

**Shrink Rap Radio #156, May 30, 2008, My Three Shrinks
David Van Nuys, Ph.D., aka “Dr. Dave” interviews Dinah, Roy, and
Clink Shrink of My Three Shrinks**
(transcribed from www.ShrinkRapRadio.com by Susan Argyelan)

Excerpt: *One of the things that we really like to do is to present this human face of psychiatry. I get a lot of positive feedback, I guess, when I hear commenters mention that, that they... one of the things they like about our blog or our podcast is the fact that oh, psychiatrists are actually real human beings and not these blank slates that you can't really get a feel for.*

Introduction: That was the voice of Roy, one of the three psychiatrists who host the podcast, My Three Shrinks and its associated blog, Shrink Rap. And inasmuch as they keep their identities anonymous, they are simply Dinah, Roy, and Clink Shrink. Dinah's a psychiatrist in private practice. Roy is a psychiatrist who consults for general physicians in a hospital, and Clink Shrink is a prison and forensic psychiatrist. They bring their specialized perspectives together for a show that tends to be both informal and informative, and often fun. Now, here's the interview.

Dr. Dave: Dinah, Roy, and Clink Shrink, welcome to Shrink Rap Radio.

Roy: Thank you very much!

Clink Shrink: Thank you.

Dinah: It's a pleasure to be here.

Dr. Dave: We have very closely titled shows. In fact, your blog is named Shrink Rap. I think sometimes people get us confused. I recently spoke to someone who told me that they had listened to my show, but it turned out they were thinking of *your* show.

Dinah: Did they like it?

Dr. Dave: (laughs) Yeah, yeah! As a matter of fact, they wanted to invite you to the thing that they were about to invite me to. So, I'll tell you more about that later.

Dinah: (inaudible) we get to go.

Dr. Dave: I'll tell you about that more later. I think we preach to pretty much the same choir, so I thought it would be good for us to get together.

Roy: Well, I'm really glad that you reached out to us and asked us to do this interview, because it's something that I thought of before, too...

Dr. Dave: Oh, good.

Roy: ...given the fact that I've listened to your podcast, and we do have a very similar name. And in fact, before the... we have this elaborate sound equipment now, because before we just did it in a single microphone, and since there's three of us talking, we would sometimes have really poor sound quality, and one of the iTunes reviews that we have says, "I can't believe how awful your sound quality is, because your sister show, Shrink Rap Radio, sounds great. So, why can't you sound just like your other show?"

Dr. Dave: (laughs) Oh, that's interesting. Yeah, maybe we have to become a corporation or something and truly become sister shows. Well, I suffered with terrible sound for a long time, and my sound quality went up and down quite a bit. I'm finally feeling like I'm on top of it, but it really went through a lot of evolutions and different software, different hardware, different mics, and I found... finally came up with a solution that I seem to understand and be able to manage.

Roy: Do you, is this too geeky to ask what you're using?

Dr. Dave: It may be too geeky for our audience, but it's not too geeky for me, and there are probably some people out there that would be interested. I am Macintosh-based, so I'm using a fairly new 24" iMac, and I got rid of my mixer.

Clink Shrink: I'm drooling as you're describing this.

Dr. Dave: Ah...yeah, it's beautiful. And I got rid of my mixer. My mixer was actually a lot of the problem. And what allowed me to get rid of the mixer is a wonderful program called [Wire Tap Studio](#). And it's not very expensive; it's like \$60 or \$70. It's made by, I think Rogue Amoeba Software (correction: Ambrosia Software, Inc.) – I hope I've got the right company – and you should look into it and check it out. And then for the microphone, I am using a – I'm going to block on it – who makes it? It's an [Electrovoice RE20](#), I believe. And –

Roy: Wire Tap Studio... I'm writing some notes about that.

Dr. Dave: Yeah, it's a wonderful program because it allows you to record from [Skype](#). And then I take it into Garage Band to add my intro and put on the music and do all of that. I do all of that in Garage Band, but Wire Tap Studio enables the capture, and right now it's being saved into AIFF Stereo, which will make it go easily into Garage Band. And it has some very nice editing tools of its own in Wire Tap Studio.

Roy: On my Skype, I've got a little program called Call Recorder.

Dr. Dave: Yes, I've used that as well. I have that, too.

Roy: Yes, I've used that for Skype, but we also have a mixer, because most of our broadcasts we do in person – the three of us – and it just never sounds good (with) all three of us sitting around one mic, so now we have three different mics. While they're all the same, they're in (inaudible) C-1's, which are condenser mics, and then those are plugged into an [Alesis MultiMix8](#).

Dr. Dave: That's what I had when I had a mixer, was I had that Alesis –

Roy: Did you ever figure out how to use it?

Dr. Dave: No. No, I was really having problems with it. I sort of, off and on I figured it out, but then somehow I would slip.

Roy: So, our listeners should probably know that we probably spent 15 minutes before we started recording this trying to figure out on our end how to get it so that we could hear us and hear you at the same time. (laughs)

Dr. Dave: Actually, it was a half hour, but who's counting? (laughter)

Dinah: Fifteen minutes, in "Roy time."

Dr. Dave: Okay.

Roy: That's right. My time is always –

Dr. Dave: So who's the nerd on your team? It sounds like somebody's got to have some computer skills there.

Clink Shrink: We have two nerds! We have a senior and a junior nerd.

Dr. Dave: Okay.

Roy: Who's senior?

Clink Shrink: Oh, Roy is definitely the senior nerd!

Roy: Are you saying I'm older? Is that what you're trying to –

Clink Shrink: No, no, no, no, no! More experienced.

Roy: Okay. Well, I don't know, because Clink is the one who actually makes money writing computer programs.

Dr. Dave: Ahh...

Clink Shrink: (inaudible) second career as a web-application developer.

Dr. Dave: Well, that's very, very nerdy!

Dinah: (inaudible) discussion (inaudible) on Clink's dining-room table.

Clink Shrink: Oh, thank you for sharing the hygiene of the Clink (inaudible) method with an international audience! (laughter)

Dr. Dave: Now, you three choose to be anonymous. You three choose to be anonymous, and I'm imagining you with paper bags over your heads, like the unknown comic. Why –

Roy: Because we *are* wearing paper bags right now.

Dr. Dave: Oh, oh, good!

Dinah: That was part of the problem.

Dr. Dave: (laughs) Why the anonymity?

Roy: Let's see. Dinah might want to start with that.

Dinah: Okay. So, one day I decided I wanted a blog, and I'm not the computer geek in the group. So, I asked either my husband, who's also not a computer geek, or Roy, how do I do this? And I didn't really know what a blog was, and I was sent to Blogger.com, and I opened a blog and called it Shrink Rap and thought it would be good to have some geeks help me. So, I asked my two close geek friends – who at the time, I didn't realize they didn't know each other – and we spent our weekends putting up Shrink Rap. At some point, Clink called me and said, "Who's this guy who speaks html?" and at some point, we all got together a few times in real-life person, meaning on the patio, or out to dinner. And at some point, Roy said, "We need a podcast." So I didn't know what a podcast was or why we needed one, but I knew that Roy had been very nice about accommodating my blog needs, so we now have a podcast.

Roy: You know, even with -

Dinah: I didn't answer the question!

Dr. Dave: No, you didn't. (laughs) Why the anonymity?

Dinah: Want the answer? So, I started the blog and actually, I put my whole, full real name on it. And then it hit me: wait, do I want all of my patients who go to Google and Google me by my name having access to, coming right up with my blog? And at the same time, Clink and Roy both said they didn't want their names on this.

And you'll have to answer why. So, after about a weekend, I took my last name off the blog. And my first name really is Dinah. And the two of them, well, Roy for a year stayed under deep cover, but then one day I was at a professional dinner sitting next to him, and he announced to the whole table, "I have a blog." And I thought, I guess it's not deep cover anymore. And Clink, she says she came out at a national conference, so I'll let her tell her story.

Dr. Dave: Okay.

Roy: Well, so I just didn't want – because I've heard about medical bloggers getting into various sorts of trouble blogging about whatever they talk about with their employers, mostly with their employers, I think, is what I've heard about. And I didn't want to feel constrained with what I might want to talk about and figured I would bypass that situation more so. I know it's not completely bypassable by just using a pen name, a web name...what do you call it?

Dr. Dave: Mm-hmm.

Roy: A pseudonym, thank you. And Clink?

Clink Shrink: Mmm. I started out basically because I'm an introvert, so the idea of speaking or writing in any kind of a public forum, much less a global forum, was a little bit intimidating, so, that and the fact that I'm a forensic psychiatrist and I work with various types of maximum-security prisoners and other types of criminals. And I once had a father in a custody case I was working on tell me, "You know, it's amazing what you can find out about people through computers." So all of these things kind of added together to the thought that I would prefer to have a screen name, although as Dinah mentioned recently, we presented at a national conference on the use of computers in psychiatry, and I think by the time you talk about your blog at a national conference, you're pretty much out of cover at that point.

Dinah: You know, today's new Sunday New York Times magazine has the cover article by a woman who first had her own blog and then was writing for something called [the Gawker](#). And she goes through how this has affected her life, to the point where she wasn't going out in public and having panic attacks because her Gawker status had gotten her on Larry King Live. But she was, I think – I guess it depends on what you're blogging about.

Clink Shrink: I don't think the blog will ever give you panic attacks. I don't think it'll get that bad.

Roy: Nah.

Dr. Dave: Yeah, so... (laughs)

Dinah: We're all still going outside in public...

Dr. Dave: Oh, I understand the motivation! I'm not in private practice anymore, and I think if I were, I might have some hesitation as well. Just to break the ice a little bit more, what would each of you be doing if you had not become psychiatrists?

Dinah: I'd be a taxicab driver in New York City.

Clink Shrink: I would be in the back of her cab, screaming.

Dr. Dave: (laughs)

Roy: Okay.

Dinah: Roy is having a hard time with this question!

Roy: I'm trying to think of a quick one, but I think I'm just going to try answering his question.

Dr. Dave: Yeah, yeah...give me a straight answer.

Roy: Yeah, that's what I'm working on. So, what would I be doing? Well, hmm.... Originally, I wanted to be a neuroscientist and study the inner workings of the brain at the cellular level, and I might be doing that if I didn't realize that I really like working with patients.

Dr. Dave: Okay. That's still sort of in the same ballpark. What if you were not in this medical/research ballpark?

Roy: Well, that's kind of like asking me what I'd be doing if I wasn't a man.

Dr. Dave: (laughs) Okay! We could go there. (laughter)

Roy: Okay, well, one leap at a time. If I wasn't doing anything medical, I'd probably be doing something with computers, in what, I have no idea.

Dinah: Yeah.

Dr. Dave: Yeah.

Clink Shrink: Yeah, that's probably what I'd be doing, too. I'd probably be a computer engineer or something like that.

Roy: Mm-hmm.

Clink Shrink: A software designer...

Dr. Dave: Yeah. Okay, interesting. And I...

Dinah: What would you be doing if you weren't a psychologist?

Dr. Dave: Oh, boy.

Roy: We're grilling him later, aren't we?

Dr. Dave: If I could reincarnate, I've got several things on my agenda for the next life, if that ends up being a possibility. In one lifetime, I would be some kind of a ski bum. In another lifetime, I would be, I would learn to be a surfer, and I would... Maybe the first choice is, I would really be a musician. I would learn piano and really get good on the piano. But none of those things seem to be happening in this lifetime, other than being a casual skier.

Dinah: Well, I'll tell you the reason that I gave you such a quick response, as a New York City taxicab driver was because when I applied for residencies and you had to write an essay on why you wanted to do a residency in psychiatry, or some type of personal statement, I wrote mine on comparing psychiatry to being a taxicab driver in New York City. And it started, I think, "If I wasn't going to be a psychiatrist..." I then talked about listening to people's problems, and... So, that was how come you got such a quick answer (?).

Dr. Dave: Yeah, well now it makes sense.

Dinah: And I still got a residency, actually. I have to say the one I ended up at was the only one where I wasn't asked about this strange essay.

Dr. Dave: Yeah.

Dinah: And the strange essay came about because I wrote a very conventional essay, and my advisor looked at it and said, "Ugh! That looks like everybody else's essay."

Dr. Dave: One of the neat things about your podcast is the humor that seems to bubble up between the three of you in the mix. And I think psychiatry generally has an aura of reserve and formality, yet you guys don't fit that stereotype at all. Is the desire to transcend that stereotype part of what drives you in your podcasting and blogging?

Roy: Oh, absolutely I think. I would be much less interested in doing something that was kind of like a dry review about the latest American Journal of Psychiatry articles, or something like that.

Dinah: So face it, he likes my jokes. I never knew that before.

Clink Shrink: Somebody has to!

Roy: So, the next...

Dinah: It's a hard job.

Roy: One of the things we really like to do is to present kind of this human face of psychiatry. I get a lot of positive feedback, I guess, when I hear commenters mention that, that they... one of the things they like about our blog or our podcast is the fact that oh, psychiatrists are actually real human beings and not these blank slates that you can't really get a feel for.

Dr. Dave: Yeah, I agree. I think your show really succeeds on that score.

Roy: And I just wanted to apologize ahead of time to the listeners. We hear Dave on our end fairly well, but it's a little low. So if it sometimes seems like we're talking over him, it's just that we don't hear him.

Dinah: Or that we're talking over him.

Dr. Dave: It's always an issue on Skype, anyway, I find, and it's hard to be totally graceful as an interviewer, because generally, I often have to break in and talk over in order to get a word in edgewise.

Dinah: That's how you know you're alive.

Dr. Dave: Yeah. Now, when you guys started out, I think you had thought that your audience would be psychiatrists. But that's kind of evolved and changed over time, hasn't it?

Dinah: We don't know, because we know we have a lot, we have regular commenters –

Roy: We took a, once we took a survey of our Shrink Rap readers, and there were about 200 people who answered the survey...

Clink Shrink: But that's about 10% of our visitors per week.

Roy: Okay, but still, from that 13% were psychiatrists, another 7% were other types of physicians...

Dr. Dave: Mm-hmm...

Roy: And in total, it was around 45%-50% of the listeners were some sort of healthcare folks.

Dr. Dave: Okay, interesting. And I notice in the past year or so it seems like you might be moving toward doing interviews. Is that a direction that you see increasing?

Roy: Um, we're always happy to have somebody on as a guest to talk about whatever it is that really makes them enthusiastic and that they feel passionate about, so it's nice to be able to do that. I wouldn't see it as kind of a format that we would solely do, but we're always eager to do that. And I'm hoping that we can get you on – through the phone at least – on one of our podcasts sometime.

Dr. Dave: Well, I would love to do that.

Dinah: Part of it is a matter of sometimes, somebody asks us questions that, you know, oh, wow! We can't answer this, but it would be nice to have somebody who could answer it, so we've asked people specifically to come on to address issues. The other problem we've had, though, is that a lot of times we do this on a few hours' notice, and coordinating anybody else to come at a certain time is hard.

Dr. Dave: Sure, and...

Dinah: When we've had guests, typically we've had to do something called advance planning...

Dr. Dave: (laughs) Yeah! And you're all three busy professionals, so I can see where that would be an issue. And also, you don't have perhaps as pressing a need for guests as I do, because you have the three of you, so there's a natural chemistry that probably generates its own content.

Roy: I think that's one of the things that's made it easier for us to continue, because as medical blogs or podcasts go, we're probably in the longer-lived realm now. That blog has been going on for over two years, and the podcast has been a year and a half now. And when you're doing it by yourself, I guess it's easy to kind of lose interest in it, and also that need to, oh, I have to post something. I have to post something. But to have three of us doing it on our own independent schedules makes it a lot easier to continue, even when you're at a point where you don't really have time to do much with it for a month or so. I really admire how long you've been doing your Shrink Rap Radio and sticking with it. It's fantastic.

Dr. Dave: Thank you. It's the listener feedback that keeps me going, quite frankly. You know, when I started, I didn't know if anybody would be interested in listening or not, or whether – if there were professionals out there and they listened – they might find me not measuring up to their standards or something. So I had all sorts of scary scenarios in my head about it. But it turned out that the ideal audience that I imagined for myself has materialized, and it's been so supportive that that's really what keeps me going. I wanted to engage you a little bit... In the history of the

relationship between our two professions, psychiatry and psychology, there've been various ups and downs. What's your experience of that relationship at present?

Dinah: Clink is making these dying faces!

Roy: Is that because I'm trying to hook in my...

Clink: It was more like oh, my gosh, what a question!

Roy: No, no, it's about trying to plug in this Mac book without using the earphones.

Clink Shrink: Well, I think in my experience, working in corrections, there's just a huge discrepancy between what psychiatry and psychology does, compared to any other area or institution that I've worked in. Because my practice in the correctional setting is very much a high-volume, medication-management, diagnosis-driven kind of a practice, and it's just not something that the average training in psychology would prepare somebody to do.

Dr. Dave: Right.

Clink Shrink: And so the psychologists there are mostly oriented towards crisis intervention, supportive therapeutic services, things like that. So that's probably the area where I've seen the biggest distinction between the two professions and what they do.

Dr. Dave: You know, I'm interested in the fact that you work in a prison environment. I just recently submitted a proposal to the warden of San Quentin to do a podcast interviewing prisoners there, and I have no idea if it'll be accepted or not. The woman who was my Dean just before I retired has been running a program there, and I approached her. She's enthusiastic about doing it, so we'll see if it happens. I've been very apprehensive about going into that prison. It kind of scares me. What's your experience of being in prison like?

Clink Shrink: Well, it's interesting, because just recently last week, I had to go between buildings in one of our facilities, and to get to the building I needed to get to, I had to cross through the recreation yard of what used to be a maximum security prison during rec time.

Roy: Oh, boy.

Clink Shrink: Right, so you've got all kinds of inmates out there and you've got the BGF gang over here, and the Muslims over there, and all the groups...

Dinah: What's BGF?

Clink Shrink: Black Guerrilla Family. It's a gang.

Dinah: Thank you.

Clink Shrink: So, you've got the various prison gangs staking out their various parts of the yard. As I'm cutting through the yard, escorted by, you know, one correctional officer, who's shorter and more dainty than I am –

Dr. Dave: Oh, boy.

Clink Shrink: And...

Roy: A man or a woman?

Clink Shrink: A woman, yeah. We just happened to be walking together; she wasn't assigned to escort me. So, we're walking across the yard and this prisoner comes running up to me. And I'm hearing all over the yard, "Hey, Doc! Hey, Doc! How ya doin'?" (laughter) And the inmate came running up to me to say, "Doc, I hear you're leaving the facility." And I said, yes, and he said, "You can't do that! You've been like (inaudible) since 2003!" So, I think the thing that makes me somewhat more comfortable being there is knowing that the longer you're there, the more people get to know you, you build up a certain reputation for credibility, and that by itself has a certain protective effect.

Dr. Dave: Yeah, yeah. Well, that's great. It reminds me of an experience that I had when I was, when I first came to Sonoma State University, and I was still pretty young. And I had a chance to teach a class in psychology for police officers. And at the time, I think I still had some residual hippiness, quite a bit, actually, left. So I had fairly long hair and a beard...

Roy: Oh, I thought you meant heavy-set.

Dr. Dave: (laughs) No, no...and so when I walked into that first class, one of the cops kind of muttered something like, "That must be the teacher." And – now I'm not a big guy – I'm of slender build and not particularly imposing-looking. But I felt like I had to sort of nip that in the bud, and I don't know where this came from, but I said, "Who said that? You got something to say, say it to me directly." And you know what? It was smooth sailing from there on in. Now, I don't know that I would try that in a prison. (laughs) It might not be a good idea.

Clink Shrink: Yeah. And it also helps being female in a prison. You get a different reaction from officers and inmates than I would being a female working in a female facility.

Dr. Dave: Mm-hmm, mm-hmm.

Clink Shrink: And it also helps to have gray hair. I call it the "granny transference."

Dr. Dave: (laughs)

Clink Shrink: It allows for some instant bonding with some of my patients who were raised by their grandmothers.

Dr. Dave: Okay, so the bag came partially off the head, and now we can see little wisps of gray hair coming out from beneath the edges of the bag.

Dinah: I want to point out that she had gray hair when I met her 20 years ago.

Dr. Dave: (laughs) Let me hear from the other two of you. Something about that question that I asked about the current state of affairs between psychology and psychiatry, however you want to speak to it, if maybe you're working in an environment where there are cross-disciplinary teams, or you have other sorts of observations. And you don't have to be politic.

Roy: We're rarely politic.

Dinah: Psychology's sort of a lost art, I think. Yeah, I don't know many psychologists because I work, well, I work in solo private practice so I don't see many other people. But I also work in community psychiatry settings and there, there tends to be a split: they're psychiatrists and they're social workers, but very few psychologists. I actually can think of maybe two over the years.

Dr. Dave: Hmm.

Dinah: And so psychology sort of has gotten lost with, I think, the fact that psychiatrists prescribe medications and many of the patients end up on medications. And social workers do psychotherapy, which was actually something that I was not aware of until, probably, I finished residency. I had trained, I had gone to medical school in New York, where psychiatrists, the social worker was somebody on the inpatient ward who negotiated family sessions and follow-up. And so, and I don't think I ever quite... I wanted to be a psychologist originally. I went into college with the thought that I was. And I went to a college that had very strong experimental psychology program but no clinical psychology program, and I didn't quite understand that as a psychologist, it would've been possible to both see patients and do research. I thought you had to pick either or.

Dr. Dave: Yeah, yeah. That's interesting.

Dinah: And so that was when I decided to become a psychiatrist, because then I thought, well, I could do research *and* see patients.

Dr. Dave: I had thought about psychiatry at one point because I had never heard of clinical psychology, and I was in college, in undergraduate, and I got together with

a buddy during the summer, when I was home from college, and we were sort of saying, “What are you going to be?” “What are you going to be?” And he told me that he was going to be a clinical psychologist. Now, I had had only one course. I had had Introduction to Psychology at that time, and it was talking all about rats and running rats through mazes and stuff like that, and I thought it was pretty disappointing and wasn’t very interested in it. And he said he was going to be a clinical psychologist. And I said, “What’s that?” And he said, “Oh, it’s just like a psychiatrist, only you don’t have to go to medical school.” So that’s what first...

Dinah: You could’ve been a social worker, too. That’s, sort of, you do psychotherapy and you don’t even have to even get that Ph.D. in psychology.

Dr. Dave: And I didn’t know that at the time. And that...

Dinah: (inaudible) next to me...

Dr. Dave: And that’s perfectly true. And also now, of course, there are all sorts of master’s options. You don’t even have to be a social worker; you could get a master’s in marriage family therapy counseling, and there is a new profession emerging called – I don’t know if you have it where you are – but in California, they’re pressing for something called LPC...

Dinah: We do have that here. We have LCPC’s.

Dr. Dave: Okay. What does that stand for?

Dinah: It’s a licensed clinical professional counselor.

Dr. Dave: Okay. So there’s this interesting migration of professions, and I think sort of... Although social work has a very old history, maybe almost as old as psychiatry, and actually, psychology goes back (laughs)... It’s probably as old as psychiatry! But psychology was sort of encroaching in some ways on territory that was deemed to be the territory of psychiatry in terms of psychologists wanting to do psychotherapy, and now that’s kind of accepted, I think.

Roy: Yes.

Dr. Dave: And psychiatrists – I have the impression that psychiatrists have migrated and maybe been pushed, in some ways, more and more towards the pharmacological interventions, which make... Are any of you doing talk therapy, or is it all pharmacological?

Dinah: Well, I have a psychotherapy practice, so I see people for psychotherapy, and I think the people who tend to call a psychiatrist for psychotherapy often tend to need medication. But it’s one-stop shopping.

Dr. Dave: Yeah. (laughs)

Dinah: I don't think it's ever possible to divide the two, and I may get some disagreement with my peers, here –

Clink Shrink: No, no, I –

Roy: Not from me.

Dinah: Even in my peer medication-management practice, you just can't divide, talk about medications with what's going on with what's going on with the rest of the person.

Dr. Dave: Okay.

Clink Shrink: Especially when you see someone for a medication follow-up and they just had something upsetting happen to them. You can't say, "Oops! Hold that thought; I'm going to move you to the psychologist in the office next door." You take the person as you find them. And so there's really not a clean divide between the two sometimes.

Roy: I'm going to have to agree with that. I don't think that you can... I mean, it's possible to prescribe medications without doing any sort of therapy, but to do so, I think, would be really poor quality as far as making decisions about why someone might need a medication. This idea of med checks, for example, I think... is just very poor to have a session where you're just focused on the medications without really knowing what else is going on in the person's life. When I was a fourth-year resident, I was moonlighting, and I had a position at a community mental health center. And I was working there for, I don't know, probably four or five months, something like that. And the administrator wrote me a note once that said – (inaudible) a rather detailed note saying, "We understand that you've been spending a lot of time talking to the patients. You're supposed to just be doing an evaluation..."

Dr. Dave: Hmm...

Roy: "...and writing for medications. Please don't spend any time talking to the patients." And I quit –

Clink Shrink: They put that in writing?

Roy: They put that in writing. I probably still have it somewhere. I presented it to my program and quit the job in protest, really, and I think we stopped sending docs over there because that was... You know, it wasn't like I was spending an hour and a half doing a med check, or something like that. It was just this idea that you should

just be, you shouldn't be trying to figure out what else is going on with the patient, just manage the meds and that's it.

Dr. Dave: Well, good for you.

Clink Shrink: (inaudible) into their territory, or...?

Roy: Um, yeah, it must've been a piece of that, possibly, but that just shows, I think, a really poor understanding of what psychiatry is about.

Dr. Dave: Well, what about the pressure from managed care? I mean, might there be pressure there to not spend too much time with folks, to dispense the medications and move on?

Roy: Well, I'm a hospital-based consultation-liaison psychiatrist, so I deal with managed care, but not at the level where they tell me what to do, or how much I can see people. I guess more of an outpatient issue, where you have to get authorizations for a particular [CPT code](#), let's say...

Dr. Dave: Yes.

Roy: Dinah, do you... I know you don't probably do much with managed care, but do you have to complete outpatient – what do they call, treatment plans – where you have to request a certain number of visits per (?) code?

Dinah: I do, I do, so that the patient can request reimbursement, and I don't recall this ever being an issue. I fill out the forms, generally, for something called a [90807](#), which is a 50-minute psychotherapy session with medication management, and on an outpatient basis in the physician's office.

Dr. Dave: Did you say 50 – five zero – or one five?

Dinah: Five zero.

Dr. Dave: Oh, okay.

Dinah: Um...in a private practice (inaudible), I never see anyone for what's a 90805, 1 25-minute session, and actually, I can count on one hand how many patients I have I see for half-hour sessions. Generally, I see people for 50-minute sessions. I've never had an insurance com- I mean, the issue doesn't get to be like, "No, you can't do that," the issue is how much they're going to reimburse the patient for the visit, and people –

Roy: ...what they reimburse at all –

Dinah: I haven't had too many people say they don't get reimbursed, but people don't typically come and say, "Look, this is what you charge, and this is how much I'm getting reimbursed." I don't usually know.

Roy: So the insurance company doesn't tell you what we, "We think you should (inaudible) a 90805 instead of an 07..."

Dinah: They don't say, they don't (inaudible); they send a form back that says "approved for 90807, 12 visits or 15 visits in this period of time." And if I've used more than that number of sessions, I have to resubmit a form.

Roy: Mm-hmm.

Dinah: They don't think; it's a computer-generated form. Nobody ever says, "Why are you doing that?" or "How many?" Or even at this point, I think it's loosened up some because of outside pressure. I don't... The only time was 15 years ago, I was seeing someone for twice-a-week therapy, and I think the insurance company did ask why. And then I think I responded, and I think it was approved. But by and large –

Roy: I think those days have kind of gone by the wayside...

Dinah: Yeah, there's not –

Roy: It was so cost-ineffective to spend all that time kind of overseeing what we're doing, that they kind of cut back on that -

Dinah: Right.

Dr. Dave: I think that's part of the advantage, though. I think by virtue of being psychiatrists, you're at the top of the pecking-order pyramid, and I think that you get hassled less as a result of that than, probably, psychologists and social workers do.

Dinah: So, do you get hassled?

Dr. Dave: I'm not in private practice now, but I know that people who I do know that re in private practice have to go to, you know, elaborate – They complain a lot about managed care and about getting the number of visits that they need in order to feel effective and getting the kind of therapeutic interventions that they want to do, getting those approved. And a lot of people engage, a lot of professionals engage, I think, in some obfuscation in order to get reimbursed.

Roy: That's a very politic way to put it.

Dr. Dave: (laughs) Yeah.

Dinah: What does that mean? (inaudible) ask that...

Dr. Dave: Well, it, what it means is that they will give a diagnosis that's reimbursable...

Roy: Mm-hmm, or exaggerate something –

Dr. Dave: Yeah, or you know, they've got somebody who's coming to them but the insurance company only wants to reimburse for a very narrow set of diagnostic categories, and so, but this person –

Dinah: Well, that happens! I get forms bounced back sometimes saying, you know... My favorite one is obsessive-compulsive disorder has a four-digit code, and it'll get bounced back with, you know, it needs a five-digit code, and I think it's only happened once...

Roy: ...the computer...

Dinah: Or I think what I, actually, I think what I did was, there's some version, and I'm not very good at the codes. I tend to use just a handful of them. But I think I coded something as some form of an adjustment disorder, and there's one form of adjustment disorder that has a four-digit code and not a five-digit code, and so I think I threw a zero at the end. And I may have been bounced back for 295.72...

Dr. Dave: Yeah...

Dinah: Bipolar disorder, not otherwise specified. So I threw a zero at the end...

Roy: (inaudible) schizophrenia, not schizoaffective disorder...

Clink Shrink: I have no idea what these people are talking about. I haven't had to talk to an insurance company since 1991...

Dr. Dave: Well, lucky you!

Dinah: And since it just goes on people's statements, that have (inaudible) a diagnostic code so they can mail it in...

Dr. Dave: I –

Dinah: Occasionally, I talk to an insurance company...

Dr. Dave: I don't know if this next question makes sense or not, but do all three of you share the same theoretical perspective?

Roy: On what?

Dr. Dave: On, well, that's the part that I wasn't sure if it made sense or not. I guess it would kind of assume if you were all involved in talk therapy, or whether you would come from the same theoretical perspective there, or even in terms of, are there not different schools of psychiatry and practice?

Dinah: Now Roy's the one making these funny faces –

Roy: Yeah, I'm listening, just going, What language is...?

Dinah: You know, I get it, though. I could answer this. I could answer this.

Clink Shrink: Two of the three of us went to the same training program, so we sort of have similar ways of...

Dr. Dave: Okay.

Dinah: But the third one of us went to a training program that's very similar to the one we went to.

Clink Shrink: Mm-hmm.

Dinah: You're looking at me funny...

Roy: So what are you trying...

Dinah: Well, okay, I'll give you my perspective on this, 'cause I was a medical student at Cornell in New York City, which had associated with the Payne Whitney Psychiatric Clinic, which is a very, very psychoanalytically oriented program.

Dr. Dave: Okay.

Dinah: So, on psychotic inpatients, people would talk about some of the psychodynamics, as well as the medications. And to answer that, since I was at the Payne Whitney Clinic, and one of my advisors was one of the heads, and I wanted to spend the summer in Philadelphia, he arranged for me to do a summer program at the Institute of Pennsylvania Hospital, which is also a very psychoanalytic place that no longer exists. So, as a medical student, I came at psychiatry from a very psychoanalytic background, and I'll add as an aside that in college I had spent a summer at Western Psychiatric Institute and Clinic in a special undergraduate program run by David Kupfer, who's a mood disorders expert.

Roy: Mm-hmm.

Dinah: And that's a very biologically based program. So, even before I hit med school – or as I hit med school – I was hit with this dividing line in psychiatry, which was very strongly felt in New York, that there were biological programs and there were psychodynamic programs.

Dr. Dave: Exactly. That speaks to my question, yes.

Dinah: Right, and then, and New York, the psychoanalysts would follow each other. At some point, they were all at Columbia, then Columbia became a very biologically oriented program, and then they all moved to Payne Whitney. In Baltimore, there's the Hopkins – the psychiatry program there is very biological, and Sheppard Pratt is known for being a long-term, psychodynamic institution.

Clink Shrink (?): I think with time, this is fading a lot.

Dinah: It's very hard to deny the biology of psychiatric disorders. It's very hard to deny the efficacy of some of the medications that are out there –

Clink Shrink: Or the fact that when you take pictures of their brains, there are some very obvious abnormalities.

Dinah: Right. And other things, like there was a big lawsuit against [Chestnut Lodge](#), which is a psychoanalytic-type place, by, I think, a physician who was treated with long-term psychodynamic therapy for his major depression and eventually got better...

Roy: With medication...

Dinah: Yeah, or ECT, or –

Clink Shrink: (inaudible) facility –

Dinah: Right, so you ended up with standards of care. I think the answer is that while on any individual point the three of us like to bicker a little, we're coming at psychiatry from a standpoint of you meet the patient; you do an extended evaluation by asking them a lot of questions. None of us, I think, goes into a room with a patient and has the patient sit down and sits there silently, waiting for them to spill forth on their own. We all do a fairly structured interview, I think, asking, "Why are you here? What's your past psychiatric history?" – not in those terms, but going through it. "What's your family history? What was your family like? What are your medical problems?" (We) come to a diagnostic conclusion that may or may not change with time and then plot a course of treatment.

Dr. Dave: Okay, great. Now, on a more personal note, what do each of you do for your own mental health? You know, it's...

(inaudible)

Dinah: Blog...I stay away from my teenagers.

Dr. Dave: (laughs)

Roy: And I do the opposite. I try to stay *with* my teenager as much as I can.

Clink Shrink: And I have no teenagers, so I stay with my running shoes quite a bit. I'm on my 25th year of running.

Dr. Dave: Oh.

Dinah: I find the blog very therapeutic. If something's sort of on my mind, I'll, you know. If it's not terribly personal, I'll – some things sort of hit me during the day. It's sort of, you know, writing is what I do.

Dr. Dave: Okay. What do you guys do to promote your podcast. Anything? Do you have any good secrets or tips?

Dinah: Nothing.

Roy: Oh, let's see... So we have the blog, and on the sidebar there is a link to the podcast, but other than that kind of cross-promotion and across the blog and the podcast, mentioning it here and there, that's about it.

Dr. Dave: Okay. And you came up with the name "Shrink Rap" independently, right?

Dinah: Well, it just sort of hit me. I was sitting down, and it said, "What's the name of your - " I mean, I don't think I thought this out. I was just sitting at Blogger, and it asked for the name of the blog.

Dr. Dave: Yeah...

Dinah: I just thought, "Well, 'Shrink Rap.' Sounds good."

Dr. Dave: Yeah, the same thing happened to me, you know. I thought it was a brilliant idea...

Roy: I agree!

Dr. Dave: And I've since discovered that there's a comedy group out there called Shrink Rap, and there are other –

Roy: In the UK, there's also a very popular thing, too, called Shrink Rap.

Dr. Dave: Yeah, I found several other Shrink Raps out there...

Roy: There's a lot of, I know there's also a number of newspaper columns that are called Shrink Rap.

Dinah: You know, if you spell it with a "w," it's "wrap." There's a lot of plastic things that cover food, too.

Dr. Dave: Oh, of course. That's what makes it funny! Where do you see the show going in the future?

Roy: Um, it would be nice if we could get on a regular schedule, I must say –

Dinah: Well, you *were* on one. We fell off...

Roy: (inaudible) a weekly schedule. Essentially, what we would do is, we would generally meet on a Sunday, and we would record two podcasts, and then, so one would come out the following weekend, and the other, another weekend. And so we'd meet every other week. We were doing that kind of on a schedule for a while, and then...

Dinah: Real life gets in the way.

Clink Shrink: Yeah, (inaudible)

Roy: Real life got in the way for some of us, and –

Dinah: Vacations, and –

Roy: Right. So we've kind of fallen, fallen out of that schedule, like for example, I've got two podcasts in the can now that I've been trying to get out. One, I hope to get out today, and then we have another one to get out. It's been five weeks since our last podcast was produced, was put out there.

Dr. Dave: I noticed that.

Roy: What's that?

Dr. Dave: I noticed that (laughs), yeah!

Roy: Yeah, that's a bit of a dry spell for us. Usually, we're two, three weeks. We usually do one to three per month.

Dinah: We also have, actually, Scientific American Mind is doing a review of us, so hopefully, we'll get a little more steam done around the time that comes out.

Dr. Dave: Oh, that's cool! I got a little mention, I got a paragraph, unexpectedly. One of my listeners called my attention to it, and I was thrilled. Are they actually interviewing you, or something like that?

Roy: They did interview... Let's see, they interviewed me about something, but it was separate from the actual podcast.

Dinah: Yeah, we don't know what they're doing. It may just be a little blurb.

Dr. Dave: Yeah.

Roy: Some e-mail questions, too, because I remember answering some e-mail questions...

Dr. Dave: Well, that's great. It's a nice publication; I really like it.

Dinah and Roy: Yeah, yeah.

Dr. Dave: Well, we're sort of at the point where we need to wrap things up. Any last word that you'd like to get in before we do?

Roy: So our 50 minutes is up, is it?

Dr. Dave: (laughs) Yes, yes!

Roy: Like therapy.

Dr. Dave: Just about.

Roy: Well, if you've listened to either... You do yours as a podcast. Is it also a radio show?

Dr. Dave: No, it's not. It's not, no.

Roy: Shrink Rap Radio, so it's not really on a radio...

Dr. Dave: That's right.

Roy: Okay. But I would say to any of the listeners out there who haven't done this, go to iTunes and write a review on both of our podcasts, please.

Clink Shrink: You stole *my* line!

Roy: I know, I did it...sorry.

Clink Shrink: (laughs)

Roy: That's usually what Clink says on our podcast, reminds people to do that.

Dr. Dave: Yes, that's great. I thrive on those reviews as well. So, Dinah, Roy, and Clink Shrink, thanks so much for being my guests today on Shrink Rap Radio.

Roy: Dave, thank you very much for having us.

Dinah: It's been fun!

Clink Shrink: Bye.