

NEWSLETTER

THE AMERICAN BOARD OF ADOLESCENT PSYCHIATRY
(HOSTED BY THE AMERICAN SOCIETY FOR
ADOLESCENT PSYCHIATRY)
JONATHAN BAUMAN, M.D., EDITOR

Certification Updates

CME

Essays and Reviews

EXPERTISE
UPDATE



October 20, 2022
12-1:30PM Pacific Time

[Register Here](#)



FROM THE EDITOR

Welcome to the SECOND edition of the ABAP Newsletter! Congratulations to those of you who have recently been certified, and thank you to our Diplomates who have provided service over the years. We also welcome psychiatrists who are practicing in the field of adolescent and young adult psychiatry but are not yet certified. The Board looks forward to promoting the important work we all are doing and growing our organization. We are in a challenging time for the population we serve. As you all well know, psychiatric disorders - anxiety, depression, eating disorders, suicide - are all on the rise for adolescents and young adults, with a dearth of qualified practitioners to care for them. Our services are needed more than ever!

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Jonathan Bauman, M.D.

"From the Editor" (continued from page 1)

We anticipate publication of this newsletter every three to four months with the intent of keeping you up on matters of interest and importance to adolescent and young adult practitioners. This may include editorials and blogs on relevant topics, interviews with Diplomates, highlights about our new Diplomates, articles and book reviews, links to relevant continuing education, announcement and policy updates, and Board meeting minutes.

As a recent member of the Board, I was asked to reflect back on what made Board Certification important for me to obtain, and what it has provided me over the years. At the time, back in the mid-1990's, I was CMO of a psychiatric hospital that was growing its service to child and adolescent patients. After learning about Board Certification, I traveled with three of my staff, each a Medical Director of one of our adolescent units, to Miami to take the exam. Thankfully, we all passed! Certification provided confirmation of our expertise in the field in which we worked, which was of benefit to ourselves and to our institution.

In leading off our latest newsletter, I will share with you a link to my latest blog, ["What's a Psychiatrist to Do?...Navigating the Complex, Uncertain World of Mental Health Care."](#) It was inspired by two developments in the world of psychiatry this year: the "debunking" of the serotonin theory of depression and Thomas Insel's new book, [Healing: Our Path From Mental Illness to Mental Health](#). I hope you enjoy and can relate to it.

Jonathan Bauman, MD, LFAPA, Diplomate of ABAP (1995), Editor

It's not too late to finish in 2022!



**ABAP is still accepting
Applications for its Fall 2022
Online Certification Exam
cycle, which opened 9-1-22
and closes 12-1-22**

[Application form](#)



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Feature Article



PHYSICIAN SUICIDE

According to *A Tragedy of the Profession: Medscape Physicians Suicide Report 2022*, 9% of the 13,000 physicians surveyed reported having had thoughts of suicide, and an additional 1% reported having attempted suicide. The prevalence of suicidal thoughts among specialties varied from 2% in nephrology to 13% in pathology, with psychiatry coming in at 10%. This article presents commentary on just one of the many drivers of physician suicide - stress related to being sued. While the number of litigation stress-related physician suicides is not high, one is too many. Accurate information about the litigation process and psychiatrists' true professional liability risk can help to mitigate litigation-related stress.

Psychiatry is the least often sued medical specialty. Even if sued, psychiatrists, as well as physicians in other specialties, prevail in the vast majority of lawsuits. Data from our insurance program for psychiatrists show that over the past six years, 75% of our Program's claims and lawsuits are closed with no indemnity paid to the plaintiff. For those cases with indemnity paid to the plaintiff (usually from a settlement agreement), the average payment was \$248,873.

But what if you are sued? Are you going to remember that the average payout is well within your insurance policy limits? No – it is understandable that a physician who receives notice of a lawsuit automatically becomes terrified of a jury verdict in excess of their insurance policy limits, which then leads to thoughts of losing their home, their savings, and all their other assets. Fortunately, the reality is we do not see these types of verdicts in psychiatry.

We know that the more we dread something, the more anxious we get, and the more anxious we get, the less precisely we calculate the odds of that something actually happening. We often worry about mere possibilities without considering probabilities. However, the stress induced by reading a complaint in a lawsuit filed against you, in which you are accused of terrible acts of negligence, can be gut-wrenching. And there are some unfortunate truths. For example, non-negligent physicians get sued, and plaintiffs may be able to find an expert witness to offer an opinion that there was negligence where there was none. However, that expert witness will be challenged by the defense and defense experts, if the case even gets that far.

To keep your true risk in perspective, there are many fortunate truths that need to be kept in mind. The reality is that the vast majority of malpractice claims are dropped by the plaintiff, dismissed by the court, or settled within policy limits prior to trial. For those cases that do go to trial, only a very small percent result in a plaintiff's verdict. For those rare cases where there is a plaintiff's verdict against a psychiatrist, the amount awarded by the jury is often higher than that which the court orders the defendant psychiatrist to pay, and final judgments are usually within insurance policy limits.

Another fortunate truth is that you are not alone. You have a team working for you – a claims examiner at your insurance company and your appointed defense attorney who, though paid by the insurer, works for you. You also will have an expert witness who will testify on your behalf and support the care you provided.

Upon receipt of notice of a lawsuit, there are many do's and don'ts:

- DO notify your liability insurer ASAP
- DO limit your discussions about the lawsuit / incident
 - Discussions about the case may be discoverable and used against you
- DO collaborate and cooperate with your attorney
- DO understand potential stressors and how to best manage them – both professional and personal

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Feature Article

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- DO put your energy to good use – be involved:
 - Educate your attorney on the medicine
 - Be available for your attorney's questions
 - Find and forward medical literature
- DO NOT respond yourself – no matter how meritless the allegations are
- DO NOT ignore it – you risk a default judgment for the plaintiff
- DO NOT contact the patient
- DO NOT contact the attorney / agency / etc. that filed the case
- DO NOT talk to anyone about the specifics of case (other than your insurer and attorney) without the approval of your attorney
- DO NOT hesitate to establish a confidential treatment relationship to deal with your own emotions
 - DO NOT share confidential patient information

While we cannot totally eliminate litigation-related stress, remembering the information presented here can reduce it. The odds in any lawsuit greatly favor the psychiatrist. If litigation-related stress is troubling you, take care of yourself. Talk to the attorney assigned to your case and seek or reach out to your own treatment provider for support.

Compliments of:



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Book Reviewers Needed!



ABAP and our Host Society, The American Society for Adolescent Psychiatry, need book reviewers for our newsletters.

If interested, contact our [office](#) today!
(PS - any reviewer keeps the book!)



WPATH Removes Age Limits From Transgender Treatment Guidelines

(Medscape Medical News, 2022-09-16)



Interested in a New Professional Opportunity?
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ABAP's Educational Requirements Change 1-1-23

For Initial Certification

- Required CME in Child, Adolescent, or Young Adult Psychiatry increases from 30 to 36 Category I Credit Hours.
- A comprehensive, approved Category I Review Course of 12+ hours remains an option, but additional Category I CME increases from 12 to 18 hours
- BUT ON THE OTHER HAND, You will have 3 years instead of 2 years prior to application for look-back or to complete required CME

For Recertification

- Annual Continuing Certification Fees (\$50) have been eliminated
- Required CME (100 hours for initial certification period, 50 hours for subsequent certification periods) may be taken any time during certification period
- A recertification examination is now an option for those choosing to not complete CME requirements or whose submitted CME fails to meet ABAP's required standards (at no extra charge beyond the standard recertification fee)

[More Information Here](#)

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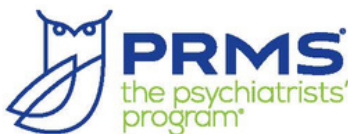


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