

The GW Psychiatrist

The Newsletter of the George Washington University
Department of Psychiatry and Behavioral Sciences

THE GEORGE
WASHINGTON
UNIVERSITY

WASHINGTON, DC

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A Commitment to Psychiatric Humanism

James L. Griffith, M.D.
Leon M. Yochelson Professor and Chair

The most distinctive feature of our GW psychiatry residency is its commitment to psychiatric humanism that is grounded in empirical neuroscience. Psychiatric humanism places a patient as a person— not the patient’s disorder— at the center of treatment.

These are words I have spoken to every residency applicant I have met during recent years— but what does “putting patient as person at center of treatment” really mean? As we begin a new residency recruitment season, we should unpack these words and explicate what they mean in practical terms.

Rephrased, we could say that our residency trains psychiatrists who are as skilled at relieving *suffering* as they are at treating *symptoms*. What is the difference? Why distinguish symptoms from suffering? Symptoms of mood, psychotic, or anxiety disorders often do produce suffering, yet many patients find ways not to suffer despite persistent symptoms. Further, suffering for many psychiatric patients comes more from daily stressors of chronic illness— unemployment, loss of social status, an uncertain future— than from symptoms specific to their psychiatric disorder. Symptoms and suffering can be related but are not the same.

Put simply, suffering is about problems afflicting persons; symptoms are about problems afflicting brains. Psychiatrists have



skills for aiding both, but accomplish each in different ways.

Well-being as a person is having capability to act in accordance with one’s identity— who I know myself to be, who I most want to become. Suffering is a consequence when this freedom is taken away. Psychiatric illnesses commonly engender suffering when the effort required to manage one’s mental state makes it impossible to interact with others as “who I most want to be.” Psychiatric illnesses often leave a person with interpersonal or cognitive skill deficits, with an inevitable a gap between “who I most desire to be” and “who I see myself to be.” Stigma and prejudice create suffering by coercing a person into roles where they no longer can recognize themselves.

Fyodor Dostoyevsky in *The House of the Dead* defined a human being as a creature capable of bearing infinite suffering. But this is provisional— that the suffering has meaning and one does not have to bear it alone. This is where skill sets of psychiatrists come to the fore for using language and relationship to sustain empathic connection, to catalyze new meanings, to problem-

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A Commitment to Psychiatric Humanism

“Our residency trains psychiatrists who are as skilled at relieving suffering as they are at treating symptoms.”

solve, and to strengthen vital relationships, transmuting that which is unbearable to bearable.

A patient with bipolar disorder once told me, “Before Lithium I was so preoccupied with trying to manage my moods that I wasn’t aware of anyone but me. Now I am aware of people around me.” Treating symptoms of mood, psychotic, and anxiety disorders into remission opens space for the person behind the disorder to reappear. Then conversations are needed to help identify strengths, clarify purpose, and re-populate relational life in order to strengthen personhood. These conversations recover territory for the person that once was occupied by illness. This is the basis for our residency curriculum that even-handedly teaches skills for using language, relationships, and medications effectively, keeping in mind a dual mission both to treat symptoms into remission and to help strengthen the patient as a person. ■



PSYCHIATRY GRAND ROUNDS, FALL 2017

Sept. 28th: Nagendra Luitel

Research Manager/Head of Research
Transcultural Psychosocial Organization

Integration of Mental Health Services into Primary Health Care Settings in Nepal: Results from PIME Studies

Oct. 5th: Allen Dyer, M.D., Ph.D.

Professor
Dept. of Psychiatry and Behavioral Sciences
The George Washington University

Narcissism and Narcissistic Rage: Ahab on the Couch

Oct. 12th: Robert Stasko, M.D.

Assistant Professor
Dept. of Psychiatry and Behavioral Sciences
The George Washington University

M&M

Oct. 19th: Suzan Song, M.D., MPH, Ph.D.

Associate Professor
Dept. of Psychiatry and Behavioral Sciences
The George Washington University

Intent Versus Impact: Considerations for Global Mental Health

Oct. 26th: Lorenzo Norris, M.D.

Assistant Dean for Student Affairs
School of Medicine and Health Sciences
The George Washington University

The Relationship between Substance Abuse and Suicide: What We Know

Nov. 2nd: TBD

Nov. 9th: Betsy Smith, Ph.D.

Postdoctoral Fellow
Child Development Lab
University of Maryland

Neuroimaging of Social Brain Development in Infants and Young Children and Applications to Translational Autism Research

The GW Spirit

Eindra Khin Khin, M.D.
Residency Training Program Director



As we commence on this year's recruitment season, I am already anticipating a very common question asked by candidates to all the program directors: "What are you looking for in a candidate?"

As it can be speculated, the answer varies widely depending on the identity and personality of the individual program. My personal answer has always been what I lovingly and proudly refer to as "The GW Spirit." This response, of course, is usually met with quizzical looks and a follow-up question of what exactly that is.

Please allow me to illustrate. Last academic year, we had an acting intern (AI) rotating through our in-patient service at the George Washington University Hospital. One of the patients that he worked with was a young man with a diagnosis of Schizophrenia, prior hospitalizations, and a long history of treatment non-compliance; upon discharge from his hospitalizations, he would often not follow up as recommended in the community and stop taking his medications, inevitably leading to subsequent hospital readmissions. This young man, due to his condition, was quite paranoid, disorganized, and distant. Despite this presentation, the AI took the time and made a consistent effort to establish a good therapeutic relationship with the patient. In this process, the AI found out that one thing this young man cared about was cats. The week of his hospital discharge, not only did the AI call the community clinics to make follow-up mental health and general health appointments, he also got a calendar with cat pictures, marked all the patient's appointments, and presented it to the patient. Upon hearing of this story, I immediately proclaimed, "He's got it!" "It" in this case being the GW Spirit. This AI has since become one of our interns this year.

In our program, we have a quarterly internal e-newsletter named, the Cuckoo's Nest. Each issue is filled with similar stories about residents in our program, who have demonstrated this spirit in various ways. Sometimes, it is about

how the resident has gone above and beyond in patient care. Sometimes, it is about how the co-residents have rallied around a particular resident, who is going through a difficult time. Sometimes, it is about how the entire community has come together in the face of a collective adversity. At first glance, these stories may appear disparate. However, the central thread interweaving all of these stories is our department's and residency program's long-held commitment to and celebration of humanistic values.

The challenge with identifying the presence of this intangible quality is that it is not easily reflected at all in the USMLE test scores or the medical school transcript. Usually, we have to unearth it with a fine toothed comb in places such as personal statement, medical student performance evaluation, and letters of recommendation. As time consuming as this process can be, we understand the importance of it, and we remain committed to it. So far, two weeks after the Electronic Residency Application Service (ERAS) opened, we have received over a thousand applications already. We are excited to review each and every one of them in search of the next crop of physicians embodying the GW Spirit to join our GW Psychiatry Family! ■

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On the Making of a Psychiatrist

Pooja Lakshmin, M.D.

Associate Program Director



I first heard of Yayoi Kusama this year when her spell-binding exhibit came to the Smithsonian's Hirshhorn Museum and Sculpture Garden in Washington DC. Admittedly late to the international zeitgeist of Kusama, what initially drew me in

was her story - a Japanese American avant-garde artist who suffered from severe mental illness and successfully transformed that suffering into riveting artistic work. This past year, at the age of 87, Kusama held simultaneous interactive exhibitions in the United States and in Japan. Since visiting her exhibition last Spring, I've become increasingly fascinated with her art and her capacity to channel her illness – growing up in the mountains of Japan, immigrating to the United States with the determination to make it as an artist, and living for long periods of time in a Tokyo voluntary psychiatric unit (where she has her own art studio).

What does this have to do with being an associate program director, you might ask? Well, as I prepare for this year's residency interview season, the question of what it takes to be a good psychiatrist is at the forefront of my mind. This is a question I've come back to many times on my own journey in medicine and psychiatry, and at each turn I have a slightly different view. From my current role, it could be easy to focus solely on academic performance. In the short amount of time I share with residency applicants, it's crucial to assess competency in all of the rigors that are required of us as physicians – step scores, pre-clinical coursework and the like. However, as part of the residency leadership, I find myself consistently mindful of the qualities that are less tangible, and as such, not as easy to catch on a standardized exam.

When describing her art, and her mental illness, Kusama has said: "I am always standing in the middle of the obsession against the passionate accumulation of repetition inside of me and I am lost in this indescribable spell which is holding me." The discipline of humanistic psychiatry emphasizes our patient's strengths, and

"Being a psychiatrist requires the strength and confidence to face what Kusama calls "this indescribable spell" along with our patients."

seeks to build hope and resilience, as opposed to confining psychiatric practice solely on diagnosis and symptom control. The parallel between Kusama's description of her art and her mental illness exemplify this conceptualization of psychiatry.

Being a psychiatrist requires the strength and confidence to face what Kusama calls "this indescribable spell" along with our patients. We need the capacity to feel kindness and gentleness in handling vulnerable corners of our patient's psyche. It is important that we respect our patients - as Dr. Griffith has described, humanistic psychiatry is more about "doing with" rather than "doing to" a patient. For me, the interview season provides a unique opportunity to "see" psychiatry from the perspective of our applicants. We all come to psychiatry with different personal philosophies and motivations for doing this work; these beliefs are what keep us rooted in the profession through the inevitable ups and downs. Thus, it is important to be aware of what drives us, both as faculty and as trainees. In the day-to-day shuffle of academic and clinical practice, I rarely get the chance for this type of reflective conversation with my colleagues. However, during interview season, I have the unusual opportunity to have these conversations with future colleagues who will no doubt make a mark on our field.

To close, I look forward to the adventure of the 2017-2018 recruitment season. Yayoi Kusama reminds me that it is possible for our patients to soar not just in spite of their sensitivity, but because of it. As part of a residency program that is steeped in a humanistic model, I firmly believe that the skills we teach in our department are those needed not only to make good psychiatrists, but also to develop and sustain a fulfilling career in psychiatry. ■

References

- Kusama, Yayoi. *Infinity net: the autobiography of Yayoi Kusama*. Tate Enterprises Ltd, 2013.
- Griffith, James L. "Neuroscience and humanistic psychiatry: a residency curriculum." *Academic Psychiatry* 38, no. 2 (2014): 177-184.

Children's National Health System Update

Lisa Cullins, M.D.
Training Director

and *Martine Solages, M.D.*
Associate Training Director,
Child and Adolescent Psychiatry Fellowship

Every academic year brings some transitions, but this year at Children's National we are fully immersed in a season of change. Over the summer, we congratulated Dr. Paramjit Joshi on her 18 years of service to Children's and on her new adventures in retirement. Although we had heavy hearts as we bid Dr. Joshi farewell, we remain grateful for the steady leadership and mentorship that she provided over the years and for her efforts to continuously improve psychiatric services for children in the DC area. In no small part due to her advocacy, this year we will (finally) be opening a brand new, state of the art inpatient psychiatric unit at Children's! We are excited to be able to provide this beautiful and healing environment for our patients. Dr. Lisa Cullins has ably stepped into the role of interim chair and has guided our division as we navigate the transition to the new unit while maintaining our many clinical services.

We are also excited to welcome another phenomenal class of child psychiatry fellows this year:

Dr. Gathi Abraham completed his psychiatry residency at George Washington University. He completed his undergraduate work at Northwestern University and a Masters in Public Health at Harvard University, focusing on Health and Social Behavior. He returned to Northwestern for medical school and was one of 5 students in his class selected to receive the Student Senate Service Award for outstanding contributions to the community. Dr. Abraham has a long track record of community service, including work as a free clinic volunteer, a medical Spanish instructor, and a volunteer for Physicians for Human Rights who conducted psychological evaluations of asylees. Dr. Abraham completed inpatient and outpatient child psychiatry rotations at Children's National during his adult residency, where his talent for working with children and families was very clear. He believes strongly in taking a developmental and life-span perspective in his clinical work.

Dr. Carrie Lewis is well-known to many at Children's National since she rotated on the inpatient child and adoles-

cent psychiatry units while completing her general psychiatry residency at George Washington University. Dr. Lewis completed her undergraduate degree at Washington University in St. Louis, where she was on the Dean's List and a Ralph Bunche scholar. After completing a post-baccalaureate program at Columbia University, she earned her medical degree at the University of Kansas. Dr. Lewis has a passion for working with children and adolescents with complex presentations, and insists upon a collaborative and family-based approach. In addition to being a talented clinician, she has a gift for the performing arts, including voice, dance, and theater.

Dr. Fayola Peters spent her childhood in Trinidad before migrating to New York City with her family. She attended the renowned Sophie Davis School of Biomedical Education at the City University of New York, where she was selected for the Role Model Program. She then went on to complete medical school at New York Medical College as a recipient of The Sophie and Leonard Davis Scholarship. Dr. Peters completed her psychiatry residency at the Hofstra Northwell School of Medicine/Zucker Hillside Hospital. She has a longstanding passion for working with children. Her clinical and academic interests are diverse: psychotherapy, medical education, emergency psychiatry, and community psychiatry.

Dr. Vikas Sinha is a graduate of the University College of Medical Sciences and Guru Teg Bahadur Hospital in New Delhi, India and the general psychiatry residency program at Maimonides Medical Center in Brooklyn, NY. Dr. Sinha's interest in child psychiatry inspired him to develop a school-based psychoeducational and stress management program for adolescents while in residency. Dr. Sinha's academic interests include patient safety and systems of care. He and his colleagues presented a poster entitled "Enhancing Patient Safety in the Context of Patient Falls on Psychiatric Acute Care Units in a Community Hospital" at the 2016 meeting of the American Psychiatric Association. ■

Left:
Lisa Cullins, MD

Right:
Martine Solages, MD



Chief's Corner

Terry (TJ) Price, M.D.
Chief Resident



I do not regularly partake in yoga, but there in the corner of my home office sits a rolled up blue mat. It was purchased in an earnest effort to expand my horizons, while hopefully providing me with the long list of health benefits you often read about. Although my yoga

skills more reflect “falling branches” than a successful tree pose, the mat serves as a reminder of the balance many of us seek to find. Long hours in combination with emotionally intensive work will wear at anyone, and often the initial feeling is to “power through” or “get stronger.” The fact is, while at times challenging, the work we do and the patients we interact with every day are why we became psychiatrists. Instead of relying on brute force it becomes important to find what balances you. If we are the fulcrum in our own life, we can tip the scale back into equilibrium by adding to the other side. While plenty of residents find pleasure and engagement in academic pursuits or supporting important social causes, others find it elsewhere. From socializing with family and friends, exploring brunch spots in the city, or to the solitude and catharsis of a long run. Perhaps I may never perfect my downward dog, but I will continue to work on maintaining a balance that allows me to bring a better version of myself to both the challenges and successes of each day. ■



PGY Perspectives

Sara Teichholtz, M.D.
PGY-2



As I reflected on the this past year, the first full year of being a resident, I thought back to the article I had written for last year’s Intern Corner in the newsletter. That October, I discussed the transition I had made from my medical school’s beloved dusty town in the desert to

Washington, D.C. and into the role of physician. At that time, I pondered the inevitable fear that came along with starting intern year, but concluded that as part of the GW family, we were never too far from the advice of a “wisened senior resident and attending.”

As the months ticked by and we inched closer to the approach of July 1st, I realized that much too soon, I would be joining the ranks of those wisened seniors who had guided me through all 28 buddy calls (and, really, all 365 days) of intern year. The familiar fear of a role that seemed much too large to fill loomed large. Come July 1st, I was certain, it would be discovered that I was no senior resident at all.

These thoughts, though not characterized in the DSM, hint at a something known as imposter syndrome. Individuals suffering from the “imposter phenomenon,” as it is sometimes referred, have difficulty internalizing achievements and are certain they are about to be exposed for their inadequacies. The steep learning curve of intern year makes the transition to second year a perfect time to expose such feelings; looking back on the year, it is difficult to articulate just when the newness of residency began to feel normal.

Four months into second year, the once-intimidating role of senior resident has also gone from feeling new to normal. Along with the new responsibilities of 24 hour call, the PGY-2 class is enjoying the benefits of life after intern year. With off service rotations and step 3 behind us, we are free to delve completely into psychiatric training with a variety of inpatient rotations and Thursday didactic sessions. And, in those (many!) moments of uncertainty that still arise, we are grateful to have that ever wiser senior-er resident (and attending) just a phone call away. ■

From the Research Fellows: Thoughts from Greece

Feras Alkharboush, M.D.

Research Fellow, GWU Psychiatry Department



This past summer, I participated on the George Washington University mission to assist with the refugee crisis in Greece. One might intuitively appreciate the importance of mental health among the refugee population—the horror of running away from an abusive regime in the pursuit of a safety and stability.

Which is why I was surprised when my research mentor and the leader of the mission, Dr. Allen Dyer, told me that the mission's target was not the refugees themselves, but rather the influx of humanitarian workers.

There were several reasons, I learned, to target the humanitarian workers themselves. First, similar to most medical missions, we were to spend only 10 days in Greece—too short a time period to begin to make the necessary therapeutic relationship with the refugees. Second, focusing on the well being of the humanitarian workers, teaching tools of resilience and self-care, they could not only apply these to their daily dealings with refugees but also to themselves.

Burn-out is a very big problem in Greece. Imagine the situation: You leave your regular day job suddenly to work for an NGO in a foreign country. You are driven by well-meaning, purpose, and a tenacious desire to help an impoverished population. The situation, however, turns out to be a little more complicated. Months later, you end up caring for refugees without a clear sign of progress or end in sight. As one local NGO worker said, “You end up losing the sense of meaning. You feel that whatever you’re doing is not really making any difference.”

To help alleviate the problem we worked with the humanitarian workers on a few basic tools: breathing and mindfulness exercises, self-questions acting as reminders of gratitude, and the hope building exercises. Even interventions as simple as discussing difficulties they

“...hope exists and is practiced even under the darkest forms of a human struggle.”

faced openly had an impact.

During the trip, I served as cultural interpreter for a patient with Medecins Sans Frontieres (MSF, Doctors without borders). He was a victim of torture by the Syrian regime. While traveling from Turkey, he learned that his wife and children died in a bombing. Now in the refugee camp in Greece, he was suffering from depression and had signs of PTSD. Weeks of adjusting doses of antidepressants, as one would expect, had no effect on the environment of the refugee camp. He complained to our team that he simply wished a little bit of hope. Like the other aid workers, it was difficult to not do more. Despite, even this early in my training, having the knowledge to make at least a basic impact, his situation tested a rule of Global Health: know your role and stick to it.

The trip came to a happy ending, literally. While in the island of Lesbos we learned of One Happy Family, a community center established to be a place of normalcy for the refugees. Initially set up by joint effort of NGOs and refugees, it was currently run by an Israeli NGO called NATAN. As you wander inside you see a school set up to teach computer skills and English. Art by refugees lines the walls. Kids play, mothers feed their children, fathers playing games. Interestingly, refugees are given currency just by visiting used within the center to buy coffee, water, books from the library, or even clothing. This left a great impression on me as a person from the Middle East, to see Syrians and Yemenis interacting peacefully with Israelis. Despite the turmoil and disarray around them, it was moving to see a semblance of community and “happiness”. And with this simple flicker of normalcy came hope, and reminded us all that hope exists even in face of the darkest human struggles. ■

Kudos!

Elizabeth Ebbetts, PGY-1, delivered a very well received presentation at Psychiatry Grand Rounds for the Morbidity and Mortality series focusing on care of the catatonic patient.

In the PGY-2 class, **Gowri Ramachandran** will be presenting her work on, “Violence in Forensic Hospitals: Links to Childhood Violence,” at the American Academy of Psychiatry and the Law (AAPL) conference.

Jacqueline Posada, PGY-3, has become a regular contributor to the Residency Corner column in Clinical Psychiatric news. She has now published four articles detailing everything from making admission decisions in the emergency room to dating as a resident. She will also be presenting a poster at the Academy of Psychosomatic Medicine (APM) on rhabdomyolysis resulting from the interaction of statins and Olanzapine.

Kaitlin Slaven, PGY-3, recently returned from IPS: The Mental Health Services Conference, where she was presenting, “Lingering Trauma and Impressive Resilience in the War Torn Area of the Great Lakes Region of Africa,” a literature review done in conjunction with Dr. Song for the UN High Commissioner. This work will be used by mental health workers traveling to Burundi, DRC, and Rwanda.

Patricia Ortiz, PGY-3, will be presenting her work on “Suicide Contagion: Best Practices for Media Reporting,” at the American Academy of Psychiatry and the Law (AAPL) conference.



Hello and Welcome!

Welcome to our new PGY-1 class (featured above at their White Coat Ceremony earlier this summer)!

Mahmoud Aborabeh, **PGY-1**, welcomed a new addition to his family, baby **Razan!**

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