

# **DMRDynamics**

# **David M. Reiss, M.D.**

## **Psychiatry**

Adult Psychiatry  
Borderline Disorders  
Medical-Legal Evaluations  
Qualified Medical Examiner  
Agreed Medical Evaluations  
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**David M. Reiss, M.D.**

## ***CURRICULUM VITAE***

**Born:** December 28, 1951  
Bronx, New York

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### **Educational Background:**

High School - Bronx High School of Science  
Bronx, New York  
Graduated: June 1968

College - Northwestern University  
Evanston, Illinois  
Graduated: June 1973  
Degree: B.S. in Chemical and Bio-medical Engineering

Medical School - Northwestern University Medical School  
Chicago, Illinois  
Graduated: June 1978  
Degree: M.D.

Internship - Ohio State University Hospital  
Columbus, Ohio  
Completed: June 1979

Residency - University of California at San Diego  
San Diego, California  
Completed: June 1982

**Employment History:**

Ciba-Geigy Corporation, Ardsley New York  
18 months during 1970-1973 as part of Northwestern University's "Cooperative Education Program"; work included individual projects: "A Model for Emphysema in the Rat" and "Cardiovascular Effects of Delta-9-THC in the Rat".

Independently contracted, as a licensed official of the United States Trotting Association, to officiate as Charter at harness race tracks throughout the Midwest and California (1971-1981)

Private Practice of Psychiatry, July 1982 - present

Consultant to Rancho Park Hospital Adolescent Treatment Program, 1987

Consultant, San Diego Police Department, 1988 - 1999

Current private practice -  
Adult Psychiatry

Sub-Specializing in the treatment of the Borderline Personality Disorder and related disorders and syndromes

Workman's Compensation and Personal Injury Psychiatric Evaluations and Treatment, **Qualified Medical Examiner, State of California**

**Awards and Honors:**

*Tau Beta Pi* - Honorary Engineering Society

*Phi Eta Sigma* - Honorary Society

*Departmental Honors* - Northwestern University Department of Chemical Engineering

1986 American Psychiatric Association National "*Newsletter of the Year*" Editor

**Professional Societies and Activities:**

American Psychiatric Association, member, 1983 - present  
San Diego Society Of Psychiatric Physicians Public Affairs Committee, 1983 - 84  
San Diego Society Of Psychiatric Physicians Newsletter Editor, 1983 - 1988  
San Diego Psychiatric Society Council, Member, 1983 - 1988  
Delegate to the American Psychiatric Society Assembly, November 1983  
Editorial Reviewer - ***The Journal of Psychotherapy Practice and Research*** -  
1991-1995  
Member, Internet Forum, Psychopharmacology, 1995 - present  
Member, Internet Forum, Controversies in Psychiatry 1996 - present  
Consultant - ***Psychopharmacology Update*** - 1996

**Recent Presentations:**

**Boston University**, October 20, 2008 "Madness, Irrationality, and Psychopathology – A Construct Of Psycho-Social Phenomena From A Psychiatric Developmental/Characterological Viewpoint"; A seminar for sociology graduate students

**Society for the Exploration of Psychotherapy Integration XXIV; Boston, May, 2008**

"Personality Structure and the Injured Worker"

Presentation of a model created which is based upon an understanding of personality structure and which helps to explain, in a very practical manner, the phenomenological emotional and behavioral responses of adults to various types of "injuries" reported as occurring in the workplace. My intent in developing this specific schematic is to stimulate practitioners, especially non-mental health practitioners, to think about patients in a new context. I believe this to be a unifying paradigm that has implications for diagnosis and treatment of both medical and psychological disorders – and the complex interaction between physiological and psychological symptomatology.

**30th International Congress of the Association for Law and Mental Health  
(University of Padua 2007, June 25-30)**

Chaired panel, "***Paradigms of Socio-Political Phenomena and Consciousness***", including speaking on a personal paper (abstract below):

**CROSSING THE BORDERLINE: A CONSTRUCT OF SOCIOPOLITICAL PHENOMENA****FROM A PSYCHIATRIC DEVELOPMENTAL/CHARACTEROLOGICAL VIEWPOINT**

This paper presents a schemata that integrates personality developmental theories and systems theory, to develop a model of psychological functioning as it pertains to affecting social phenomena on all levels – the individual, the family, the society, domestic political processes (primarily focused on the United States), and the international landscape. The model evaluates political processes in consideration of the general dynamics of personality development inherent to all participants – the public/electorate, politicians, political “advisors”, and political “pundits” (without analyzing any particular individuals). The discussion strives to maintain a balance between psychological, developmental, psychodynamic, behavioral, social and neuro-biochemical paradigms. Using the model, I hope to show that within a deeper exploration into any complex system, one is forced to address issues of inherent chaos, unpredictability and instability; and regarding the sociopolitical system as a whole, this intricately involves an understanding of personality development and psychological defenses – with a focus upon observable aspects of the process of the personality maturation, as opposed to any one specific theory of personality development. Using this model, the impact upon political processes of individuals who become fixated at each stage of development will be discussed, with particular regard to the current sociopolitical landscape.

Also presented a paper at the conference, on a Panel on “**Psychiatry in the Workplace**” – abstract:

**The Neglected Issues of the “Passive and Convenient Focus” and the Use of Psychological Defense Mechanisms in Workers Compensation Medical-Legal Evaluations**

It has been widely accepted that a comprehensive psychiatric evaluation involves consideration of all relevant “bio-psycho-social” factors: “biological” factors – including issues of innate temperament, neurophysiological phenomena, hormonal effects, and the impact upon psychiatric status of concurrent medical conditions; “psychological” factors including underlying emotional conflicts, personality traits, personal psychodynamics, uses of defense mechanisms, and the subjective experiences and perceptions of the patient and “psycho-social” issues such as “stress”, trauma, interpersonal relationships and interactions, family dynamics and socio-cultural influences. Theoretically, only through an integrated analysis of all of these factors, can an accurate psychiatric evaluation be completed – and only at that point, can there be comprehensive case formulation which addresses the nature and etiology of any claimed industrially-related psychopathology, as well as an integrated treatment plan.

However, in my experience working within the California Workers Compensation system, it appears that such comprehensive evaluations are rare, and the different interdependent aspects of psychopathology which need to be integrated are addressed superficially, if at all – with particular neglect of exploring the issues of psychological defenses, and most specifically, projection and displacement. This presentation offers a number of vignettes which demonstrate the issues problems associated with this phenomena.

**Scheduled presentations:**

**31<sup>st</sup> International Congress on Law and Mental Health, New York, June, 2009:**

A follow-up on the paper given in 2007 regarding medical-legal evaluations and treatment, with a specific focus on issues that arise clinically and in the medical-legal system in patients with acute PTSD, who also have a pre-existing history of trauma and/or characterological dysfunction

A follow-up on the paper given in 2007 on using an appreciation of characterological dynamics to understand the political system – with a specific focus on the November, 2008 Presidential election process

A new paper on inherent therapeutic conflicts of interest for evaluating and treating mental health professional which occurs due to the rules and regulations established by current California Workers' Compensation Law

**SEPI Conference, Seattle, May, 2009:**

**INTEGRATED CO-THERAPY**

Within the current mental health treatment milieu, interventions by psychiatrists and non-psychiatrists are most frequently independent and un-integrated. It is our position that this “split” between psychopharmacological intervention and psychotherapeutic intervention is arbitrary, uninformed and counter-productive. Optimally effective treatment requires a close collaboration between the psychiatrist and non-psychiatric therapist regarding both psychotherapeutic and psychopharmacological issues. Additionally, we have developed a protocol of integrated treatment in which the co-therapy model can be used to facilitate the eclectic use of interventions and treatment modalities which otherwise might not be available to a solo treating practitioner – particularly when dealing with “difficult” patients (e.g., borderline pathology – handling “splitting” therapeutically; severe PTSD – addressing fear arising within the therapeutic relationship), and when there is a necessity for the therapist to also address practical medical-legal issues such as disability status, limitations, accommodations, etc..

## AN INTRODUCTION TO PSYCHIATRIC TRAINING

The treatment of illness and disease has become a highly technical scientific endeavor. In the mental health field, primary evaluations and interventions have come to focus heavily upon the immediate prescription of psychotropic medications to suppress overt symptomatology. This phenomena has significantly impacted how both students in the various fields of mental health treatment, as well as non-mental health medical practitioners, address the issue of initial mental health evaluations.

The comprehensive evaluation of emotional and behavioral symptomatology must take into account phenomena arising out of complex interactions between endogenous physiological/neuro-biochemical factors, as well a responses to various life circumstances and personal/family problems, social issues, existential issues, and any physical pain or medical illness which may be present.

Once any emergent or life-threatening symptomatology has been practically resolved or sufficiently contained, if a practitioner does not understand the *patient* in whom the psychopathology is manifesting, treatment interventions provided may be far less than optimally effective, may be ineffectively superficial, may prove essentially futile, or in the most severe cases, may even turn dangerously counterproductive.

Even in the most “simple” primary care settings, multiple studies have shown that a very significant percentage of visits to the physician are actually precipitated by emotional or psychosomatic/psychophysiological phenomena – and a superficial or uniformed “evaluation” of the psychopathology present can lead to ineffective or counter-productive interventions, which can complicate and reinforce symptomatology and dysfunctional behaviors, rather than providing effective intervention.

This paper presents an outline and “decision-tree flow chart” for performing an initial psychological evaluation, which may be used by either a mental health professional in training, or a non-mental health clinical evaluator, to more effectively develop and advise a course of intervention appropriate to the particular patient. This model can be used from an essentially atheoretical yet integrated standpoint vis-à-vis the arguments of “biochemical imbalance” versus psychodynamics, “nature versus nurture”, or specific psychotherapeutic “school” or theory. A process of evaluation is discussed which is relatively easy to use in a general medical setting, simply by taking a comprehensive history, without the need for technical psychological testing, nor determining a definitive psychiatric diagnosis.

2009 CAC Reunion, Las Vegas, April 13-15, 2009

Presentation regarding psychological aspects of the Sports Entertainment Industry, and the psychological well-being of industry talent.

**Published Papers:**

**“Knocking at the Wrong Door: Insured Workers' Inadequate Psychiatric Care and Inappropriate Workers' Compensation Claims**, Robert M. Hamm, Ph.D., Harold J. Bursztajn, M.D., Robindra K. Paul, MD, DPH (Cantab), David M. Reiss, MD; Journal title: *International Journal of Law and Psychiatry*; Volume 30 #4-5, July- October, 2007, “Special Issue: Work and Mental Health”

**“Psychiatry, NOS”**, *Mentalities*, Volume 19, No. 2; October, 2005

**“Commentary: Wisdom Based Treatment”** *Psychiatric Times Volume XXII, No. 3; March, 2005*

**“Healing and Treatment”** *Mentalities Volume 19, No. 1; 2005*

**“Forensic Psychiatric Evaluation of Worker's Compensation Claims in a Managed Care Context”** *Journal of the American Academy of Psychiatry and the Law* 31:117-19, 2003, Harold J. Bursztajn, M.D., Associate Clinical Professor of Psychiatry, Co-Director, Program in Psychiatry & the Law, Harvard Medical School; Robindra K. Paul, BS), David M. Reiss, M.D.; Robert M. Hamm, PhD, University of Oklahoma

**Currently submitted for publication, “Gaming and Blaming: California Workers' Compensation Claims for Psychiatric Care in a Managed Care Context.”**, Harold J. Bursztajn, M.D., Robindra K. Paul, MD, DPH (Cantab), David M. Reiss, MD, Robert M. Hamm, Ph.D.

American Psychiatric Association Annual Meeting, co-leader of workshop held May 6, 2004, **“Avoiding dual agency pitfalls of evaluating and treating work-related neuropsychiatric impairments”**

Presentations regarding: **“A Phenomenological View of the Borderline Personality: Development, Presentation and Treatment”** - given at:

Alvarado Hospital Mental Health Unit (May, 1983),  
Tri-City Hospital Mental Health Unit (August, 1983),  
Alvarado Parkway Institute Eating Disorders Unit (June, 1984),  
North County Psychological Association (January, 1985),  
Kaiser Permanente, Adult Mental Health Services, San Diego (March, 1985),  
San Diego Chapter, California Association of Marriage and Family Therapists, (April, 1985)  
North County Psychological Association (February, 1986),  
San Luis Rey Hospital, (July, 1986)  
North County Psychological Association (January, 1987)

University of California, San Diego, Institute of Continued Learning  
(January, 1987)  
Sharp Hospital, (April, 1987)  
San Luis Rey Hospital Annual Psychiatry Update Conference (May, 1987)  
Camp Pendleton Family Services, (June, 1987)  
Alvarado Parkway Institute (July, 1987)  
Oz Crisis Center (October 1987)  
San Diego County Mental Health - three all day training seminars  
(November, 1987)  
Family Growth and Counseling Center, North County YMCA (December, 1987)  
Integrative Psychotherapy Services (January, 1988)  
San Diego County Crisis Team (February, 1988)  
Turning Point Crisis Center (March, 1988)  
Balboa Navy Hospital Psychiatry Grand Rounds (April 1988)  
American Society for Adolescent Psychiatry (national meeting, November 1988)  
Family Service Center, Naval Air Station Miramar, (December, 1989)  
Mercy Hospital Grand Rounds (March , 1990)  
S.D. County Mental Health, (8 hour training seminar, July and September, 1990)  
Balboa Navy Hospital Psychiatry Grand Rounds (January)  
S.D. County Mental Health,  
(8 hour training seminars, July and September, 1991)  
San Diego County Mental Health, (July 8, 17, & 31, 1992)  
Balboa Navy Hospital Psychiatry Grand Rounds (April, 1993)  
San Diego County Mental Health,  
(8 hour training seminars July and August, 1993)  
Balboa Navy Hospital Psychiatry Grand Rounds (February, 1994)  
San Diego County Mental Health, (Two 8 hour training seminars August, 1994)  
San Diego County Mental Health,  
(Two 8 hour training seminars December, 1995)  
San Diego County Mental Health,  
(Two 8 hour training seminars December, 1996)  
San Diego County Mental Health, (Two 8 hour training seminars January, 1998)

Presentations entitled: "**The Personality Disordered Person and the Workplace**", "**Personality Structure and the Injured Worker**", or "**Understanding Industrially-related Psychiatric Injuries**" given at:

San Diego Police Department Peer Support Team, (February, 1989)  
Law Offices of John Mullen (August, 1989)  
Industrial Indemnity Corporation (September, 1989)  
Redhill Medical Management (October, 1989)  
The Travelers Insurance (May, 1990)  
City of San Diego, Risk Management (May, 1990)  
Kemper Insurance, (July, 1990)  
San Diego Academy of Psychologists (December, 1990)

Rehabilitation Nurse Coordinators' Network (July, 1991)  
Sedgwick James Insurance Company (May, 1992)  
State Compensation Insurance Fund, Bakersfield, CA (October, 1992)  
Self-Insured Schools of Kern County, Fresno, CA (October, 1992)  
Insurance Educational Services, San Diego, (November, 1992)  
Industrial Indemnity, Fresno (March, 1993)  
State Compensation Insurance Fund, Fresno (April 21, 1993)  
Fresno Industrial Claims Associates, Fresno (April 21, 1993)  
Law Offices of Mullen & Fillipi conference, Fresno (April 30, 1993)  
County of San Diego, (June 30, 1993)  
Applied Risk Management (August, 1993)  
Sharp Mission Park Medical Center, (May 21, 2001)  
Qualified Medical Examination Report Writing Seminar, Carlsbad  
(August, 2001)  
Insurance Education Association, Advanced Workers' Compensation Class,  
San Diego, (October, 2002)  
California Association of Neurosurgeons, (January, 2003)  
Qualified Medical Examiner Report Writing Seminar, Carlsbad  
(August, 2003)  
Qualified Medical Examiner Report Writing Seminar, Irvine, (October, 2003)  
Disability Evaluation Report Writing and the California Workers  
Compensation System (October, 2004)  
Sharp-Rees Stealy Medical Group, San Diego (November 4, 2004)  
Society for Exploration of Psychotherapy Integration,  
Conference XXIV (May, 2008)  
Sharp-Rees Stealy Medical Group – Occupational Health Services,  
August, 2008  
Society for the Exploration of Psychotherapy Integration XXIV;  
Boston, May, 2008

**“The ‘Passive and Convenient Focus’ – Misattribution of Psychiatric Causation in the Medical-Legal System”:**

Harvard Medical School Psychiatry and the Law Rounds, November 2, 2005

30th International Congress of the Association for Law and Mental Health  
University of Padua, Italy June 28, 2007