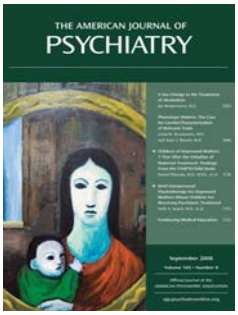
The American Journal of Psychiatry and the Committee of Residents and Fellows

Residents' Journal

September 2008: Volume 3, Issue 9

The Residents' Journal

Contents



Where do I start? Who will help me? How will I learn everything I need to know? Someone else would certainly be able to do this better, wouldn't they? I'm only a resident, what can I add?

These are questions many residents have as they start just about everything in residency—treating patients, conducting therapy, being on-call, applying for research grants, or writing articles for publication. Residents often have to act first, learn while doing, and learn more once they are done. It is a frequently frightening but effective way to learn. If only there were more guidance, more supervision, and more support, right?

The American Journal of Psychiatry provides just that. The editors and staff of the *Journal* created the Residents' Journal 2 years ago as an explicit effort to get residents involved and offer them support. It was an attempt to make learning about academic writing and research easier and less intimidating. The Residents' Journal is truly a journal for residents, by residents. It provides direct access to the editors of the *Journal* and its staff.

In an effort to further involve residents, the Residents' Journal joined forces with APA's Committee on Residents and Fellows (CORF) last spring. At the time of the merger, the position of a resident Editor-in-Chief was also created. This year, that person is the chair of the Committee on Residents and Fellows. As such, this is my first month as Editor-in-Chief of the Residents' Journal.

Those questions above were once most definitely mine: "Where do I start? Someone else would certainly do this better, wouldn't they?" As I have found with most things in residency and fellowship, learning as I go is often the only and best way to do things. Swallowing my pride and asking for help from anyone and everyone who knows more than I do has proven invaluable as well. Finally, asking "dumb questions" is something we all do as residents. As residents, we ask the questions many people have but are too afraid to ask. We have the freedom to not know, to look at things differently, and to have a fresh perspective.

This issue, and the Residents' Journal in general, is an effort to find that resident perspective. We continue to look for your insights into what the Residents' Journal can offer you. For example, the survey at the end of this issue is an attempt to obtain data on your preferences, so we can make the publication even better.

We also examine research and therapy in residency. Learning both of these skills is a complicated task, one in which "learning as you go" is the rule, not the exception. They also reinforce the importance of good mentors, who both support you and ask you the tough questions.

An unknown author once defined a mentor as "someone whose hindsight can become your foresight." The best mentor pushes you to go farther than they have and to learn from both your and their mistakes. They have enough experience to offer you a solid foundation, to ease some of your anxiety, and to let you take the lead. I have found this in the staff at the *Journal*. Although I started with "Where do I start? Wouldn't someone else offer more?", they replied, "Go ahead, you take the lead. You can do it."

Like you, I will learn as I go. I hope you enjoy this next year of the Residents' Journal. Let us know what you would like to see in the journal. Let us know how the Residents' Journal can be more helpful to you and how I can be more helpful to the Residents' Journal. And, finally, take full advantage of all the mentors you have, wherever they may be.

Molly McVoy, M.D.
Editor-in-Chief, Residents' Journal

A Practical Approach to Resident Research and Writing

Sara G. West, M.D.
Department of Forensic Psychiatry, Case Western Reserve University

Enter virtually any search term in MEDLINE or PubMed, and chances are, someone has something to say about it. Though the process of research and writing might seem daunting, especially as a resident, it does not have to be. It is something that I have enjoyed doing throughout my residency, and through trial and error, I have learned some things along the way.

Get a Clue

It all begins with an idea. It may come to you while on rounds with your attending, sitting in your office with a patient, or even in the shower. The more interesting you find this idea, the easier it will be to write about it. Research and writing serve a dual purpose. Once your idea takes the shape of an article and is disseminated through publication, you have contributed significantly to someone's understanding of the topic. On a more personal level, you have made yourself a virtual expert on that particular subject. This will serve you well in your clinical practice.

Do Your Homework

Once you have settled on a specific topic, begin to think about what type of publication format interests you the most. A review article offers the readership an overview of a given subject. If the topic is too broad, you commit yourself to reading a copious amount of previously published material to ensure an unbiased presentation of the subject. If the topic is too narrow, there is often little data available. Thus, the scope of your review may need to be adjusted slightly to strike a balance between the two poles. An article based on original research requires separate considerations. It is important to ensure that no one has written your article already; therefore, a thorough search of the literature is essential. Additionally, be sure to factor in the time it takes for the institutional review board to approve your research protocol and for you to collect and analyze the data.

One of the most valuable things that I have discovered is the simplicity and utility of contacting a publisher directly. Decide which journal is most appropriate for your idea (and there are many journals out there), and use their web site to e-mail the publisher. Offer up your proposed topic, and most editors will let you know if they are interested. Some may even offer helpful suggestions to assist you in further defining your topic.

Practice Makes Perfect

Find a mentor, for he or she will provide invaluable advice and connections. Do not be afraid to shop around. People have different styles of writing, so the process will be most rewarding when you find someone whose approach is compatible with yours. Make a timeline and stick to it. That being said, everyone recognizes that residency can be hectic. So, if you feel that you will be unable to meet a deadline, give your mentor or publisher as much notice as possible. Your organization and consideration will go a long way.

The Amazing Race

Once you have organized your sources or your original data, the writing process begins. You may go through several drafts before you feel everything has fallen into place. Word processing programs have many features that can be helpful to you in the writing process, such as adding endnotes for references or comparing two documents. I think it is worth the effort to learn how to use these functions, as it will save you time in the end. Sending your article to the publisher provides both a sense of relief and excitement. You get a brief respite before you receive the editor's comments. It will serve you well to be thoughtful and detailed in your responses to the editor's suggestions. You will be rewarded by seeing your article, the one that you nurtured and finessed through the process, in print.

The Aftermath

The benefits of research and writing are tremendous. Once you have published an article, you have a ready-made presentation. You can feel confident about the quality of the research because you did it yourself. And, to get published, the article went through a rigorous external editing process. You know the material inside and out, which may serve to ameliorate the anxiety produced when giving a presentation, such as in grand rounds. Additionally, some journals offer small honorariums, a welcome addition to supplement a resident's modest salary. Finally, publications during residency put you in good standing when applying for jobs or fellowships following graduation.

Sure, there is a little bit of luck involved, but all you really need is a seed-like idea and the determination to watch it grow into a tree-like article. I hope these thoughts have been informative and helpful if not inspiring.

Romantic and Erotic Feelings in the Psychotherapeutic Relationship

Omar Ahmed Mohamed, M.D.
Department of Psychiatry, University of Tennessee

The topic of sex and the physician-patient relationship is an important one to educate therapists about, as it is a common dilemma that faces therapists at all stages of training.

The problem of physician sexual misconduct is still underreported, mostly due to the stigma and taboo associated with the topic (1). Lack of experience and/or education may lead a therapist to either exploit or abandon a patient who is "acting out" sexually.

"Ms. A" was a 35-year-old divorced Caucasian woman. She was 5 years old when her parents divorced. Her father subsequently left and her mother turned to alcohol and drugs. The patient was left with her maternal uncle, who sexually abused her from the ages of 5 to 12. Ms. A was also molested by a neighbor, who videotaped the abuse.

Ms. A came to therapy because she was turning to alcohol for self-medication and was acting out sexually. The patient often visited chat rooms online and picked up guys from bars in an effort to retain a sense of control over men.

The patient was seen by a female social worker for a few sessions and was referred to a psychiatry resident.

The patient told the social worker that the resident was cute, but that she was sexually attracted to a second resident. The first resident did not feel comfortable accepting the patient. The second resident discussed the case with the first resident and both their supervisors, all of whom thought the patient would provide an excellent opportunity for learning to deal with transference and countertransference issues. All involved parties agreed that the second resident should take the case.

In the first session, the patient, who was dressed provocatively, made a brief comment about the resident's appearance. The resident ignored the remark, hoping to first build a therapeutic alliance and not make a premature interpretation (the resident's supervisors, however, had different opinions about this strategy).

In the fourth session, the patient was leaving the office when she said, "Why did God put you in my way when I cannot touch you? It's like putting a piece of chocolate in front of a child and asking him not to eat it." Her therapist replied that sometimes it is unhealthy and inappropriate for a child to eat something that does not belong to him. She responded, "Oh yeah, yeah. I will see you next week."

In the next session the resident asked the patient if she trusted anyone. When she replied that she did not, the resident gently confronted her about her behavior, saying, "It is my goal to earn your trust. I know how difficult it is for you to trust men, especially those who are supposed to protect you, but I want you to know that not everyone you trust will betray that trust, and not everyone who cares about you cares about you in a sexual way." The patient thought that was a very helpful interpretation, although she warned that her behavior would likely change from seductive and manipulative to angry when she wanted to lash out at someone.

The patient's uncle has since passed away, and her neighbor is now in jail. Her mother is in therapy, although the patient feels too guilty to confront her mother at this time.

The patient understandably refuses to have her sessions videotaped. However, she has stopped going to bars and visits chat rooms less frequently. She has also broken off relationships with two sexual partners whom she used to call when she wanted to regain a (false) sense of control over men.

Physicians should adhere to absolute moral and ethical standards (2). Engaging in sexual misconduct with patients will only result in disastrous consequences for both parties.

The false conception of the physician as a "parent surrogate" who helps his or her patient mature psychosexually through participation in overt transference of an erotic nature is a very dangerous notion (2).

The victim of incest, who psychologically is an orphan, struggling for emotional wellbeing, will experience horrendous disappointment and might even become psychotic or suicidal if the therapist decides to become his or her lover. Remember, it is easier to find a lover than to find a genuine caregiver (2).

A boundary refers to the distinction between personal and professional identity, and it is necessary in order to secure the roles and safety of both parties involved in the psychotherapeutic relationship (1). Most patients are curious about their therapist's personal identity ("who-ness"), but it is the therapist's professional identity ("what-ness") that is of therapeutic value to the patient (1).

Next to suicide, boundary violation, mainly sexual misconduct, ranks highest as the cause of malpractice action against mental health providers (3). It causes patients harm both directly (relapse of symptoms) and indirectly (trust and self-esteem issues) (1).

Consensual sex with patients is a punishable crime in many states. Even consent itself is arguably questionable, because of the confusion and vulnerability on the part of the patient and the power inequality of the relationship (1).

Final Thoughts

Education, supervision, and consultation with a professional are three important approaches to boundary problems. The goal is to increase the trainee's comfort, confidence, and ability to deal with and respond to loving and sexual feelings in a proper way, so that the therapeutic process can advance without jeopardizing the therapeutic alliance (4). It is vital to keep in mind the following:

- Combat silence and taboo feelings by addressing these feelings and discussing them in a matter-of-fact manner (4).
- Shift from concrete to symbolic understanding and from external to interpersonal and intrapsychic thinking (4).
- Even physical signs, fantasies, and dreams from both parties warrant analysis and can be used to help explore issues of transference and countertransference (4).
- Gentle confrontation (interpretation) needs skill, timing, and sensitivity (4).

Supervision alone, however, is not helpful without self-reflection (1). The therapist is the one who makes the decision whether to act on his or her thoughts and feelings.

You might be glad to know that psychiatry was the first specialty to take a stance against physician sexual misconduct. As therapists, we are always reminded that it is among the duties of a doctor to avoid abusing his or her position of authority and power (1).

References

1. Sarkar SP: Boundary violation and sexual exploitation in psychiatry and psychotherapy: a review. Adv Psychiatr Treat 2004; 10:312–320
2. Kardener SH: Sex and the physician-patient relationship. Am J Psychiatry 1974; 131:1134–1136
3. Norris DM, Gutheil TG, Strasburger LH: This couldn't happen to me: boundary problems and sexual misconduct in the psychotherapy relationship. Psychiatr Serv 2003; 54:517–522
4. Bridges NA: Teaching psychiatric trainees to respond to sexual and loving feelings: the supervisory challenge. J Psychother Pract Res 1998; 7:217–226

Resident Survey

As the Residents' Journal enters its third year, we hope the publication has proved highly valuable to you in your training. Each year, Dr. Robert Freedman and select AJP deputy editors meet annually with residents at the APA Annual Meeting to learn about residents' perspectives on and experiences with the Residents' Journal. Since few residents are able to attend these meetings, we are conducting a national survey, created by **Anna Yusim, M.D.**, to provide us with some evidence-based empirical data on your experience with the Residents' Journal to enable us to better meet your needs in the coming years. Please take 15 minutes to complete this survey. Your responses are confidential. We look forward to hearing your thoughts.

Please answer each of the questions to the best of your ability. Your answers will be kept confidential and will not be shared or used to contact you further. If you would like to leave the survey at any time, just click "Exit this survey." Your answers will be saved.

At the conclusion of the survey you will have a chance to enter a contest for a $50 gift certificate to the American Psychiatric Publishing, Inc., Bookstore. One respondent will be randomly chosen as the winner. This gift certificate can be used in conjunction with your 25% Member-in-Training discount you already receive at www.appi.org.

Committee of Residents and Fellows

The Committee of Residents and Fellows (CORF) is a permanent standing committee of APA. The Committee is composed of seven psychiatry residents, each representing one of the seven geographic areas into which APA divides the United States and Canada. Additionally, representatives from APA's three fellowship programs participate as active members. Each member is nominated by his/her residency training program and serves a 3-year term.

Since 1971, the Committee has represented resident opinions and issues within the Association and has established effective and meaningful liaisons with many components of APA, as well as with many other organizations that are involved in training and the profession.

Area 1
Teo-Carlo Straun, M.D.
University of Massachusetts
c.s08873@gmail.com

Area 2
Stacey Yearwood, M.D.
The Zucker Hillside Hospital
smylein05@yahoo.com

Area 3
Jessica Kettel, M.D., Ph.D.
University of Pittsburgh
ketteljc@upmc.edu

Area 4, Chair
Molly McVoy, M.D.
University Hospitals-Case Medical Center
molly.mcvoy@uhhospitals.org

Area 5
Sarah Johnson, M.D.
University of Louisville
sbjohn01@gwise.louisville.edu

Area 6
Shirley Liu, M.D.
University of Massachusetts
shirley.liu@umassmemorial.org

Area 7
Rachel Davis, M.D.
University of Colorado
rachel.davis@UCHSC.edu

Liaison from ACOM
Joshua Sonkiss, M.D.
University of Utah
joshua.sonkiss@hsc.utah.edu

Mentor
Paul O'Leary, M.D.
University of Alabama
pjoleary@uab.edu

APA Minority Fellow
Icelini Garcia-Sosa, M.D.
SUNY Downstate Medical Center
icelini@hotmail.com

APA/Bristol-Myers Squibb Fellow
Sharon Kohnen, M.D.
University of Pittsburgh
kohnens@upmc.edu

Are you getting the full story? In addition to this online edition of the Residents' Journal, there is an e-mail portion delivered each month. This month's e-mail highlights psychopathology in children of depressed parents and body dysmorphic disorder.