



PENN PSYCHIATRY PERSPECTIVE



Perelman School of Medicine at the University of Pennsylvania | Department of Psychiatry

Ideas, Suggestions, and News!

We welcome your ideas, suggestions, and news about your activities for stories or announcements in Penn Psychiatry Perspective, the eNewsletter of the University of Pennsylvania Department of Psychiatry. Our goal is to offer useful and interesting news to readers and highlight our many outstanding faculty, programs, and services. Please submit your recommendations to psychweb@mail.med.upenn.edu.

*Dwight L. Evans, MD
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Ask The Expert

How Disruptive Behavior by Employees Can Devastate a Workplace

Jody J. Foster, MD, MBA, Clinical Associate Professor of Psychiatry and Chair of Psychiatry at Pennsylvania Hospital, was recently interviewed by Knowledge@Wharton about the adverse consequences of disruptive behavior in the workplace and how to handle it when it occurs. Dr. Foster is an expert on this topic. In addition to being Executive Medical Director of Penn Behavioral Health Corporate Services (PBHCS), she chairs the Professionalism Committees at all three University of Pennsylvania Health System hospitals – Hospital of the University of Pennsylvania (HUP), Penn Presbyterian Medical Center, and Pennsylvania Hospital. She also serves as Clinical Director of PBHCS’ Professionalism Program at Penn Medicine (PPPM), launched in FY2011. PPPM offers consultations and, if needed, targeted interventions to improve physician performance and professional behavior. PPPM clinicians work with health care institutions and directly with individual physicians to create a “culture of professionalism” in the workplace. In the interview, Dr. Foster discusses the range of unprofessional behaviors and some remedies. (Dr. Foster’s March 27, 2013 interview is reprinted below with permission from Knowledge@Wharton - <http://knowledge.wharton.upenn.edu/article/3217.cfm>. For more about the Professionalism Program at Penn Medicine (PPPM), please visit - <http://www.med.upenn.edu/professionalism/>)



Jody J. Foster, MD, MBA

To Jody Foster, disruptive people in any type of organization -- from a big corporation to a major health center -- can poison the atmosphere for everyone with whom they interact. “People are people, no matter what industry they are in, and they bring their basic personalities to work,” says Foster. “When they act out in inappropriate ways -- by, for example, bullying employees who work under them, compulsively micro managing, displaying narcissistic tendencies -- it can be devastating to the entire workplace.”

Foster, who is chair of the department of psychiatry at Pennsylvania Hospital in Philadelphia, founded and heads up the Professionalism Program at Penn Medicine (PPPM), which came about, in part, because The Joint Commission (formerly the Joint Commission on Accreditation of Healthcare Organizations) requires hospitals to have a policy in place for addressing behaviors that “undermine a culture of safety.”

Foster, who has both an MD and MBA, has dealt with disruptive personalities in both the business and health care sectors. During an interview with Knowledge@Wharton, she talked about different types of unprofessional behaviors and what organizations can do about them.

Ask the Expert - Q&A

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Knowledge@Wharton: I know that after you got your MBA from Wharton -- on top of the MD you already had -- you worked as a consultant assessing entrepreneurial teams for venture capital companies. Can you explain what you did?

Jody Foster: Sure. The assessment program that I and a partner developed was intended to help venture capitalists -- specifically the ones about to invest in a particular company -- understand who the main players in that company were, how the team functioned together, what kinds of personalities they had, and which ones needed watching as the company, and the venture capitalists' investment, grew. As everyone knows, a bad management team can destroy even the best company.

This was all happening just before the tech bubble burst. Around that same time, I was offered a promotion as psychiatry department chair -- and became the first female to chair any medical department in Pennsylvania Hospital's then 250-year history. That drew me more fully back into medicine.

But my experience is that disruptive behaviors can show up anywhere, and they can usually be divided into certain types.

K@W: What do you mean by disruptive behavior, and how is it displayed?

Foster: It's actually a variety of behaviors that include, for example, verbally or physically threatening others, intimidating co-workers, or exhibiting condescending behavior that puts people on edge and [makes] them unable to function.

People say that dealing with disruptive behavior in the corporate world is easier than in the medical profession, because in a company, you just fire the troublemakers. But that's in and of itself incredibly disruptive, and besides, it's not the point. Human capital is important, and good human capital is hard to come by. You make investments in people. It may be that you have a senior vice president who is extremely valuable to the company but terribly inept interpersonally. Do you want to get rid of him, or give him a chance to do better? Don't forget that the cost of replacing employees is huge.

K@W: What about screening job applicants -- in any field -- for potential behavioral issues?

Foster: Yes, that's a key component of what I do. Say you have

two identical candidates. One displays characteristics -- such as egocentricity or obsessionality -- that make you wonder if he or she will succeed in your workplace, especially after you take into account the culture of the company and the type of team already in place. Making a mistake in the initial hiring is especially damaging because once you allow someone in, it's not always easy to get him or her out.



As I said, everyone has to work together, whether you are talking about people in the operating room or people on a corporate marketing team. The person at the head of the team may wield a certain amount of power that can be used creatively, or destructively. The person lower down on the team who manages up can also cause interpersonal problems.

K@W: Are men, overall, more disruptive than women?

Foster: The literature says "yes." The lion's share of disruptive men who I've seen tend to fall -- and I am making gross generalizations here -- into what I would call "vanilla silos" of narcissism, and the interventions -- including cognitive behavioral therapy or executive coaching-- can be relatively formulaic.

As a psychiatrist, I categorize people based upon prominent personality traits. Disruptive behavior spans the entire spectrum of categories. The biggest trouble areas are people who have these basic narcissistic tendencies, manifesting as an inability to see past their personal needs or goals for the good of the team.

I also see a lot of people who have avoidance or obsessive-compulsive traits -- for example, micromanaging that gets in the way of work. On the other end of the personality spectrum are people who are paranoid and look at the world suspiciously. There's another group of people who simply lack social skills or etiquette, and this, too, leads to unpleasant interactions.

K@W: Is there a standardized code of ethics around disruptive behaviors?

Foster: The problem is there are broad categories of disruptive behavior, and behavior itself is an amorphous measuring tool. So it is the kind of thing where you will know it [disruptive behavior] when you see it. But telling you what it will be is hard.

K@W: Is this true also in the corporate world?

Ask the Expert - Q&A

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Foster: It's a bit harder there because, in some ways, ruthlessness can be perceived -- depending on the situation -- as positive. Even in medicine, the person who is nakedly ambitious might be more likely to get ahead. That said, should anybody be discriminated against, harassed, yelled at or assaulted? Of course not. But sending your child to military school or to a Quaker school -- there will be different codes of conduct based on what that entity wishes to engender in its students. This kind of flexibility seems fine so long as respectful interactions are the rule.

In the field of medicine, it used to be perceived that a certain amount of bullying was okay -- it is now considered totally unacceptable -- which means that some of the older doctors are having trouble adjusting. It's reasonable to assume that as our culture becomes more attuned to this, people will increasingly understand that a cooperative working environment leads to more worker satisfaction and higher productivity.

K@W: Has the recession affected people's behavior in the workplace?

Foster: Absolutely. Part of what makes people, at least in the medical sector, act out is that they are frustrated. When doctors could make their own decisions, and they were reimbursed for what they did at a less intense work pace, there was more job satisfaction. But increasingly, doctors are no longer seen as leaders, they get less respect and their reimbursements are down. At the same time, they are called upon to do more work for less, which might erode what doctors really value, which is spending time with patients.

K@W: What would you advise companies to do to cut down on disruption?

Foster: I would advise consultation at the front door. Before you put a management team together, you should

have the members of the team interviewed, with behavior as one of the factors you are considering. Then see how the team functions together before you lock them in.

In addition, managers need to be educated about the cost of disruptive behavior. Early detection and intervention are tremendously important and can make all the difference in salvaging a team.

K@W: Can you tell me more about your role in the Penn health system?

Foster: What the Penn Health System did was create a professionalism committee so that chairs and chiefs of each department had a place to send individuals who were displaying disruptive behavior. We could offer potential intervention before the behavior got too bad.

In addition to being chair of psychiatry at Pennsylvania Hospital, I am the executive medical director of Penn Behavioral Health Corporate Services, a division of the larger department of psychiatry at the University of Pennsylvania Health System. One of my responsibilities has been to manage the employee assistance program (EAP) and do the interventions for attending physicians. So when it was time to create the professionalism committee, I was asked to do that, the idea being that it's important to not just identify the behaviors, but to offer a mode of intervention rather than have problems drag on endlessly and end up with no concrete resolution.

In the past, the process of intervening has taken so long that an entire medical board will change over, and a new group will come in and say: "But he (the doctor) is a good guy, and why don't we try another round of anger management?" The bad behavior just continues. With a "professionalism" consultation, I might be able to say upfront that a behavior is a result of a very fixed personality

structure, and it's not going to change anytime soon. You can throw all the anger management tools you want at this person, but the behavior will creep back in.

So we respond within a few hours to any report of disruptive behavior, make a quick diagnostic assessment and get a treatment plan out right after the first consultation. That treatment plan can consist of identifying the need for a structural or systemic change within the entity, a referral for a short-term supportive therapy if a particular adjustment issue is identified, cognitive behavioral therapy for anger or frustration management, longer-term therapy, executive coaching, neuropsychological testing, etc.

This program has gotten tremendous traction at Penn, so about one year ago we created an entrepreneurial product, the Professionalism Program at Penn Medicine, to offer the service publicly. I am now working at the state level doing evaluations across Pennsylvania and hope to do so nationally.

K@W: How can you tell when you have been successful in an intervention?

Foster: The best measure is ongoing good behavior and a well-functioning team. When a physician contacts me months after his or her intervention to ask my advice about how to assist a disruptive colleague, I know that the lessons have been internalized. My most satisfying moments, however, are when I get an unsolicited call from a physician I've seen, thanking me for bringing him or her to treatment that would never have been otherwise considered, and telling me that it has made a substantive impact on his/her work and/or personal life. Often, a physician will complete the "required" therapeutic intervention and elect to stay on in treatment for his or her own personal benefit. What could be more successful than that?

News and Announcements

In the News

Penn Department of Psychiatry faculty are highly acclaimed experts in their chosen fields, often contacted by local, national, and international media outlets for their knowledge about topics of immediate interest. In this section, we provide just a brief sample of the many recent interactions that our faculty have with the press. For a more complete listing, please visit Penn Psychiatry In the News - <http://www.med.upenn.edu/psych/news.html>.



Alzheimer's, Diabetes, and Diet

Is Alzheimer's disease a version of diabetes – “type 3 diabetes” as some researchers are calling it? **Steven E. Arnold, MD**, Professor of Psychiatry and Neurology and Director of the Geriatric Psychiatry Section, Cellular and Molecular Neuropathology Program, and Penn Memory Center, led a collaborative study to explore the relationship between insulin resistance and Alzheimer's, as reported in the September 3, 2012 *NewScientist* and later in a February 2013 *Reader's Digest* article. With colleagues **Konrad Talbot PhD** from his lab at Penn and Hoau-Yan Wang, PhD from the City University of New York, Dr. Arnold bathed various tissue samples from cadaver brains in insulin and found that tissue from people who had not had Alzheimer's seemed to spring back to life, triggering a cascade of reactions suggestive of neuronal activity. In contrast, the neurons of those who had had Alzheimer's barely reacted at all. “The

insulin signaling is paralyzed,” said Dr. Arnold. A poor diet that includes harmful fats and excessive sugar is a trigger for insulin resistance, leading to diabetes, and it may well be a factor in Alzheimer's disease as well. Conversely, diets rich in omega-3 fatty acids, coupled with frequent exercise, might help the brain manage insulin efficiently. This work prompts speculation that some medicines currently in use for diabetes may provide benefit for people with Alzheimer's disease, independent of whether they have diabetes or not. Dr. Arnold is leading one such study right now in the Penn Memory Center, testing the drug metformin.

View the February 2013 *Reader's Digest* condensed article at - <https://penmedicine.box.com/s/ypvjil8uorpvf096nva7>



Violence, the Brain, and Diet

Adrian Raine, PhD, the Richard Perry Professor of Criminology and Psychiatry, was interviewed by the *Daily Pennsylvanian* about his new book, *The Anatomy of Violence: The Biological Roots of Crime*, and the possibility that it might become the basis for a CBS television series. The book, intended for the general public, shares his knowledge about the biological foundation for violent behavior gained over 35 years of studying the topic. In the DP interview, he discussed a recently concluded four-year study of antisocial and aggressive behavior in 11 and 12 year olds. “The idea here is to use nutrition, a biological component, to change the brain for the better,” Dr. Raine explained. “So we've been giving Omega-3 to aggressive, antisocial children in our study to see if that supplement can improve the brain to improve behavior. Omega-3 is ... critical for brain structure and function, so in theory at least, this could be a very natural and benign biological intervention to help bad children get on the right track. We've still got to

see if it works, though.”

View the March 25, 2013 *Daily Pennsylvanian* interview at - <http://www.thedp.com/article/2013/03/penn-professors-book-inspires-tv-show>



To Nap or Not to Nap?

Michael L. Perlis, PhD, Associate Professor of Psychology in Psychiatry and Director of the Behavioral Sleep Program in the Department of Psychiatry, weighed in on the debate among sleep scientists as to the value of napping in a February 19, 2013 *Scientific American* blog. How individuals respond to naps depends upon the amount of sleep they need to be fully rested, how good they are at sleeping, and the amount of time they attempt to sleep. Dr. Perlis said that taking a nap can make it harder to sleep later on. For most people, it takes the better part of a day to accumulate the level of sleepiness needed to sleep at night. A nap, especially late in the day, may help a person wake up feeling refreshed, but impede the ability to get a full night's rest at night.

View the February 19, 2013 *Scientific American* blog at - <http://blogs.scientificamerican.com/expeditions/2013/02/19/step-into-the-twilight-zone-day-18-cuddle-cafes-and-the-dangers-of-dozing/>

News and Announcements

In the News

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Psychological Screening Before Surgery

David B. Sarwer, PhD, Professor of Psychology in Psychiatry and Surgery, Director of Clinical Services at the Center for Weight and Eating Disorders, and Director of the Albert J. Stunkard Weight Management Program, is the co-editor of a new book, *Presurgical Psychological Screening: Understanding Patients, Improving Outcomes*, published by the American Psychological Association. Together with co-editor and clinical health psychologist Andrew R. Block, PhD at the Texas Back Institute and many chapter authors, Dr. Sarwer explores the importance of screening patients prior to surgery and following-up afterward to optimize the chances for successful outcomes. Dr. Sarwer is a highly acclaimed expert in the psychological and behavioral aspects of obesity and bariatric surgery, and has pioneered the use of psychological screening methods for bariatric surgery patients. In a February 28, 2013 WHYY

(Philadelphia) radio story, Dr. Sarwer said that psychological checks are routine before bariatric surgeries and organ transplants to make sure a patient is ready for life after surgery. "Patients are going to have to make these lifestyle changes for the rest of their lives," he said. "If they are not compliant with the diet or the use of medications, they run the risk of compromising their long-term outcomes." Screening for emotional health is also becoming more common in other fields, such as spine surgeries or obstetrical and gynecological procedures. With rising health-care costs, there's more pressure to focus on outcomes. "To make sure that when we're making the tens of thousands of dollars of an investment in a surgical procedure, that patients are really in the best position to have the best outcomes," Dr. Sarwer explained.

To learn more, visit the Penn Medicine News Blog at - <http://news.pennmedicine.org/blog/2013/02/the-importance-of-presurgical-psychological-screening.html>

Visit the February 28, 2013 WHYY article at - <http://www.newsworks.org/index.php/local/item/51616>

Awards and Honors

Penn Honors

E. Cabrina Campbell, MD, Associate Professor of Psychiatry at the Philadelphia VA Medical Center, and **Katharine Baratz Dalke, MD**, PGY-2 Psychiatry resident, were both selected by the third- and fourth-year Penn medical students to receive Penn Pearl awards. The medical students annually award Penn Pearls to outstanding faculty and house staff for excellence in clinical teaching. Drs. Campbell and Dalke were recognized at an awards ceremony held on March 12, 2013.

Regional, National, and International Honors

Four Department of Psychiatry faculty members were inducted into the American College of Psychiatrists (ACP) at the ACP's Annual Meeting in Kauai, Hawaii, held from February 20-24, 2013. This is a distinguished honor, as membership in the ACP is limited to 750 practicing psychiatrists who have demonstrated outstanding competence in the field of psychiatry, and who have achieved national recognition in clinical practice, research, academic leadership, and/or teaching. The Department's inductees are (in alphabetical order): **Tami D. Benton, MD** (Associate Professor of Psychiatry), **Steven Berkowitz, MD** (Associate Professor of Clinical Psychiatry), **E. Cabrina Campbell, MD** (Associate Professor of Psychiatry), and **C. Neill Epperson, MD** (Associate Professor of Psychiatry and Obstetrics and Gynecology).

News and Announcements

Upcoming Events

Department of Psychiatry Grand Rounds – May 9

Department of Psychiatry Grand Rounds are held from 12:00 noon to 1:00 pm on the designated dates in the locations indicated. The May lecture is listed below. For more information about Grand Rounds and the 2012-13 schedule, please visit - <http://www.med.upenn.edu/psych/rounds.html>

May 9, 2013

Strecker Award Lecture and Reception - "Substance Use in the Elderly: An Epidemiologic Look to the Future"
Speaker: Dan G. Blazer, MD, PhD, JP Gibbons Professor, Vice Chair of Faculty Development, Department of Psychiatry and Behavioral Sciences, Duke University School of Medicine
Location: BRB II/III Auditorium

PBHMind Symposia Series

The University of Pennsylvania's Department of Psychiatry and Penn Behavioral Health invite practitioners in the mental health and wellness arena to earn continuing education credits and Certificates of Advanced Training through PBHMind. Courses are designed to provide varying levels of knowledge for psychologists, social workers, therapists, and other practitioners in 11 different topic areas. Offerings include 1.5 day symposia, live webinar series, and small group consultation with experts. May symposia are listed below. Visit our website at www.pbhmind.com to learn more about our programs and to view our full course catalog.

May 3-4, 2013

Stress and Anxiety Symposium - "Stress and Anxiety: Common Problems, Effective Interventions"

Speakers: Elizabeth A. Hembree, PhD, Edna Foa, PhD, Steven Berkowitz, MD, Ellen Berman, MD, Martin Franklin, PhD, David Yusko, PsyD, Michael Baime, MD

Location: 249 South 36th Street, Claudia Cohen Hall, Terrace Room

For additional information or to register, please visit: <http://www.pbhmind.com/stress-symposium-13>

May 17-18, 2013

Couples and Family Symposium - "For Better or For Worse: Strengthening Couple Functioning in Health and Illness"

Speakers: Ellen Berman, MD, Elizabeth A. Hembree, PhD, Nedra Fetterman, PhD, Robert Garfield, MD, Steven Sayers, PhD, Ruth Steinman, MD, David Wohlsifer, PhD, LCSW

Location: 249 South 36th Street, Claudia Cohen Hall, Terrace Room

For additional information or to register, please visit: <http://www.pbhmind.com/couples-symposium-13>

May 31-June 1, 2013

PTSD Symposium - "Facilitating Recovery: Evidence-Based Treatment of Posttraumatic Stress Disorder"

Speakers: Elizabeth A. Hembree, PhD, Edna Foa, PhD, Steven Berkowitz, MD, Elyssa Kushner, PhD, Sandy Capaldi, PsyD, David Yusko, PsyD, Aaron P. Brinen, PsyD, Tracey Lichner, PhD

Location: 3400 Civic Center Blvd, Smilow Center for Translational Research

For additional information or to register, please visit: <http://www.pbhmind.com/ptsd-symposium-13>

New PBHMind symposia dates will be added soon, so please visit our website for more information about upcoming courses, CE credits, and PBHMind as a whole - www.pbhmind.com.

