

**THE SCATTERGOOD PROGRAM FOR THE
APPLIED ETHICS OF BEHAVIORAL HEALTH**

*ENRICHING THE ETHICS OF BEHAVIORAL HEALTH THEORY,
POLICY, AND PRACTICE*

ANNUAL REPORT (I)

JUNE 1, 2008

SUBMITTED BY

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Introduction

Started in June 2007, the *Scattergood Program for the Applied Ethics of Behavioral Health* (Hereinafter *ScattergoodEthics*) is now celebrating its first year of existence with a variety of encouraging achievements and promising plans for the coming year. We have been very successful in the first phase of establishing the *ScattergoodEthics* Program's programming and web presence, and have positioned *ScattergoodEthics* as a vital player in the local behavioral health community. The *ScattergoodEthics* Program seeks to foster scholarship and resource production by engaging in research, clinician training, advocacy, and public education; to increase attention to and understanding and knowledge of ethical issues surrounding behavioral and mental health care research, policy and clinical practice on a local and national basis; and to inspire and foster the next generation of scholars in the field of behavioral and mental health ethics. This overarching goal of generating comprehensive discussion, research, and resource production for practitioners, scholars, and others interested in the ethics of behavioral health is now fully underway. The Annual Report details the activities we have completed in the first year and describes our plans for the second year of the *ScattergoodEthics* Program.

A word of farewell

The *ScattergoodEthics* Program Director in this first, crucial year of development has been Paul Root Wolpe, Ph.D. Starting in August, 2008, Dr. Wolpe will be moving to Emory University where will become the Asa Griggs Candler Professor of Bioethics, Professor of Medicine, and the Director of Emory's Center for Ethics. The *ScattergoodEthics* Program will miss Dr. Wolpe's leadership, but will be in able hands as Dr. Arthur Caplan, Emanuel & Robert Hart Professor of Bioethics, Chair, Department of Medical Ethics, and Director of the Center for Bioethics will take over the directorship of the program, ably aided by Dr. Claire Pouncey, M.D., Ph.D., Assistant Professor, Department of Psychiatry and Behavioral Sciences, Temple University.

Achievements

Personnel

Summer interns, 2007: The first activity of the Scattergood Program was to establish Summer Intern Program in the summer of 2007. The Scattergood Program created summer internships for two undergraduates students who have an interest in behavioral healthcare ethics: Audrey Baker, who is currently pursuing her studies at Cornell University; and Zachary DelliGatti who attends Allegheny College. The summer interns had a wonderful experience working in the *ScattergoodEthics* Program, and were of invaluable help in establishing the *ScattergoodEthics* materials, website, and programming. A short description of their experience can be found on the ScattergoodEthics.org website.

Student Work Study Interns, 2007-2008: Our goal of inspiring and fostering the next generation of scholars in the field of behavioral and mental health ethics was advanced further with the hiring and work of our two work study interns, Laura Paliani and Ella Dutton. Laura and Ella have supported the work of the *ScattergoodEthics* Program throughout the academic year of 2007-2008 and contributed significantly to the success of the program.

Summer interns, 2008: The *ScattergoodEthics* Program has hired two new student interns for the summer of 2008. Laura Paliani, who worked as a work study student in the Program during the academic year will continue with us through the summer, and we will be joined by Rachel Sachs, who is an undergraduate at Princeton University.

Program Coordinator: Hila Rimon-Greenspan, M.A., was hired to fill the position of Program Coordinator in September 2008, and has been coordinating and overseeing the Program's activities since. Ms. Rimon-Greenspan has a B.A. in Sociology and Anthropology from the Hebrew University of Jerusalem, Israel and a M.A. degree in Critical Disability Studies from York University in Toronto, Canada. Hila has been responsible for day to day oversight of the program.

Oversight and Advising

Academic Advisory Group Meeting: The *ScattergoodEthics* Program gathered together a distinguished group of experts from around the country to discuss the state of the field of behavioral health ethics and to make recommendations for the structuring of the Program's activities. The meeting was held November 5, 2007 at the University of Pennsylvania. Eighteen participants attended, representing wide scholarly and clinical expertise (please see the Academic Advisory Group list and meeting products in Appendix A-1, A-2, & A-3). The agenda began with a needs assessment exercise to get a sense of which areas in the field of behavioral health ethics were most in need of attention. The group then broke into subgroups with the charge of prioritizing the different issues that were raised by the group as a whole. Finally, the larger group reconvened and discussed the findings of the subgroups, ending with a set of recommendations as to which of the many possible topics in behavioral health ethics might be most fruitful for the *ScattergoodEthics* to pursue. The meeting concluded with summary statements by the meeting's facilitator and director of the *ScattergoodEthics* Program, Dr. Paul Root Wolpe, synthesizing the most salient themes that emerged over the long day of discussion and inviting comments from participants about next steps. Student interns from the Program took detailed notes on the discussions throughout the day. The participants were interested in and supportive of the *ScattergoodEthics* Program initiative and the ScattergoodEthics.org website, and expressed willingness to continue to be involved in the program in the future. The group has remained strong supporters of the program, and help spread the word about *ScattergoodEthics* events and programs, and are appealed to when a broad set of opinions are desirable. One member of the group has agreed to join our Pilot *ScattergoodEthics* Summer Institute as a teacher. We also plan to solicit members of this group to act as guest bloggers on the program's website.

Academic Advisory Board Meeting: A selected subgroup of the Academic Advisory Group was invited to act as an ongoing Academic Advisory Board to the *ScattergoodEthics* Program. The first meeting of the Advisory Board was held on

November 6 at the University of Pennsylvania Center for Bioethics. The Board was asked to assess the advice given by the Academic Advisory Group for the future design and to help further narrow the focus and priorities for the program. It is intended that the Advisory Board will meet (or teleconference) twice a year.

Regional Planning Meeting: Though housed at the University of Pennsylvania, the *ScattergoodEthics* Program is intended to be a resource for the entire region. To begin that process, the *ScattergoodEthics* Program sponsored a second advisory meeting, this time focused on local institutions. Interested parties from area universities, the City of Philadelphia mental health services, behavioral health centers, and consumer groups were invited to meet and to advise the *Scattergoodethics* program on which activities and areas of focus might best serve the particular needs of the Greater Philadelphia area. More than 80 invitations were sent to representatives of area institutions. The meeting was held November 12 at Friends Hospital, and was successful in highlighting the most burning needs of the local mental health stakeholders and in generating a genuine sense of partnership in setting the Program's immediate and future directions. The Recovery Model in Mental Healthcare figured prominently in this discussion and it was clear that addressing it from an ethical perspective is both timely and urgent. Student interns from the Program took detailed notes of the meeting. Since the meeting, we have added the initial list of invitees to our mailing list of interested parties and have informed them of the *ScattergoodEthics* Program's news, events, and conferences.

Programming

Educational Outreach: The Scattergood Program launched its public lecture series geared towards scholars, practitioners, policymakers and the general public on November 5th, 2007. The launching event was also widely advertised to students from all the major local universities, and in the local media. The inaugural lecture was presented by Dr. Paul Appelbaum, the Elizabeth K. Dollard Professor of

Psychiatry, Medicine and Law at Columbia University and former President of the American Psychiatric Society. Dr. Appelbaum's talk was entitled, "Blame It on My Genes! Behavioral Genetics and the Causes of Crime." Arthur Caplan, Emanuel & Robert Hart Professor of Bioethics and Director, Center for Bioethics at the University of Pennsylvania, and Stephen J. Morse, Ferdinand Wakeman Hubbell Professor of Law at the University of Pennsylvania Law School, offered responses. It was followed by a short Q&A session and a reception. The event was well attended with over 100 participants, and additional seating had to be brought into the auditorium. We have collected contact information from interested attendees and added them to our contact list, which is informed of our public events. The *ScattergoodEthics* Program First Public Lecture Series was reported in *The Daily Pennsylvanian* (the University of Pennsylvania Daily Newspaper) and the *Alumni Gazette* (Penn's Alumni magazine). The lecture was digitally recorded and will be available for public viewing on the ScattergoodEthics.org website.

A second public lecture was given by our first Visiting Scholar, Dr. Robert Klitzman, as described below.

ScattergoodEthics.org website: The *ScattergoodEthics* Program website was officially launched in March 2008. It is designed to serve as a clearinghouse of information for scholars, practitioners and the wider public interested in behavioral and mental health ethics, and to encourage dialogue and development of ethical responses to the thorny issues of clinical treatment and research. It includes information about our **programs** and **upcoming events**, an ongoing **blog**, a **forum** and **discussion board**, **links** to relevant websites and an expansive **library** with citation information for hundreds of scholarly articles in behavioral health ethics, and an electronic archive of all the talks, seminars, and programs of the *ScattergoodEthics* Program. We currently have about 70 registered visitors to the website. We intend to further develop the forum and blog functions of the website in the next months and intend for the website to hold an even larger role in supporting our other programs such as the Summer Institute.

The ScattergoodEthics Visiting Scholar Program: On April 7-8th, 2008 we launched the *ScattergoodEthics* Visiting Scholar Program by hosting Dr. Robert Klitzman, Associate Professor of Clinical Psychiatry at the Columbia University College of Physicians and Surgeons and the Mailman School of Public Health. Dr. Klitzman co-founded, and for five years co-directed, the Center for Bioethics at Columbia, and is currently the Director of the Ethics, Policy and Human Rights Core of the HIV Center there. He has extensively studied and published on ethical, social, and psychological issues in medicine and psychiatry, including issues of privacy and disclosure of genetic and other medical information; reproductive technologies; stigma and discrimination related to HIV infection; neuroethics; issues of medical education and doctor-patient communication; and ethical issues that arise in conducting research in other cultures. His books include: *A Year-Long Night: Tales of a Medical Internship*; *In a House of Dreams and Glass: Becoming A Psychiatrist*; *Being Positive: The Lives of Men and Women with HIV*; *The Trembling Mountain: A Personal Account of Kuru, Cannibals, and Mad Cow Disease*; *Mortal Secrets: Truth and Lies in the Age of AIDS*, and most recently, *When Doctors Become Patients*. He was recently named a gubernatorial appointee to the New York State Stem Cell Commission, and has received numerous awards for his work, including a Burroughs-Wellcome Fellowship (for Future Leaders in Psychiatry from the American Psychiatric Association), an Aaron Diamond Foundation Fellowship, a Picker-Commonwealth Scholar Award, a Visiting Scholar Award at the Russell Sage Foundation, Fellowships at Yaddo, and a Rockefeller Foundation Bellagio Residence.

During his two days visit at the *ScattergoodEthics* Program, Dr. Klitzman met with undergraduates, graduate students, and members of the LGBT medical student society for informal conversations. He also met privately with faculty of the University of Pennsylvania Center for Bioethics and its Director. Dr. Klitzman presented his talk *The Genetic Self: Privacy and Fate in the New Genetic Age* to the Center for Bioethics faculty, students and staff. Dr. Klitzman gave the second

public lecture of the *ScattergoodEthics* Program when he discussed his latest book, *When Doctors Become Patients*, at a joint event with the University of Pennsylvania Bookstore. The following day, Dr. Klitzman presented his talk *Our Guinea Pigs Abroad?: IRBs, Ethics and Experimentation in the Developing World* in a joint program with the University of Pennsylvania Center for AIDS Research and Penn AIDS Awareness (a student group). Dr. Klitzman also met with the Penn Strecker Psychiatry Society for an informal conversation with medical students. One of the highlights of Dr. Klitzman's visit was a workshop he led for mental health practitioners in the Greater Philadelphia Area on burnout and mental health among providers and patients. The workshop highlighted the need in the behavioral healthcare community to discuss and address the issues of ethics and burnout among providers. We are considering pursuing this topic further as part of the long term planning of the *ScattergoodEthics* Program. Dr. Klitzman's many presentations were recorded and will be uploaded to our website (please see the full agenda of Dr. Klitzman's visit in the Appendix B). Dr. Klitzman has also agreed to contribute a few blog entries to our website, based on his presentations during the visit. We are grateful to Dr. Klitzman's willingness to present so many things to such a wide array of audiences.

Conference on Alternative Strategies for Alcoholism Treatment: Alcohol dependence is a chronic disorder that results from a variety of genetic, psychosocial, and environmental factors. Alcoholism is recognized as a major health problem in the U.S., which affects the individual, the family, and the community's social fabric.

The *ScattergoodEthics* Program, in cooperation with the Center for the Studies of Addiction and its Director, Dr. Charles O'Brien, received an unrestricted educational grant from Alkermes, Inc. to organize a conference on May 21st, 2008 exploring the ethical issues attendant to alternative strategies for alcohol dependency treatment. The conference took an ethics approach to the question: what are the barriers to acceptance of best clinical practices to treat alcohol dependency? The purpose of the conference was to use a framework of medical ethics to explore justifications for, and resistances to, empirically-grounded approaches to treatment.

The conference exceeded all expectations. Expecting, at most 50 or so participants, the conference venue had to be moved when almost three times that number expressed interest in coming. The final attendance totaled more than a hundred and twenty and successfully brought together the various elements of the local alcohol dependency treatment community. The conference explored alternative treatment methods, raised relevant ethical and social questions, considered the empirical research and clinical experience that point to advantages and disadvantages of different methods, and highlighted policy-oriented considerations and directions for action.

The conference featured nationally and internationally renowned scholars and researchers from Yale University and the University of Pennsylvania. It began with Dr. David Musto's talk on *The Contrasting Faces of Alcohol*. David F. Musto, M.D., is professor of Child Psychiatry and History of Medicine at the Yale University School of Medicine (Please refer to Appendix C for the full conference agenda). He was followed by Dr. Charles O'Brien, who discussed *A Modern Approach to the Treatment of Alcoholism*. Charles P. O'Brien, M.D., Ph.D. is Kenneth Appel Professor and Vice-Chair of Psychiatry at the University of Pennsylvania, Vice Director of the Institute of Neurological Sciences and Director of the Center for Studies of Addiction. Dr. Kathleen Carroll presented *The Case for Behavioral Therapies in the Treatment of Alcohol Use Disorders*. Kathleen M. Carroll, Ph.D. is Professor of Psychiatry at the Yale University School of Medicine. The morning talks concluded with Dr. Arthur Caplan's talk on *Preserving Dignity: What Works Best?*. After a short lunch break, the group reassembled for the second phase of the conference, which featured a panel of experts from the local alcohol treatment community. Dr. Susan Blank from Caron Treatment Centers presented a case-study. The moderator, Dr. Paul Root Wolpe, asked the rest of the panel members to respond to some of the issues raised by the presentation of the case study. The questions raised by Dr. Wolpe related to the particular case study, but also went beyond that to address many of the central and vital concerns regarding to current policies and strategies for alcoholism treatment nationally and in the Greater

Philadelphia Area.

Social Work Continuing Education credits were available to participants and about a third of the attendees registered for them. The conference was videotaped and will be uploaded to our website in the near future. We distributed evaluation forms, and received close to eighty which are being entered on an excel spreadsheet to analyze the answers and evaluate their implications. There was a wide interest in a future program to further address the central issues in alcoholism treatment. Both the attendees and invitees were added to our contact list and will continue to be informed of future *ScattergoodEthics* programs. The conference was successful in both garnering interest in ethical, social and clinical perspective of alcoholism treatment and in establishing an important connection among the local behavioral health community and the City of Philadelphia. (Please refer to Appendix D for the list of biographies of speakers and panelists).

Summer Institute: The Pilot *ScattergoodEthic* Summer Institute will be held on July 10-11th, 2008. The Summer Institute is designed to train and educate practitioners and scholars in the ethics of behavioral, mental and psychiatric health and the curriculum to address such issues as capacity and compliance, civil commitment, parity and access to care, recovery, self-determination and stigma, and moral decision-making, all of which are seminal to the field of behavioral health ethics. We have received positive and enthusiastic responses from our invited instructors (please see Appendix E for the list of instructors).

This year's Pilot Summer Institute will be offered to about 20 invited attendees and the feedback it will receive will be used to further develop and design the ongoing Summer Institute. We intend to offer the training to local practitioners in Year 2, and then offer it nationally in the following years. The Summer Institute will offer its students Continuing Education Credits in a number of disciplines.

Communication and Outreach

Dissemination of Information: Dr. Claire Pouncey represented the *ScattergoodEthic* Program at The Association for the Advancement of Philosophy and Psychiatry

(AAPP) 20th Annual Meeting in Washington, D.C. on May 3-4, 2008, and at the American Psychiatric Association Annual Meeting in Washington, DC on May 3-8, 2008. Dr. Pouncey generated much interest and received many questions about the *ScattergoodEthic* Program, and was able to form important professional connections that might yield future collaborations.

Interested Parties Contact List: Throughout the first year of operation we have been compiling a list of local, and to some extent even national, scholars, clinicians, and practitioners, that are potentially interested in the different programs of *ScattergoodEthics*. We have also collected contact information from participants in each and every event we initiated; registrants of the ScattergoodEthics.org website; and designated potential interested parties for our different events. We now have a substantial and growing contact list, which we will continue to inform of our future events.

Next Steps

Future Programs and Possibilities

After a year long of operation and the positive feedback we have received for our executed events, we are currently focusing on a few activities for this summer and next year.

The *ScattergoodEthics* Workshop for the City of Philadelphia Department of Behavioral Health Services: We have approached the City of Philadelphia Department of Behavioral Health Services with an offer to design and run a workshop on the ethics of behavioral, mental and psychiatric health in the Summer or Fall of 2008. The workshop would be offered to 25 managerial level participants and is designed to address some of the issues in the ethics of behavioral health care that are especially important and relevant for the City of Philadelphia, such as autonomy and recovery, homelessness and continuity of care, ethics of voluntary and coercive treatment, ethics of decision-making, stigma, and service enrichment.

The Department of Behavioral Health Services has responded positively to the

idea of the workshop and we are now in the initial stage of the approval process and further refinement of the proposal.

Curriculum Development: Dr. Pouncey and Dr. Marna Barrett, Assistant Professor of Psychiatry at the University of Pennsylvania School of Medicine, are developing an ethics curriculum to teach psychiatry residents of the University of Pennsylvania.

Publication: Dr. Arthur Caplan, the *ScattergoodEthic* Principal Investigator, and Dr. Pouncey are working on developing an anthology on the ethics of behavioral, mental and psychiatric health. We are in the process of identifying the most prominent scholars and key writings in the field. It is anticipated that the anthology will serve as a key curriculum resources for teaching behavioral health ethics. The current resources found and future anthology will also serve for the further development of the ScattergoodEthic.org library function.

Potential Future Programs

Addressing long term plans for years 2-5 a few topics in behavioral health ethics were raised as both interesting and timely: a. A local conference on the pros and cons & needs and concerns, of establishing a Mental Health Court for the City of Philadelphia. b. ethics and burnout among behavioral and mental health providers. c. State-wide workshop "The State of Behavioral Health: Best and worst practices, best and worst solutions" (similar model to the city workshop).

Dr. Pouncey has discussed with Dr. Mary E. Diamond, Chief Medical Officer for the State of Pennsylvania mental hospital system and Chief Clinical Officer of the HealthChoices program, the idea of having an online forum or a state-wide workshop (similar to the city workshop) on the theme of the implications of policy and funding decisions on the Pennsylvania Commitment Law. Other issues Dr. Pouncey raised as potential topics to pursue in the future are: behavioral health care access and funding mechanisms; why doctors across fields are not more critical of the way data are reported in the medical literature; how providers interpret

evidence, knowledge, and risk; and behavioral health ethics across the disciplines.

Conclusion

We are very pleased with our progress and achievements in first year of operation and ready to continue to develop the *ScattergoodEthics* Program for the next four years. The *ScattergoodEthics* initiative garnered much positive interest and support from participants in all of our past events and from many scholars and practitioners in the field who have heard of our program. The feedback we have received hence far has confirmed the need for such a forum for thoughtful discussion and analysis of the complex ethical issues in behavioral, mental and psychiatric health ethics. We are confident that we have been successful in positioning the *ScattergoodEthics* Program as a vital player in the local mental and behavioral health community and made some important progress in putting ethics at the forefront of behavioral health care provision. We will continue to further advance *The Scattergood Program for the Applied Ethics of Behavioral Health* as a central resource for practitioners and scholars on the ethical provision of behavioral, mental and psychiatric health care.

APPENDIX A-1:

INAUGURAL MEETING OF THE
ACADEMIC ADVISORY GROUP
OF THE
**SCATTERGOOD PROGRAM FOR THE APPLIED ETHICS OF
BEHAVIORAL HEALTH**

November 5, 2007

List of Attendees

- | | |
|-----------------------------|--|
| Paul Appelbaum, M.D. | Elizabeth K. Dollard Professor of Psychiatry, Medicine and Law
Director, Division of Psychiatry, Law and Ethics
Department of Psychiatry
Columbia University College of Physicians and Surgeons |
| Arthur Caplan, Ph.D. | Emanuel & Robert Hart Professor of Bioethics
Chair, Department of Medical Ethics
Director, Center for Bioethics
University of Pennsylvania |
| Barbara Drew, Ph.D., M.S.N. | Associate Professor
College of Nursing
Kent State University |
| Dwight Evans, M.D. | Ruth Meltzer Professor and Chairman of Psychiatry
Professor of Psychiatry, Medicine and Neuroscience
Department of Psychiatry
University of Pennsylvania School of Medicine |
| Fred Frese, Ph.D. | Associate Professor of Psychology in Psychiatry
Northeastern Ohio Universities College of Medicine
Coordinator, Summit County Recovery Project
Board of Directors, National Association on Mental Illness |
| Gregg Gorton, M.D. | Clinical Associate Professor of Psychiatry
Department of Psychiatry
University of Pennsylvania School of Medicine
Staff Psychiatrist, Veterans' Affairs Medical Center
Philadelphia, PA |
| Phyllis Harrison-Ross, | Emerita Professor of Psychiatry and Behavioral |

M.D., D.L.F.A.P.A	Health Sciences, New York Medical College Emerita Attending and Chief of Psychiatry, Metropolitan Hospital Center President, All Healer's Mental Health Alliance Trustee and Service Board Chair, New York Society for Ethical Culture
Scott Kim, M.D., Ph.D.	Assistant Professor of Psychiatry Core Faculty, Bioethics Program Investigator, Center for Behavioral and Decision Sciences in Medicine University of Michigan Medical School
Susan McLeer, M.D.	Professor and Chair of Psychiatry Drexel University College of Medicine Clinical Chief of Psychiatry, Hahnemann University Hospital and St. Christopher's Hospital for Children
Franklin G. Miller, Ph.D.	Bioethicist, Intramural Research Program National Institute of Mental Health Head, Unit of Clinical Research Department of Clinical Bioethics National Institutes of Health
Joseph Pyle, M.A.	President The Thomas Scattergood Behavioral Health Foundation
Anthony Rostain, M.D.	Director of Education Department of Psychiatry University of Pennsylvania Health System
Suzanne Sankar, M.S.W.	Director of Field Education and Associate Professor School of Social Work Simmons College
Harold Schwartz, M.D.	Psychiatrist-in-Chief and Vice-President Behavioral Health, Institute of Living Hartford Hospital Professor of Psychiatry University of Connecticut School of Medicine
Steven Sharfstein, M.D., M.P.A	President and Chief Executive Officer Sheppard Pratt Health System Vice Chair and Professor of Psychiatry

University of Maryland
Lecturer in Psychiatry
Johns Hopkins University

Ilna Singh, Ph.D.

Wellcome Trust University Lecturer in Bioethics and Society
Associate Director, BIOS, Centre for the Study of Bioscience,
Biomedicine, Biotechnology and Society
London School of Economics and Political Science

Shimon Waldfogel, M.D.

Medical Director, AMH Geropsychiatry
Assistant Professor
Department of Psychiatry and Human Behavior
Jefferson Medical College

Paul Root Wolpe, Ph.D.

Departments of Psychiatry, Medical Ethics, and Sociology
Center for Bioethics
University of Pennsylvania
Director, Scattergood Program for the Applied
Ethics of Behavioral Health

APPENDIX A-2:

INAUGURAL MEETING OF THE
ACADEMIC ADVISORY GROUP
OF THE
**SCATTERGOOD PROGRAM FOR THE APPLIED ETHICS OF
BEHAVIORAL HEALTH**

November 5, 2007

Morning Discussion

1. Topic list in Website library
 - a. “Doctor-patient, education” – Specify residents/fellow education?
 - b. Professionalism; role of professional in complex, competing priorities
 - c. Go beyond neuroethics, etc. to encompass issues in professional conduct
 - d. Organize library around ethical issues? Parallel lists: organizational vs. ethical
 - i. Add another level above: Ethical list, etc.
 - e. Include other resources besides articles: hyperlinks to media, connect to links page, etc.
 - f. Careful of language to include practitioners, nurses, etc.
 - i. Avoid total MD-centric language.
 - g. Include psychology material and regional psychologists
2. Summer Internship program
 - a. Expand undergraduate summer internship to include medical students, etc.
 - i. Good credentials for students trying to get into graduate school, resources for Philadelphia area
 - b. Scattergood/Center for Bioethics boundaries?
 - i. SPAEBH interns completely dedicated to SPAEBH, NOT CfB: different category of interns
 - c. Requirements/Admissions standards for internship?
 - d. Next summer will advertise on website, are expecting many applicants for PAID, SUMMER INTERNSHIP at the CfB
 - e. Housing for interns: we help them find it through Penn housing office, not subsidized, cheap housing at fraternities, etc. is available
 - f. Make it unpaid, can add more interns
 - i. they still get tangible benefits
 - g. Right now it’s not a huge stipend, work part-time (20 hours a week)
 - h. Financial aid for working-class students? Not for wealthier students?
 - i. Create undergraduate network in mental health: get them on the “track,” build cadre, host alumni events, etc.
3. Master’s of Bioethics at Penn as resource
 - a. Largest alumni network in country
 - b. Consider starting “Executive MBE” -- Difficult with limited staff and resources given robust size of existing program

- c. Intensive/virtual summer program: turn it into certificate program?
 - i. Already working on the curriculum
- d. Independent of and should not conflict with goals of Kennedy Institute, since we are focused on Behavioral Health
- e. Develop fellows program
- 4. Suggestions Discussion
 - a. Avoid getting stuck in “morass” of economics of mental health by focusing SOME of the resources on that issue, recognize it as critical issue in applied ethics, “we are paying attention to it”
 - i. Opportunity to bring a new light on the issue: not just autonomy v. paternalism, civil rights issues, there are definite ethical issues
 - ii. Fundamental issue of rationing as bioethical principle broadly: specific applications in mental health field
 - iii. Ethical issue of excess mortality in mental health illness
 - 1. Differential resources for Cancer v. Schizophrenia, eg.
 - iv. Issues of access key to NAMI
 - 1. Analyze how mortality has deteriorated/history of profession’s involvement/lack of involvement
 - b. Rich area: Ethics of advocacy which touches on ethics of professionalism
 - i. Little ethical analysis of professional role in era of managed care and regulatory atmosphere
 - c. How much emphasis on *applied* ethics?
 - i. PRW: Emphasis on *applied* is to avoid solely esoteric approach so as to serve as resource to community
 - ii. Policy and Law easily fits within applied domain
 - iii. Art: “applied” is like “translational” for hard research
 - d. TR: mentally ill are disenfranchised, their children/families too
 - i. Fiction of MCOs is that tx can last 10 sessions alone, ignores chronicity
 - 1. Dignity issue- we should make a point to state the obvious
 - 2. Oppression of mentally ill extends beyond economics
 - e. Gregg: Ethics of psych nosology- categorization of disease
 - i. Mental health within corrections
 - 1. “Dual agency” invading sacred sphere of dr-pt relationship especially after 9/11
 - 2. Neuroimaging forces people to testify against themselves, tech impact on law and military. Will practitioners assist in prosecution
 - f. Ethics of research on own pts
 - i. HS: Moral Treatment was explosive movement way from early 19th c. demonization of mentally ill. We are in similar relative position today
 - ii. Paul: We were slow to recognize s/e of atypicals. Similar to slow response to TD originally.
 - 1. Ethics of innovation in mh tx (ie new favorite: DBS), the ethics of what we do to people
 - iii. IS: Ethics should distinguish pediatric-specific issues, we have underestimated capacity of children

1. Can we be the first group to raise issues for children? With adolescents separate?
 - iv. Role of Pharma, industry
 - v. SS: Hx of Psych: practitioners would count a death as a “cure,” bias in data and interpretation, framing of treatment
 - vi. SS: Smoking. Historical Psych embrace of smoking, consumer concern of civil right to smoke?
 - vii. Art: Complex genetics of behavior. Anticipating commercial, legal interests, maneuvering
 1. IS: Developmental Psych genetics
 - viii. Personnel issue to staff field, lack of providers
 - ix. Tony: How do we formulate what we really are hoping to do w pt tx? How do we define our goals?
 1. Considering pt movement desire for autonomy
 2. “Perfectability Problem” assumption all flaws to be fixed
 3. Does nursing understand functional status aims better than doctor model?
 - x. Gregg: Theoretical v. Applied: Need to operationalize applied component
 - xi. SW: Potential of electronic medical records to better identify s/e
 - xii. SW: Pain management, diversion, govt involvement
 - xiii. PHR: Ethics of licensing (trans-state), ie in Gulf Coast
 1. Especially for cultural competency and skeptical pt pops
 - xiv. Professional use of slang, idioms, ie “Nuts, insane...”
 - xv. HS: We should emphasize areas which have been least addressed within field of Ethics
 - xvi. HS: Free will and psychic determinism: sense of personhood
 1. One applied mechanism: predicting szp before it appears and arguing for (and actually) treating before dz manifestation
 - xvii. SS: CMS new proposal to require documentation of “progress” to get Medicaid funding for persistent mental illness
5. PRW: Thank you and invitation to lunch

Working Groups Reports:
Identification of Key Priorities

1. Group 1

- a. The effects of stigma and disenfranchisement on access to care
- b. Social control and dual roles of treaters; psychiatrists as clinicians and legal agents
 - i. Have the right to hold people against their will
 - ii. Competency decisions routinely made by psychiatrists
- c. Mental illness as chronic condition
 - i. Treatment decisions have life-long effects
- d. Technology
 - i. “Brave New World” issues

- ii. Research Ethics
- e. Variety of professional groups in mental health services can lead to fragmentation
 - i. Different opinions and perspectives drive decision-making
 - ii. There are often different ethics guidelines in key areas
- f. General question: How and are these issues distinct to mental health?
 - i. Caplan: Bioethics assumes individual is autonomous (especially in America), but this comes into conflict with mental health situations.
 - ii. Mental health patient is different to some extent
 - iii. Stigma associated with clinicians

2. Group 2

- a. Disparate treatment of mentally ill compared to other illnesses
 - i. May relate less to the nature of disorders themselves than to the systems that have grown up around them
 - ii. Greater mortality rate
 - iii. Insurance coverage, access to treatment, man-power, regulatory obstacles, quality of care, access to primary care, licensing obstacles
 - 1. Members of minority populations may fare even more poorly
 - iv. Need concrete data concerning mortality of veterans, homeless, minority, mentally ill
 - 1. Research proposal: controlled empirical trial into treatment, care of individuals with leukemia versus schizophrenia
 - v. More than just equal access, we need parity of quality
 - 1. Treatment that is culturally sensitive, tailored to individual
- b. Technology
 - i. Treatment options
 - 1. Consequences of premature applications
 - 2. Prolonged failure to address adverse effects
 - 3. Lack of learning from previous mistakes, poor feedback
- c. Politics and interest groups concerns
 - i. Pay attention to their claims to be able to make progress in the field
 - ii. Be inclusive without stymieing social advocacy
- d. Medicalization, nosology
 - i. Disease model of alcoholism, gambling, sexual behaviors, aberrant behavior

3. Group 3

- a. Vulnerability at different life stages – children, adolescents, first-time pregnancy, men at 50, elderly, etc.
 - i. Define life stages and identify corresponding vulnerabilities
 - ii. Home in on these individual life stages
- b. Ghettoization of behavioral health care
 - i. Interface of relevant sites, educators, other spheres, care givers for different life stages
 - 1. Should be shared responsibility
 - a. Eg. Co-location of treaters
- c. Social control
 - i. Military, defense applications of psychiatry

1. Implications for accused terrorists
 - ii. Issue of agency within this particular spectrum
 1. Definition of agency: more expansive than autonomy
 2. Clinician
 - a. Dual agency, professional issues for psychiatrists associated with mental health treatment
 3. Autonomy of accused individual
 4. Agency of mentally ill individual
 - d. Nosology
 - i. Problem of categorical identification
 1. Clinical judgment and expertise undermined by standardized nosology
 - ii. Evidence based medicine versus Patient directed care
 1. Another issue pertaining to professionalism in psychiatry
 2. Education often just increases diagnosis of mental illness in pediatrics
- 4. Group 4**
 - a. Ethical issues impacting access to care
 - i. Disparity in access to resources across socio-cultural, economic lines
 1. Legal, regulatory issues
 - ii. What is clinician's ethical obligation to advocate for equal access on behalf of their patients?
 - b. Dual/Multiple agency of practitioner
 - c. Ethics of innovation
 - i. Patient care and treatment
 - ii. Neuroethics – application of translational use from-research
 1. Definition of translation? Capacity to identify specific vulnerabilities, legal issues (search and seizure, forced to testify, etc)
 - d. Influence of marketing of medical devices and pharmaceuticals on clinicians and patients
 - i. Investigative reporting from NYT: psychiatrists, in particular, are reluctant to acknowledge effect of marketing
 - ii. Media blitz: Big biz slant on use of meds
 - iii. Influence of regulatory agencies
 - e. Conflicts that arise with the notion of perfectability of human beings
 - i. Clear delineation of role of psychiatrist or clinician in caring for people
 - ii. Dignity of human beings
 1. Where is the line in seeking “perfection” of patients?

Prioritization and Discussion of Areas of Interest

1. Social Justice
 - a. Stigma
 - b. Agency

- c. Inequities
 - d. disparate treatment
 - e. disenfranchisement
 - f. access to treatment
 - g. excess mortality
 - h. Disproportionate scarcity in mental health
2. Professionalism
 - a. Ethics of advocacy
 - b. Agency
 - c. Social control
 - i. Unique to psychiatrists
 - ii. Legal role of MD in testifying, eg.
3. New technology and innovation
 - a. New social control and expertise
 - b. Stigma
 - c. Definition of illness
 - i. “Colored blobs” on brain scan instead of expert knowledge
 - d. Discrimination
 - e. Brave New World
 - i. Changing conceptions of responsibility
 - ii. Recategorizing understanding of the person
 - f. Marketing
 - g. Impact on patient care
 - i. Negative consequences often ignored
4. Academic versus policy decisions
 5. Topics versus process
 - a. Design goals and programming of SPAEBH based on layperson groups, advocacy groups, providers
 - b. “Nothing about us without us”
6. Gorton conceptual framework: Organizational scheme is elegant, but it doesn’t exclude very much
 - a. Construction of illness
 - i. Nosology: disease model, medicalization
 - ii. Social and cultural construction
 1. Stigma
 2. Marginalized, ghettoized, role of family, voluntary/involuntary issue, life cycle, developmental issue
 - iii. Economic construction
 1. Allocation of resources
 - b. Treatment
 - i. Individualized treatments for patients
 - ii. Expand to intervention
 - iii. Patients want say in access to resources to guarantee recovery or better lifestyle (club houses, employment), changing definition of treatment
 1. Psycho-social essence
 - c. Development of new technologies/research

- i. How treatments are created, marketed
 - ii. Pharmacoeconomics
 1. Who decides what kinds of research is done
7. Outcomes
 - a. What are we looking to measure/accomplish?
 - b. Description of reasonable outcomes
 - i. Measure efficacy of treatments
 - ii. “Amoral” market is ill-equipped to result in parity, psycho-social care
 - iii. Concept of “carve-out”
 - c. Pending Medicaid SNAFU – no reimbursement without measurable treatment, comparison to NCLB and educational outcomes
8. Inclusion of stakeholders
 - a. Suggestions for how to incorporate ideas of all those involved in the Program, or even funding suggestions
 - b. How do we grow it?
 - i. How do we make it inclusive of a broader group than just Philadelphia and how do we grow it 5 or 10 years out?
 - c. What is the mission in terms of geography?
 - i. We want to talk about where the need is in this field
 - ii. Limited resources in terms of direct services
 - iii. Regional focus in terms of practical activities and their scope
 - iv. We still want to hear all ideas
 - d. Networking within the community: bottom-up and top-down dialogue to learn from
 - e. Is it ethical to exclude mentally ill from public forum? Success measured by becoming more inclusive?
9. MacArthur: tends to think early about strategic rollout of their projects from their networks
 - i. How can we position our reports, data, ideas so that they actually affect policy? How should we present them? Who should be there when we present new ideas? Who are the key players?
 - ii. Strategic thinking about having an impact at the end of the day
 - iii. Model has been to bring together interdisciplinary voices
 - iv. Build body of research designed to have a policy focus from early on over time
10. Types of events/Products: Finite list of possibilities
 - a. Harrison-Ross: Heroes of Healing events
 - i. Designed prototype, programming can be implemented strategically
 - b. Website
 - c. Scholarly articles
 - d. Goal of collaborative working groups
 - i. Create community of individuals to discuss mental health ethics issues
 - e. Modeled curriculum development for professions – at a Master’s level?
 - i. How big is the community? Enough people and resources in greater Philadelphia area to develop marketable, virtual programs in terms of revenues for the Program, create sustainability

- ii. Residents, nurses, clinicians, etc. will graduate with training in behavioral health ethics
 - 1. Tools for decision-making
 - 2. Modeled on Belmont report: Decision-making process pre-determined
 - iii. How many adopt our curricula?
 - f. Scattergood award to recognize contributors in behavioral health ethics and applied decision-making in clinical settings
 - i. modeled on Gold Humanism award, maybe not limited to medical schools
- 11. Goals of program incorporated into products
 - a. Not a social policy advocacy program – we can, but it’s not the goal, it represents drifting out of ethics realm into social service beyond our expertise and a lost opportunity
 - b. Hospital systems brought into fold as well. They raise mostly economic arguments, not values-ethics arguments
 - i. Bring these discussions to bear through White papers
 - c. Ethics is defining and making choices, presupposes construction of problem which requires a decision
 - i. This should be a dialogue between practitioners, patients, their families, advocates on these ethical issues
 - ii. Forum and blog on-line is the core of our “clearinghouse” role
 - iii. Making material, lectures publicly available – use pharma operational techniques
 - iv. British operational method: sustained discussion of experts followed by public weigh-in
 - 1. How can we translate this public consultation model in the U.S.?
 - d. Work with pharmaceutical companies: Perception of corruption, raises questions as to validity of research through partnership
 - i. Ethical dimension of impacts of pharmacoconomics
 - e. Include faith-based community in order to include African-American community specifically

Meeting of the Advisory Board

- 1. Wanted to think of Program as having broad definition of behavioral health
 - a. Perhaps too many clinicians at yesterday’s meeting who work with severely mentally ill
 - b. Is there a way to make program about behavioral health generally and not clinical psychiatry in particular?
 - i. Social issues, lifestyle drugs, nosology issues, broader applications
 - ii. Not get swallowed up in clinical problems
 - iii. Address a piece of it, have more than one focus. In order to have support of practicing mental health community to feel SPAEBH is doing something of relevance, make effort to address issues, prevent “ivory tower” perception. Will free you up to address more broad issues
 - c. Technology

- d. Disparate resources, social justice
2. Need advice on research and scholarship effort to bring people together around issues of importance
 - a. Build coalition of people on the ground around policy formation and scholarship, regionally (scholars and activists, lay practitioners) and nationally (scholars)
 - b. Create research, host symposia
 - c. Without defined goals, fear that our work will be fragmented and undirected
 - d. What symposia and workshops should we host?
3. Focus on using all five years to roll out full program
 - a. Be open to “serendipitous” opportunities to partner up
 - b. How to focus on putting together working groups?
 - i. Rostain: National symposium, call for papers, modeled on Hastings Center
 - ii. Singh: not the same go-round, like the continuity of the Hastings Groups. Series of smaller groups over time encourages a real dialogue
 1. One group a year for small program, necessitates choosing a limited scope for topic. Quality in substance, over quantity
 - iii. Appelbaum: limited financial, person power in Program. Employing a more distributed effort model would magnify your capabilities, getting buy-in from other contributors
 1. Develop an initiative in area, individual chairing initiative at local institution, small grant could entail more committed academics
 - c. Tension in program between regional applied commitment and to be relevant nationally, addressed by Appelbaum’s suggestion
 - d. Does not preclude national symposium, which raises profile of Program in a collaborative, academic, scholarly, collegial atmosphere
4. Practical suggestions
 - a. Working groups around the country
 - i. Group leaders can serve as “assistant directors”
 - ii. Three groups working on different prioritized topics?
 - b. Day to day work at Center
 - i. Curriculum development
 - ii. Development and maintenance of website
 1. Webinar: Creating a virtual community with technology?
 2. Program skeptical about web-based models to learn ethics
 3. Difficult to foster real interaction
 - iii. Local outreach
 - c. Annual national symposium
 - d. Choose year-long or 18-month theme
 - i. Would solve problem of limited resources
 - ii. Each theme could draw a targeted funder, continue past Scattergood seed money to spread SPAEBH name as sponsor
 - iii. Sponsor essay competition
 1. Targets residents, grad students, medical students, college students
 2. Tie it to a yearly symposium, ceremony

- iv. Would this limit the number of people interested at the table to continue dialogue even if your individual topic is not to be addressed for a number of years?
 - v. Restricting to a topic per year seems rigid
 - 1. Move toward staged roll-out, carries topics past arbitrary yearly distinctions
 - vi. Cross-cutting themes in terms of specific cases, timely workshops
 - vii. Identify broad themes so that you have the discipline to select opportunities based on defined themes, rather than coincidence
 - e. Still need to target efforts
 - i. Infrastructure for seeking additional grants
 - ii. Interns
 - iii. Summer Institute
 - 1. Develop training resources for practitioners
 - iv. Fellows program
 - v. Working groups
 - vi. National symposium
 - f. Importance of capacity building within social science, ethics, psychology
 - i. Building professional relationships, empirical foundation
 - 1. Modeled on end-of-life research communities
 - ii. Lots of sociologists work in mental health ethics
 - 1. Long history of graduate students interested in these issues to host through SPAEBH facilities
 - g. Start post-doc Fellowship program to do research
 - i. Social science conceptualization over philosophers for quickest, most interesting product
 - ii. Include educators?
5. Definition of behavioral health ethics as a discussion on the website: more expansive than mental illness, mental health, etc.
- a. First exposure to term behavioral health in context of managed care, negative connotation
 - b. Include explanatory subclause to explain branding of Scattergood program, can include material to be inclusive of all practitioners, etc.
 - c. Necessary to bring psychiatry and mental health back into the fold. Want to include issues beyond the typical scope of psychiatry/mental health/social work.
 - d. Sensitive to undermining need for psychiatry, colleagues might not be drawn to website
 - e. Behaviorism isolates systems, relationship, etc.
 - f. Come up with appropriate subtitle
 - g. Neurologists, radiologists taking over psychiatry/psychology?
 - h. Inclusive, not exclusive. Possible to expand?
 - i. In favor of “mental health,” but has the stigma
 - j. “Behavioral health” not stigmatized because of use of lifestyle drugs and cognitive enhancement, includes phenomenon of micromanaging personal psychiatric states, includes tai chi, yoga, etc.

6. Are there funders we should approach for additional grants? “Corporate Bioethics Center” reputation because of total disclosure on website. Scattergood needs to grow its foundation through various avenues, depending on context
 - a. Annenberg Foundation
 - b. MacArthur Foundation (NeuroLaw with Stephen Morse)
 - c. Quaker connection
 - d. Rockefeller Foundation
 - e. Sunnylands Trust Foundation headed up by Kathleen Jamieson
 - i. Endowed adolescent mental health initiative with seven commissions on major disorders: Schizophrenia, Substance Abuse, Positive Youth Development, Suicide, Eating Disorders, Bipolar Disorder
 - ii. Created “Treating and Preventing Adolescent Mental Health Disorders”
 - iii. Created books for parents on disorders
 - iv. Books written by adolescents themselves (Teen Books)
 - f. Corporate funders are under-utilized by academia, drawn to ethical organizations
 - i. Siemens
 - ii. GE
 - iii. MRI producers
 - iv. Pharma with separate foundations (Wellcome Trust, Lilly, Merck, Novartis)
 1. Very difficult to maintain credibility as ethics organization, trust and perception is essential. Some industries we would avoid (tobacco, arms, oil, etc.)

APPENDIX A-3:

INAUGURAL MEETING OF THE
ACADEMIC ADVISORY GROUP
OF THE
**SCATTERGOOD PROGRAM FOR THE APPLIED ETHICS OF
BEHAVIORAL HEALTH**

November 5, 2007

Working Groups Reports:
Identification of Key Priorities

5. Group 1

- a. The effects of stigma and disenfranchisement on access to care
- b. Social control and dual roles of treaters; psychiatrists as clinicians and legal agents
 - i. Have the right to hold people against their will
 - ii. Competency decisions routinely made by psychiatrists
- c. Mental illness as chronic condition
 - i. Treatment decisions have life-long effects
- d. Technology
 - i. “Brave New World” issues
 - ii. Research Ethics
- e. Variety of professional groups in mental health services can lead to fragmentation
 - i. Different opinions and perspectives drive decision-making
 - ii. There are often different ethics guidelines in key areas
- f. General question: How and are these issues distinct to mental health?
 - i. Caplan: Bioethics assumes individual is autonomous (especially in America), but this comes into conflict with mental health situations.
 - ii. Mental health patient is different to some extent
 - iii. Stigma associated with clinicians

6. Group 2

- a. Disparate treatment of mentally ill compared to other illnesses
 - i. May relate less to the nature of disorders themselves than to the systems that have grown up around them
 - ii. Greater mortality rate
 - iii. Insurance coverage, access to treatment, man-power, regulatory obstacles, quality of care, access to primary care, licensing obstacles
 1. Members of minority populations may fare even more poorly
 - iv. Need concrete data concerning mortality of veterans, homeless, minority, mentally ill
 1. Research proposal: controlled empirical trial into treatment, care of individuals with leukemia versus schizophrenia

- v. More than just equal access, we need parity of quality
 - 1. Treatment that is culturally sensitive, tailored to individual
 - b. Technology
 - i. Treatment options
 - 1. Consequences of premature applications
 - 2. Prolonged failure to address adverse effects
 - 3. Lack of learning from previous mistakes, poor feedback
 - c. Politics and interest groups concerns
 - i. Pay attention to their claims to be able to make progress in the field
 - ii. Be inclusive without stymieing social advocacy
 - d. Medicalization, nosology
 - i. Disease model of alcoholism, gambling, sexual behaviors, aberrant behavior
- 7. Group 3**
- a. Vulnerability at different life stages – children, adolescents, first-time pregnancy, men at 50, elderly, etc.
 - i. Define life stages and identify corresponding vulnerabilities
 - ii. Home in on these individual life stages
 - b. Ghettoization of behavioral health care
 - i. Interface of relevant sites, educators, other spheres, care givers for different life stages
 - 1. Should be shared responsibility
 - a. Eg. Co-location of treaters
 - c. Social control
 - i. Military, defense applications of psychiatry
 - 1. Implications for accused terrorists
 - ii. Issue of agency within this particular spectrum
 - 1. Definition of agency: more expansive than autonomy
 - 2. Clinician
 - a. Dual agency, professional issues for psychiatrists associated with mental health treatment
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 - 4. Agency of mentally ill individual
 - d. Nosology
 - i. Problem of categorical identification
 - 1. Clinical judgment and expertise undermined by standardized nosology
 - ii. Evidence based medicine versus Patient directed care
 - 1. Another issue pertaining to professionalism in psychiatry
 - 2. Education often just increases diagnosis of mental illness in pediatrics
- 8. Group 4**
- a. Ethical issues impacting access to care
 - i. Disparity in access to resources across socio-cultural, economic lines
 - 1. Legal, regulatory issues

- ii. What is clinician's ethical obligation to advocate for equal access on behalf of their patients?
- b. Dual/Multiple agency of practitioner
- c. Ethics of innovation
 - i. Patient care and treatment
 - ii. Neuroethics – application of translational use from-research
 - 1. Definition of translation? Capacity to identify specific vulnerabilities, legal issues (search and seizure, forced to testify, etc)
- d. Influence of marketing of medical devices and pharmaceuticals on clinicians and patients
 - i. Investigative reporting from NYT: psychiatrists, in particular, are reluctant to acknowledge effect of marketing
 - ii. Media blitz: Big biz slant on use of meds
 - iii. Influence of regulatory agencies
- e. Conflicts that arise with the notion of perfectability of human beings
 - i. Clear delineation of role of psychiatrist or clinician in caring for people
 - ii. Dignity of human beings
 - 1. Where is the line in seeking “perfection” of patients?

Prioritization of Areas of Interest

1. Definition of Mental Health and Illness

- a. Construction
 - i. Nosology
 - 1. Medicalization
 - 2. Diagnostic parameters
 - ii. Economic construction
 - 1. Market forces
 - iii. Stigma
- b. Treatment
 - i. How is treatment developed?
 - ii. Marketing
 - iii. Outcomes
 - 1. What is the goal of treatment?
 - 2. Construction of “reasonable” outcomes
 - iv. Reimbursement
 - v. Treatment versus Intervention
 - 1. Access to other types of resources or support services
- c. Research and Development of new technologies
 - i. Policy considerations

2. Social justice

- a. Stigma of mental illness
- b. Discrimination against mentally ill
- c. Disenfranchisement of mentally ill

- d. Disparate treatment
- e. Ethics of professional advocacy
- f. Excess mortality
 - i. Policy and outcomes
- 3. Professionalism**
 - a. Advocacy
 - b. Agency
 - c. Social control
- 4. New technologies and innovation**
 - a. Social control
 - i. Legal issues, national security, military uses
 - b. Stigma, discrimination
 - c. Marketing
 - i. Pharmacoeconomic considerations
 - ii. Pricing structure
 - d. Agency, personhood
 - e. Impact on patient care
 - i. Negative consequences on patients often neglected
 - ii. Drug outcomes

Action Plan

- 1. Strategic goals**
 - a. Policy
 - i. Positioning reports, research, data to influence policy
 - ii. Identify and include key players to legitimize efforts
 - iii. Planning for policy impact
 - b. Education
 - i. Graduate with training in behavioral health ethics
 - 1. Residents, nurses, psychology graduate students, etc.
 - 2. Tools for decision making
 - ii. Track How many programs adopt the curricula we develop
- 2. Inclusion of all stakeholders**
 - a. “Nothing about us without us”
 - b. How do you get leaders in the field to invest?
 - i. Scattergood Award modeled after Gold Humanism Award?
 - 1. Maybe not limited to Medical Schools
 - ii. How do we create a national dialogue with input from all stakeholders, similar to Nuffield?
 - c. Networking within the community
 - i. Top-down
 - ii. Ground-up
 - iii. Learn from needs of community
 - iv. Faith-based community
- 3. Strategic roll-out of projects**

- a. Model curricula
 - i. Modeled on Belmont Report? Aid for decision-making process
- b. Assemble a collaborative community of people for meaningful dialogue on issues
 - i. How big?
 - ii. Sustainability
 - iii. Using the resources of greater Philadelphia area
- c. White papers
 - i. Scholarly papers
- d. Website

APPENDIX B:

THE FIRST
VISITING SCHOLAR'S PROGRAM
OF THE
SCATTERGOOD PROGRAM FOR THE APPLIED ETHICS OF
BEHAVIORAL HEALTH

Robert Klitzman, M.D.

Associate Professor of Clinical Psychiatry, Columbia University

AGENDA**Monday, April 7, 2008**

- 10:30am Welcome to the *ScattergoodEthics* Program & Meetings with faculty of the Center for Bioethics (*Bioethics Center*)
- 12:00pm Lecture and lunch with Center for Bioethics faculty, students and staff (*Boxed lunches provided.*) (*Bioethics Center*)
"The Genetic Self: Privacy and Fate in the New Genetic Age"
- 1:30pm Meetings with Center for Bioethics faculty (*Bioethics Center*)
- 4:15pm Conversation with undergraduate students
(*Steinberg-Dietrich Hall*)
- 5:30pm Dinner with Friends of the *ScattergoodEthics* Program
(*La Terrace*)
- 7:30pm Public lecture and book signing at Penn Bookstore
"Double Lives: When Doctors Become Patients"
- 9:00pm Drinks with LGBT medical student society

Tuesday, April 8, 2008

- 8:30-10:30am Joint program with Center for AIDS Research & Penn AIDS Awareness (*Dunlop Auditorium*):
- 8:30am Breakfast
- 9:00am Public lecture and program
"Our Guinea Pigs Abroad?: IRBs, Ethics and Experimentation in the Developing World"
- 12:00pm Lunch with Scattergood Team (*Bioethics Center*)
- 1:00pm Meeting with faculty members (*Bioethics Center*)

1:30-3:00pm	Workshop for mental health practitioners in the Greater Philadelphia Area (<i>Bioethics Center</i>) <i>“Burnout and mental health among providers and patients”</i>
3:30pm	Meetings with faculty members
4:30pm	Conversation with the UPenn Strecker Psychiatry Society
6:30pm	Center for Bioethics faculty dinner (<i>White Dog</i>)

THE FIRST
VISITING SCHOLAR'S PROGRAM
OF THE
SCATTERGOOD PROGRAM FOR THE APPLIED ETHICS OF
BEHAVIORAL HEALTH

Robert Klitzman, M.D.

Schedule of Faculty Meetings

(All meetings at Center for Bioethics unless otherwise indicated)

Monday, April 7, 2008

- | | |
|--|---|
| 11:00-11:30am | Meet with Joe Pyle, President, Scattergood Foundation |
| 11:30am-12:00pm | Meet with Paul Root Wolpe, Director, <i>ScattergoodEthics</i> Program |
| 3:30-4:00pm
Neuroscience
(at CCN, 38 th and Walnut) | Meet with Martha Farah, Director, Center for Cognitive |

Tuesday, April 8, 2008

- | | |
|---------------------------------|---|
| 1:00-1:30pm
Disorders Clinic | Meet with Jason Karlawish, Associate Director of the Memory |
| 3:30-4:00pm | Meet with Arthur Caplan, Director, Center for Bioethics |

Additional meetings

Jonathan Moreno, Ph.D.
David and Lyn Silfen University Professor, Professor of Medical Ethics

Jon Merz, M.B.A., J.D., Ph.D.
Associate Professor

APPENDIX C:*Alternative Strategies for Alcoholism Treatment**May 21st, 2008*AGENDA

- 8:30 – 9:15 AM Registration & Refreshments
(Huntsman Hall, **Room F95**)
- 9:15 – 9:30 AM Welcoming Remarks
(Huntsman Hall, **Room G06 -Ambani Auditorium**)
- 9:30 AM – 10:00 AM *"The Contrasting Faces of Alcohol"*
David F. Musto, M.D.
*Professor, Child Psychiatry & History of Medicine
School of Medicine, Yale University*
- 10:00-11:00 AM “A Modern Approach to the Treatment of Alcoholism”
Charles P. O'Brien, M.D., Ph.D.
*Professor, Department of Psychiatry
Director, Treatment Research Center
University of Pennsylvania*
- 11:00 – 12:00 Noon *"The Case for Behavioral Therapies in the Treatment of
Alcohol Use Disorders"*
Kathleen M. Carroll, Ph.D.
*Professor of Psychiatry
School of Medicine, Yale University*
- 12:00 – 12:20 PM “Preserving Dignity: What Works Best?”
Arthur L. Caplan, Ph.D.
*Emanuel and Robert Hart Professor of Bioethics
Chair, Department of Medical Ethics
Director, Center for Bioethics, University of
Pennsylvania*
- 12:25 – 1:25 PM **Lunch**
(Huntsman Hall, **Colloquium Hall, 8th floor**)

1:30 – 3:00 PM

Panel of Experts*(Huntsman Hall, Room G06 -Ambani Auditorium)***Moderator:*****Paul Root Wolpe, Ph.D.****Director, Scattergood Program for the Applied Ethics
of Behavioral Health***Presenter:*****Susan K. Blank, M.D.****Vice President of Clinical Services
Caron Treatment Centers***Panelists:*****John T. Carroll, NCAC II****Diagnostic Consultants
Senior Healthcare Consultant,
NorthEast Treatment Centers****Pixie B.****Director, Public Information Committee
Southeastern Pennsylvania Intergroup Association
of Alcoholics Anonymous****Wallace T.****Past-Director, Public Information Committee
Southeastern Pennsylvania Intergroup Association
of Alcoholics Anonymous****J. Bryce McLaulin, M.D.****Chief Medical Officer, Community Behavioral Health
Department of Behavioral Health and Mental Retardation Services
City of Philadelphia****Roland Lamb, M.A.****Director, Addiction Services
Department of Behavioral Health and Mental Retardation Services
City of Philadelphia****Stephen J. Morse, J.D., Ph.D.****Ferdinand Wakeman Hubbell Professor of Law
Professor of Psychology and Law in Psychiatry
University of Pennsylvania Law School****Arthur L. Caplan, Ph.D.****Emanuel and Robert Hart Professor of Bioethics
Chair, Department of Medical Ethics
Director, Center for Bioethics
University of Pennsylvania*

APPENDIX D:*Alternative Strategies for Alcoholism Treatment**Conference**May 21, 2008***BIOGRAPHIES**

Pixie B., is the Director of the Public Information Committee of the Southeastern Pennsylvania Intergroup Association of Alcoholics Anonymous.

Susan Blank, M.D., is Vice President of Clinical Services at Caron Treatment Centers. Dr. Blank oversees all clinical services at Caron and develops new treatment programs and procedures to meet patient needs. As an addiction psychiatrist, Dr. Blank addresses the co-occurring mental health disorders such as anxiety and depression that often accompany chemical addiction in adolescent, young adult and adult patients. She is also an expert on chronic pain as it relates to addiction.

A clinical associate professor at Penn State's College of Medicine, Dr. Blank supervises all of the psychology residents and child psychiatry fellows as they rotate through their addiction training at Caron. She is one of Caron's leading spokespeople with media and at nationwide conferences about addiction related issues. Dr. Blank is Board Certified by the American Board of Psychiatry and Neurology. She previously practiced addiction and pain medicine at Southeastern Pain Specialists and Southern Recovery Center. She is certified by The American Society of Addiction Medicine (ASAM), and is also Board Certified in Forensic Psychiatry. In addition, Dr. Blank was on the staff at Talbott Recovery Campus; she had a private practice in psychiatry, and was Medical Director for Summit Ridge Hospital in Lawrenceville, Georgia.

Arthur L. Caplan, Ph.D., is the Emanuel and Robert Hart Professor of Bioethics, Chair of the Department of Medical Ethics and the Director of the Center for Bioethics at the University of Pennsylvania in Philadelphia. Prior to coming to Penn in 1994, Dr. Caplan taught at the University of Minnesota, the University of Pittsburgh, and Columbia University. He was the Associate Director of the Hastings Center from 1984-1987. Born in Boston, Dr. Caplan did his undergraduate work at Brandeis University, and his graduate work at Columbia University where he received a Ph.D in the history and philosophy of science in 1979.

Dr. Caplan is the author or editor of twenty-five books and over 500 papers in refereed journals of medicine, science, philosophy, bioethics and health policy. His most recent book is *Smart Mice Not So Smart People* (Rowman Littlefield, 2006). He has served on a number of national and international committees including as the Chair of the National Cancer Institute Biobanking Ethics Working Group, the Chair of the Advisory Committee to the United Nations

on Human Cloning, the Chair of the Advisory Committee to the Department of Health and Human Services on Blood Safety and Availability, a member of the Presidential Advisory Committee on Gulf War Illnesses, the special advisory committee to the International Olympic Committee on genetics and gene therapy, the ethics committee of the American Society of Gene Therapy, and the special advisory panel to the National Institutes of Mental Health on human experimentation on vulnerable subjects. He has consulted with many corporations, not for profit organizations and consumer organizations. He is a member of the board of directors of The Keystone Center, Tengion, the National Center for Policy Research on Women and Families, Octagon, Iron Disorders Foundation and the National Disease Research Interchange. He chairs the advisory committee on bioethics at Glaxo. He writes a regular column on bioethics for MSNBC.com. He is a frequent guest and commentator on various media outlets. Dr. Caplan is the recipient of many awards and honors including the McGovern Medal of the American Medical Writers Association and the Franklin Award from the City of Philadelphia. He was a person of the Year-2001 from USA Today, one of the fifty most influential people in American health care by Modern Health Care magazine, one of the ten most influential people in America in biotechnology by the National Journal and one of the ten most influential people in the ethics of biotechnology by the editors of Nature Biotechnology. He holds seven honorary degrees from colleges and medical schools. He is a fellow of the Hastings Center, the NY Academy of Medicine, the College of Physicians of Philadelphia and the American Association for the Advancement of Science.

John T. Carroll, NCAC II, CCS, has over 30 years of extensive experience in clinical services and administration of behavioral healthcare programs. In 1974 he started his career as a counselor and advanced to Division Director for Substance Abuse Services in a major health care system where he developed and managed 16 programs. These programs included an array of ambulatory, residential, and hospital services as well as principal investigator of three federally funded research projects. Mr. Carroll has also served as CEO for the largest private behavioral healthcare company in Pennsylvania where he administered two residential facilities and six ambulatory centers. Most recently he was Vice President at a large non-profit corporation providing community based behavioral health care in the states of Pennsylvania and New Jersey.

Mr. Carroll has served as chair for the Pennsylvania Association for the Treatment of Opiate Dependence for 4 years, Member of the Board of Directors for the American Association for the Treatment of Opioid Dependence for 2 years, and has been recognized by State and Federal government agencies for his leadership and policy development. Mr. Carroll is the recipient of the Nyswander-Dole Award, an international acknowledgment for advancement in narcotic treatment, and also the Hospital Association of Pennsylvania award for innovation in healthcare.

Mr. Carroll is a Certified Addictions Counselor (CAC), a Certified Clinical Supervisor (CCS), a Certified Criminal Justice Addictions Professional (CCJP) and a Nationally Certified Addictions Counselor Level II (NCAC II). He is a skilled public speaker and a sought after expert locally and nationally in the fields of substance abuse and behavioral healthcare, with over 500 professional training presentations. Mr. Carroll is currently President and senior healthcare

consultant at Diagnostic Consultants, a company specializing in program management, new business development, and behavioral health trainings. He has more than 20 years providing in depth management consulting and program startup to agencies and community organizations.

Kathleen Carroll, Ph.D., is a Professor of Psychiatry at the Yale University School of Medicine, Scientific Director of the Center for Psychotherapy Development at Yale, and Principal Investigator of the New England Node of the National Institute on Drug Abuse's Clinical Trials Network.

The author of over 200 journal articles, chapters and books Dr. Carroll's research and clinical interests lie in the area of developing, specifying and evaluating evidence based treatments for substance use disorders. Dr. Carroll is the Past President of Division 50 (Addictions) of the American Psychological Association, and currently holds both K05 (Senior Scientist) and MERIT awards from NIDA. She received the Distinguished Scientific Contributions to Education and Training Award from Division 50 of the American Psychological Association

In addition to serving on numerous advisory boards and scientific review panels, Dr. Carroll is an Associate Editor of Psychological Assessment and serves on the editorial boards of multiple journals, including Experimental and Clinical Psychopharmacology, Psychology of Addictive Behaviors, and The American Journal on Addictions.

Roland Lamb, M.A. is the Director of the Office of Addiction Services, Department of Behavioral Health and Mental Retardation Services, City of Philadelphia.

Mr. Lamb has been working in the field of Alcohol and Substance Abuse Dependence Treatment for over 33 years as counselor, therapist, supervisor, coordinator of addictive services, program director, trainer, lecturer, consultant (to NIDA, CSAT, SAMHSA, the National Basketball Players Association Aftercare Program), and administrator. He is an Adjunct Professor at the University of the Sciences, an instructor in Villanova's Continuing Education D&A Certification program, and a trainer of the Pennsylvania Client Placement Criteria (PCPC) and the American Association of Addiction Medicine (ASAM) placement criteria for adolescents. As the Director of the Office of Addiction Services for the Department of Behavioral Health and Mental Retardation he is responsible for the coordination of addiction services across it's components, Community Behavioral Health, CODAAP (Single Count Authority)/BHSL, the Office of Mental Health and Mental Retardation Services.

J. Bryce McLaulin, M.D. received his M. D. and psychiatric training at the Medical University of South Carolina. He served as the Director of Residency Training for the Department of Psychiatry of the Medical College of Georgia, before assuming the position of Director of Medical Student Education at the LSU Medical Center in New Orleans. After a number of years in New Orleans, Dr. McLaulin was recruited to the Philadelphia area and joined CBH in October 1999. He has held the post of Chief Medical Officer since 2003. Dr. McLaulin is certified in General Psychiatry and Addiction Medicine.

Stephen J. Morse, J.D., Ph.D., is the Ferdinand Wakeman Hubbell Professor of Law, Professor of Psychology and Law in Psychiatry, at the University of Pennsylvania Law School and School of Medicine. Dr. Stephen Morse is an expert in criminal and mental health law, whose work emphasizes individual responsibility in criminal and civil law.

Dr. Morse has published *Foundations of Criminal Law* (Foundation Press, with Leo Katz and Michael S. Moore), has published widely in professional journals and edited volumes, and he is working on a book, *Desert and Disease: Responsibility and Social Control*.

Dr. Morse currently serves as a member of the Governing Board, Legal Coordinator and Co-Director of the Network on Addiction of the MacArthur Foundation Project on Law and Neuroscience. He is a Diplomate in Forensic Psychology of the American Board of Professional Psychology; a past president of Division 41 of the American Psychological Association (the American Psychology-Law Society); a recipient of the American Academy of Forensic Psychology's Distinguished Contribution Award; a member of the MacArthur Foundation Research Network on Mental Health and Law (1988-1996); and a trustee of the Bazelon Center for Mental Health Law in Washington, D.C. (1995-present). Prior to joining the Penn faculty in 1988, Dr. Morse was the Orrin B. Evans Professor of Law, Psychiatry and the Behavioral Sciences at the University of Southern California. He has served as a Visiting Professor at a number of institutions, including the California Institute of Technology (Law and Social Science), Cardozo School of Law, Georgetown Law Center, and University of Virginia School of Law.

David F. Musto, M.A., M.D., holds the rank of Professor of Child Psychiatry and History of Medicine, and has been a member of the Yale faculty since 1969. His research has centered on social history, particularly the development of policies involving alcohol, narcotics, AIDS, the family and mental health. Dr. Musto received the BA in classical languages in 1956 and in 1963 the MD degree, both from the University of Washington. While a medical student, he was awarded a fellowship by Yale to study the history of science and medicine and received the MA degree from Yale in 1961. Dr. Musto interned at the Pennsylvania Hospital, Philadelphia, and then served as a resident physician in psychiatry at the Yale Medical Center, completing his training in 1967. Following residency, he served in the US Public Health Service as special assistant to the director, National Institute of Mental Health, until 1969. He concurrently held the position of visiting assistant professor of history at the Johns Hopkins University.

Dr. Musto has investigated many areas touching on history and medicine and has been called upon to serve the nation in various capacities including membership on the White House Strategy Council on Drug Abuse Policy during the Carter administration, membership from 1981 to 1990 on the National Council of the Smithsonian Institution and as historical consultant to the Presidential Commission on the Human Immunodeficiency Virus Epidemic. He has also served on the National Advisory Committee of the Robert Wood Johnson Foundation's program to combat drug and alcohol abuse and is a charter Fellow of the College on Problems of Drug Dependence. He is a member of the alcohol advisory committee of the National

Association of Broadcasters. Within Connecticut, Dr. Musto chaired a state-wide Task Force on Drug and Alcohol Testing in the Workplace supported by the APT Foundation (1986-88). In 1992 Governor Weicker appointed him a member of the Connecticut Alcohol and Drug Abuse Commission. When the National Endowment for the Humanities established a National Humanities Institute at Yale, he served as Associate Director (1974-75) and as Program Director (1977-78). At Yale he is a Fellow of Davenport College, member of the Editorial Advisory Committee of the Yale Editions of the Private Papers of James Boswell, and curator of historical scientific instruments at the Peabody Museum of Natural History.

Dr. Musto has published widely in professional journals and is particularly noted for his study of drug policy *The American Disease: Origins of Narcotic Control* published first in 1973 and now in a third edition (1999) by Oxford University Press. He has published additional books on such subjects as the history of heroin and a documentary history of drugs and alcohol in America. His essays on social issues have appeared in the general media such as the *New York Times*, *Wall Street Journal*, *Los Angeles Times* and *Washington Post* and he has been featured as a commentator on social policy by news magazines and television networks.

Charles P. O'Brien, M.D., Ph.D., a native of New Orleans, earned M.D. and Ph.D. degrees from Tulane University. He received residency training at Harvard, Tulane, University of London, and University of Pennsylvania in internal medicine, neurology and psychiatry. As Chief of Psychiatry at the Philadelphia VA Medical Center, he was responsible for over 9,000 psychiatric patients. Despite this large clinical responsibility, he was able to establish and direct a clinical research program that has had a major impact on the treatment of addictive disorders. His research group has been responsible for numerous discoveries described in over 470 publications that have elucidated basic information on the nature of addiction and improved the results of treatment for addictive disorders. His work involves discovery of CNS changes involved in relapse, new medications, behavioral treatments and instruments for measuring the severity of addictive disorders. Many of these discoveries are now utilized in common practice for the treatment of addictive disorders throughout the world. He was elected to the Institute of Medicine of the National Academy of Sciences in 1991 and he has received numerous research awards as well as an honorary doctorate from the University of Bordeaux in 1994 and the Nathan B. Eddy award for research on addiction from the College on Problems of Drug Dependence in 2003. He has been an adviser on drug policy to local and national governments since the 1970s and has chaired or served as member of numerous IOM committees dealing with the science and policy matters of abused drugs. Dr. O'Brien is past president of the American College of Neuropsychopharmacology and the Association for Research in Nervous and Mental Disease. Currently he is Kenneth Appel Professor and Vice-Chair of Psychiatry at the University of Pennsylvania, Vice Director of the Institute of Neurological Sciences and Director of the Center for Studies of Addiction.

Wallace T., is the Past-Director of the Public Information Committee of the Southeastern Pennsylvania Intergroup Association of Alcoholics Anonymous.

Paul Root Wolpe, Ph.D. is on the faculty of the Departments of Psychiatry, Medical Ethics, and Sociology at the University of Pennsylvania. He is a Senior Fellow of Penn's Center for Bioethics, and directs the Scattergood Program for the Applied Ethics of Behavioral Health and the Program in Psychiatry and Ethics at the School of Medicine. Dr. Wolpe is a Senior Fellow of the Leonard Davis Institute for Health Economics, and is a member of both Penn's Cancer Center and its Center for AIDS Research. He is immediate Past President of the American Society for Bioethics and Humanities, the national professional organization for scholars in bioethics and the medical humanities.

Starting in August, Dr. Wolpe will be moving to Emory University where will become the Asa Griggs Candler Professor of Bioethics, Professor of Medicine, and the Director of Emory's Center for Ethics. He will also have appointments in the School of Public Health and the Department of Sociology.

Dr. Wolpe serves as the first Chief of Bioethics for the National Aeronautics and Space Administration (NASA), where he is responsible for formulating policy on space ethics and safeguarding research subjects. He is co-editor of the *American Journal of Bioethics*, the premier scholarly journal in bioethics, and sits on the editorial boards of over a dozen professional journals in medicine and ethics. He is a Fellow of the College of Physicians of Philadelphia, the country's oldest medical society, and is the first National Bioethics Advisor to Planned Parenthood Association of America.

Dr. Wolpe's writings range across multiple fields of bioethics and sociology, including mental health and illness, medical culture and ideology, biotechnology and the brain, genetics and eugenics, reproduction, alternative medicine, and bioethics in extreme environments such as space. He is the author of the textbook *Sexuality and Gender in Society*, is editor and key author of the Jewish end-of-life guide *Behoref Hayamim: In the Winter of Life*.

APPENDIX E

**The ScattergoodEthics Summer Institute
for the Applied Ethics of Behavioral Health**

July 10-11, 2008

INSTRUCTORS

Karoline S. Adler, Esq.	Assistant Mental Health Review Officer First Judicial District of Pennsylvania
Marna Barrett, Ph.D.	Assistant Professor of Psychiatry School of Medicine University of Pennsylvania
Arthur L. Caplan, Ph.D.	Emanuel and Robert Hart Professor of Bioethics Chair, Department of Medical Ethics Director, Center for Bioethics University of Pennsylvania
Martha J. Farah, Ph.D.	Director, Center for Cognitive Neuroscience Walter H. Annenberg Professor in the Natural Sciences University of Pennsylvania
Cordula T. Holzer, M.D.	Medical Director, Horizon House Clinical Associate Professor School of Medicine University of Pennsylvania
Jason Karlawish, M.D.	Associate Professor of Medicine and Medical Ethics University of Pennsylvania
Claire Pouncey, M.D., Ph.D.	Program Manager, Scattergood Program for the Applied Ethics of Behavioral Health Assistant Professor of Psychiatry, School of Medicine Temple University
Harold Schwartz, M.D.	Psychiatrist-in-Chief and Vice-President for Behavioral Health, Institute of Living, Hartford Hospital Professor of Psychiatry, School of Medicine University of Connecticut
Phyllis Solomon, Ph.D.	Professor of Social Work and Social Work in Psychiatry School of Social Policy & Practice Senior Fellow, Center for Public Health Initiatives University of Pennsylvania