where the insurance companies must mirror current federal law. This would better allow Oklahoma enforcement to require mental health care to be covered at the same level as physical health care on plans authorized by the state. The combining of the Department of Mental Health and Substance Abuse into the Oklahoma Healthcare Authority continues, but the Senate Bill 1870, dissolving the mental health Commissioner position was put on hold. Senate Bill 1277 allows members of the Opioids Overdose Facility Review board to have access to opioid overdose data.

Membership – Since the last meeting, the OPPA has gained seven new members; five reinstatements; two transfers to other district branches; three membership terminations due to non-payment of 2019 dues; and one resignation. Drs. Theresa Garton, David Lindon and Lauri Kearns were advanced to Life Member status and Dr. Jahangir Ghaznavi was advanced to Life Fellow status in 2020. Also, Congratulations to our new Distinguished Fellow, Dr. Britta Ostermeyer and to our new Fellow, Dr. Samuel Martin.

Public Information/Newsletter – There is a new publication schedule for the newsletters beginning this year. Newsletters will be published in February, May, August, and November. Dr. Ginzburg encouraged councilors and residents to write an article for the newsletter.

Resident Program Directors – Dr. Ashley Walker reported the OU-TU School of Community Medicine matched five new residents, all from out of state. Dr. Beaman reported OSU Tulsa matched five residents, four D.O.'s and the programs first M.D. with only one coming from out of state. They also received national continuing education accreditation. Dr. Tucker reported OU Oklahoma City matched 6 residents and more seem to be interested in a psychiatry residency.

Meeting adjourned. ❖

Oklahoma Psychiatry

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The Oklahoma Psychiatric Physicians Association, a district branch of the American Psychiatric Association, is a medical specialty society recognized world-wide. Our member physicians specialize in the diagnosis and treatment of mental and emotional illnesses and substance abuse disorders.

APA IS LAUNCHING A NEW ONLINE LEARNING CENTER

To improve your experience, APA is working on an enhanced Learning Center to meet your current and future learning needs. Questions? Contact the LearningCenter@psych.org

IMPORTANT INFORMATION ABOUT THE TRANSITION:

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- ◆ Your course enrollments and completion history will also be transitioned to the new system.
- ◆ However, Activity-level progress within courses cannot be transitioned. As such, please complete any in-progress courses on the current platform as soon as possible.
- ◆ User records and courses will be transitioned to the new platform from July 31, 2020 through August 13, 2020.
- ◆ We anticipate the new Learning Center will be accessible soon.

KEY IMPROVEMENTS INCLUDE:

- ◆ A modern design and simple navigation tools so you can find what you need when you need it.
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Save the Date



**Saturday
April 17, 2021**

Oklahoma Psychiatric Physicians Association
Annual CME Conference, Oklahoma City

A Hybrid Program (Part Live In-Person/Part Live Webinar) is planned for 2021.
Watch for specific details coming this winter.

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