

The GW Psychiatrist

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Department of Psychiatry and Behavioral Sciences

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Helping a Patient to Recover a Dream for One’s Life

by James L. Griffith, M.D.

Leon M. Yochelson Professor and Chair

“As long as a man has a dream for his life, he cannot lose the significance of living.”
— Howard Thurman



The mental health challenge for our time is helping patients recover the most basic humanity with which they were born. It is every child’s birthright to expect that the world should be a safe place where it is possible to play, explore, learn, and grow. Every child is born aware of the possibility of a dream for their life — an imagined future that beckons, awakens their energy, and makes daily life worth living. When patients we meet in GWU Hospital have repeatedly presented in crises to the Emergency Department, often gaining admission to 6-South, with long histories of childhood trauma, arrests, homelessness, substance abuse, suicide attempts, and a half dozen different psychiatric diagnoses, the core problem may be less that of untreated psychiatric illness, and more that this person no longer has a dream for their life.

How does this come to be? Our patients often face two different kinds of adversities. For many, impairments in functional brain circuits

interact with adverse childhood experiences to produce symptoms of psychotic, mood, and anxiety disorders. For others, social exclusion of stigma and prejudice, poverty, loss of dignity, limited access to healthcare, no place to dwell, fill their daily lives with suffering. Too often patients whose symptoms of mental illnesses have been disabling are also those who have borne the greatest assaults against their humanity. Psychiatrists need skills for helping patients to sustain a dream for their lives, or, when that dream has been lost along the way, to help recover it. A vibrant dream for one’s life is needed in order to bear dual burdens of mental illness and a dehumanizing society.

How does a psychiatrist help a patient to recover a dream? Sometimes one can simply ask: *Was there a time when there was a dream for your life?* The answer is right there, with a readiness for steps to recover that dream. More often it is a slower, step-wise inquiry. It begins by taking as an assumption that there is more to any person than a listing of their

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“This makes it possible to get to know a patient after putting aside all our familiar clinical or societal categories in which we place people – psychiatric diagnosis, race or ethnicity, gender, arrest record, political party, socioeconomic status.”

virtues and faults, their failures and accomplishments, their psychopathology or normality. This makes it possible to get to know a patient after putting aside all our familiar clinical or societal categories in which we place people – psychiatric diagnosis, race or ethnicity, gender, arrest record, political party, socioeconomic status. It can be useful to ask: *What else should I know about you in addition to your diagnosis?* Getting to know a patient as a person means learning about their desires, motivations, fears, decisions, and hopes. The skills of psychotherapy are useful. One can help a patient to notice emotionally salient events in their lives, to find language that articulates the meaning of those events, then to speak about this meaning in a conversation. This takes time — but slowly one can learn: *Who are you? In your heart, who do you know yourself to be? Who is the person you would most hope to become? To whom do you belong? Who do you count on and who counts on you?* With this awareness, a patient can begin to imagine what a daily life might look like if it were worthy of those meanings. This can become the re-discovery of a dream, a recovery of their most basic humanity. As psychiatrists, this mission belongs at the forefront of our clinical practices and our training programs.

From the Program Director: New Beginnings in the Time of COVID-19

by *Benedicto Borja, M.D.*
Residency Training Program Director

Undoubtedly, COVID-19 has been the biggest plot twist of 2020. With the beginning of a new year and a new decade at that, people around the world eagerly welcomed 2020. Unexpectedly, with only a few months into 2020, the world suddenly found itself in the midst of a pandemic that has devastatingly claimed hundreds of thousands of lives.

The global impact of the pandemic is anything but negligible. When it made its crippling impact known to the world, the concept of everyday life as we all knew it disappeared...leaving us to cope with the anxiety and stress of the unknown.

Evidently, the pandemic significantly impacted education system in the country of all levels. With the government’s announcement of a national quarantine back in March, residency training programs across the country found themselves in uncharted territory.

Educational institutions in the country were forced to quickly adapt to online learning. Face-to-face classes were suddenly a thing of the past, and online learning became the new norm.

It is extremely difficult to function properly during a time that is far from what we are all accustomed to. The heightened anxiety and stress due to the pandemic are legitimate concerns that need to be addressed, especially when we have to continue to function in this new era of COVID. Residents are tasked to deal with the added stressors in their lives without the in-person routine but the pressure to learn independently. It would be unfair to assume that they would be able to function normally as if they were untouched by the harsh realities caused by the pandemic.

Unless a vaccine is discovered, the possibility of the resumption of face-to-face didactics is bleak. It is vital that the systems and processes found in the nation’s



Benedicto Borja, M.D.

graduate medical education system be reexamined and modified accordingly to adapt and respond to the present needs and concerns of society.

With the coming of a new academic year, educators are called to be vigilant during these challenging times. As educators, it is our duty to ensure that our residents are equipped with the proper tools for them to efficiently and effectively learn through an online platform, despite the disruption the pandemic brings. As we continue to fight against the pandemic, let us make certain that each resident is not alone during this difficult time.

How we define “closer” as a species no longer applies, because “distance” between family and loved ones could mean our survival. Clearly, this new norm of living will continue and some parts of it could arguably be integrated permanently. This virus has brought us uncertainty but knowing we might lose against it through our ignorance and neglect shocks the conscience with fear.

“We may live life with more distance between us, but we should continue to love and care for each other nonetheless.”

In a world where we will all share the fate of our planet; we must understand that we are all connected one way or another to ensure our survival. Let us find the strength in one another to overcome. Let us inspire one another to sustain this change for the better.

We may live life with more distance between us, but we should continue to love and care for each other nonetheless. And *our newsletter* is here for you, too. Our role is not only to deliver the news, but also to capture the perspectives and ideas of our residents. We’re going to hear and uplift your voices, and we’ll continue to be a space where you can express yourselves. This pandemic unveiled an explicit distillation of the racial, economic, and social divisions built into our society and whom we allow to be most vulnerable.



Dr. Borja leading residents and students in aggression management training as part of the Education Committee’s annual lecture series.

From the Associate Program Director



by *Kaitlin Slaven, M.D.*
Residency Training Associate Program Director

We are in the middle of some really hard stuff. Brené Brown, a well-known vulnerability and shame researcher, calls this middle “the day two.” Day one was the beginning, when things were still new to us. We had an adrenaline surge that carried us through; we were all still fresh. Day three is the resolution, when we are finally able to see the way out. Our lives are filled with day two’s, but now more than ever I think we are all feeling it.

We are at a point of no return. The term “point of no return” was originally used to describe the time at which an aircraft does not have enough fuel to go back, so the only option is to keep going forward. Brené Brown says, “We are in day 2 of the pandemic. We are in day 2 of the long overdue racial reckoning. We have no idea how long or how far we are going to need to go.” There is no turning back now from any of this, we must keep pushing forward. Things will never be the same. In so many ways, we do not want things to be the same. But not knowing what the world will look at the end of all of this is terrifying.

As Brené Brown says, “The middle is messy, but it’s also where all of the magic happens. If learning isn’t uncomfortable, then you aren’t really learning.”

As she says, “The middle is messy, but it’s also where all of the magic happens. If learning isn’t uncomfortable, then you aren’t really learning.” We have to be vulnerable to allow change to happen. We have to reflect on what was wrong before and begin to dream of what we imagine our most beautiful future to look like.

What we do now matters. We are rebuilding our world and we have choices in what we want our lives to look like at the end of this. Within the world of medicine, in the heart of our nation’s capital, we have a voice to construct our desired future. I am exhausted, we are all exhausted. This has been a more challenging year than most of us have ever known. But through the pain we are growing and eventually we will see that light at the end of the tunnel, that day three.

Chiefs’ Corner

by *John Fatollahi, MD (pictured opposite, right)*
Outpatient Chief Resident

As my time at GW comes to a close, I cannot help but reflect on my experience. It has been a pleasure to call GW and Washington DC my home for the last eight years. I came to GW as a medical student, having previously never left my home state of California. I was unsure of what to expect. My 3rd year psychiatry rotation at GW’s 6 South is what kept me in DC for residency. I had built a close connection with the Psychiatry Department and felt I had found my true calling in mental health.

Fast forward five years later and I am now the outpatient chief resident. It has been a wild ride with its share of ups and downs, but if you were to ask me if I would change a thing about my GW experience, I would tell you no and truly mean it. I have made life long friends and colleagues while honing my skills as a psychiatrist in one of the most ethnically and socially diverse regions of the country. I have learned how to manage an outpatient practice and lead in ways I had never imagined. GW has provided me with vast opportunities and I am grateful for the past eight years, they have shaped me into the clinician I am today.



*by Elizabeth Ebbets, DO (pictured, left)
Administrative Chief Resident*

When I think back on the past six months, the word that most comes to mind is “transition.” The transition into my last year of residency, the transition to serving as administrative chief, the transition from one residency program director to another, and of course the transition into a world shaped by a global pandemic. While each of these transitions has been challenging, and at times even anxiety provoking, they have all contributed to my personal and professional growth in ways that I could not have anticipated. One such contribution has been the opportunity to work with two different residency program directors during my time as administrative chief.

I began my duties as administrative chief back in the spring, working with Dr. Khin Khin, the previous program director whom I’ve come to know well over the past 3 years. Through her guidance I have been able to hone my skills in writing and organization, and I have gained a new level of professionalism that I hope to continue to carry with me as I progress through this year and my life. While Dr. Khin Khin remains a supervisor and mentor to me, I have gained a new mentor in Dr. Borja, the new residency program director as of this current academic year. As a leader coming in with fresh eyes, Dr. Borja has embodied a spirit of ingenuity and openness. Working with him, I have been able to refine my leadership skills and utilize my creativity, both of which have been invaluable during this unprecedented time in the world.

Having the opportunity to work with both program directors over these past six months has allowed me to see how two different styles of leadership can both have a profoundly positive impact on the program and the residents, and it has allowed me to examine how my own leadership style is both shaped by and distinct from each of theirs. As I look forward to the next six months and beyond, I am excited to continue working with the entire administrative team, with Dr. Borja at the helm, and I look forward to the word “transition” becoming “transformation.”

*by Carl Quesnell, MD (pictured above, middle)
Inpatient Chief Resident*

What sets programs apart is the residents, attendings and sites you get to spend your time at. At George Washington, I have been able to establish relationships with attendings that I will be forever grateful to identify as lifelong mentors. I have developed friendships with some truly amazing residents whose careers I cannot wait to follow as I am sure they are all destined for great things.

The variety and quality of sites at GW gives you unique and valuable experiences. My time in residency has allowed me to gain quality experience at a plethora of sites including an ALS clinic, Gallaudet University (a college for the deaf and hard of hearing), acute child and adolescent inpatient units, homeless outreach, partial hospitalization programs, residency fellowship in health policy, and inpatient detox units, just to name a few. What was so special was how much input each of us were able to provide to help build a residency experience to best prepare us for our individual careers. GW also provided me with invaluable international experience. I worked in the British Virgin Islands and West Bank.

GW provided me with a multitude of extracurricular activities, including working with wonderful organizations like Hostage US and CAIR Coalition. Going into my fourth year, I am very honored to serve as the inpatient chief resident as I continue to prepare for my future.



GW Psychiatry and COVID19: Highlights from Faculty

Dr. Suzan Song, MD, MPH, PhD was trained at the University of Chicago, Harvard, and Stanford, and is double board-certified in adult and child/adolescent psychiatry.

“The COVID19 pandemic has caused overwhelm, grief, and uncertainty in all of us, with health care workers, older adults, low-income and minority populations seemingly disposable. The [Census Bureau’s Household Pulse Survey](#) shows the adverse mental health impact of the pandemic, with 36% of adults having symptoms of anxiety or depressive disorders, likely worsened by the growing societal divide around pandemic, protests, and politics. Parents, in particular [working mothers](#), are struggling with suddenly working from home while children are also home with school closures. The thought of childcare not only questions one’s financial resources, but also now requires a risk analysis for safety. The summer was filled with continued uncertainty about whether schools would re-open, which, in my opinion, was rather a [proxy war highlighting social-economic inequality](#). Now that we are many months into the pandemic, physicians are better equipped with gear and knowledge about the novel coronavirus, and parents and children are trying to adapt with their work and school options.

But there are many children who are hard hit, not by the virus itself, but by the social and political

response to the pandemic. Within the U.S., children were separated from their parents yet again early in the pandemic and Immigrations and Custom Enforcement (ICE) was found to have used improper use of force and pepper spray in detention centers. Customs and Border Patrol officials suggested deploying a microwave weapon – a “heat ray” designed by the military to make people’s skin feel as if it is burning when they get within range of its invisible beams. The U.S. continued a “Remain in Mexico” policy, this time sending children and families who were not from Mexico, or children alone with no adult to care for them, citing a public health emergency.

Around the world, children and families experiencing violence and persecution are faced with no where to turn, as countries close their borders, citing similar concerns for public health protection. With 1 in every 113 people on earth forcibly displaced, this led to a public health crisis. We have the highest number of refugees ever recorded – 25.9 million, half of whom are children. With 91% of the global population living in areas with restrictions on who can enter the country, children and families fleeing violence are now internally displaced – on the move, at home.

If anyone is interested in learning more, feel free to [watch my presentation](#) for the International Association for Child/Adolescent Psychiatrists and Allied Professionals (IACAPAP), or [Child, Adolescent & Family Psychiatry: A Global Perspective](#), my textbook co-edited with the senior mental health adviser of the UN Refugee Agency.”

Additional COVID19 media links from Dr. Amir Afkhami, MD, PhD, associate professor with joint appointments in psychiatry, global health, and history:

--The podcast *Infectious Historians* spoke with Amir Afkhami on [Iran in the Age of Cholera](#). He discusses the wider context of infectious disease in Iran including the COVID19 pandemic.

--*A Modern Contagion* by Dr. Afkhami included among [“7 books medical experts say you should read to become and ultimate authority on pandemics”](#) by Business Insider (5/11/2020)

Wellness—A Socially Distant Welcome



by Emily Schutzenhofer, MD

This summer, the residency program welcomed 6 new interns to form the Class of 2024. Typically, their entry into the program is celebrated by a week of orientation activities and social events. However, there was nothing typical about this intern class’s start to their first job a doctors... they had all become physicians during the COVID-19 pandemic, and this unprecedented time would become foundational and formative in their psychiatry training. Even though the in-person welcome events would need to be postponed in order to observe the necessary social distancing guidelines, the rising PGY -2 class was determined to find a way to welcome the incoming interns during orientation week. The previous year, a “PGY-2’s host the 1’s” event had been kicked off as a new tradition. Remembering how key this event had been for getting to know our co-residents in the class above us and for soaking up their hard-earned intern wisdom, the PGY-2 class knew we needed to find a way to replicate but reinvent this event to meet the needs of the times.

And so the PGY-2 class delivered... literally. We built Wellness Welcome Baskets filled with the intern-year survival essentials they’d realized had gotten them through their first years as doctors. Snacks,

multicolored pens, Keurig coffee pods, white coat stain remover sticks, hints about the best wellness-related benefits GW offers its residents, maps of local recreational trails, and more filled the baskets to the brim. Then, I met each intern at their own apartment for a socially distanced hand-off of the Wellness Welcome Baskets. What a joy it was to finally greet them all in person; their wide smiles (even when hidden behind their masks) revealed just how excited they were to get started!

The next night, the PGY-2 class hosted a virtual hangout with the incoming PGY-1s to share stories from their intern-year experiences and create the opportunity for members of both classes to get to know one another. The PGY-2 class also invited in the newest member joining our own class, Michael Sexton, MD. The PGY-2 class was thrilled to welcome in the new class and pass on the best tips, tricks, and white-coat-pocket essentials we had to offer to help them tackle the intern year!



Residency Committees

- ◆ **Education Committee** has 3 main goals: to help residents prepare for the Psychiatry Resident-In-Training Examination (PRITE), host resident-led intern lectures to bolster intellectual curiosity and set up skills workshop. Our goals are to foster educational endeavors and learning throughout all four years of residency.
- ◆ **Retreat Committee** plans fun events for a full-day annual retreat in the spring to encourage resident bonding, intellectual and professional growths, and wellness in a non-clinical setting.
- ◆ **Newsletter Committee** provides interesting and new updates for members in the department and discusses members' experiences with GW so far and what they are currently working on to keep people informed.
- ◆ **On Call Committee** provides residents an opportunity to submit on-call tracking surveys for self-reflection and anonymous feedback for other members to encourage improvements.
- ◆ **Interest Group in Neuropsychiatry** is a joint venture between the Psychiatry and Neurology departments. It provides a virtual meet-up of neurologists, psychiatrists, students, and residents who are interested in the overlap between mind and brain sciences. Discuss innovative research topics in neuropsychiatry, review popular opinion pieces, and engage in a thoughtful exchange of ideas.



- ◆ **Wellness Committee** plans exciting wellness activities and keeps resident bonding during the COVID-19 pandemic by hosting outdoors and virtual events, adhering to safety guidelines. The activities include organized group excursions to local attractions such as theme parks, sporting events and site-seeing, wellness group chat, running club and fitness challenges, book clubs, cooking classes, game nights, movie nights, holiday celebrations and welcome events for PGY-1s.

New Hires



INOVA Fairfax

New Consult Liaison Psychiatry Fellows:

Nina Ballone, MD
 Brenna Emery, MD
 Aisha Siddiqi, MD



**Children's
 National.**

Children's National Hospital System

New Child and Adolescent Psychiatry Fellows:

Carrie Andrews, MD
 Jenn Dorr, DO
 Brandon Newsome, MD
 Jeremy Safran, MD
 Deepika Tanwar, MD
 Trevor York, MD

Kudos!

- ◆ PGY-2 Resident **Shayna Popkin** “handled an off-site inpatient COVID situation as the only resident / primary provider under the attending. That meant speaking with all the patient and all the families and implementing heightened safety precautions on the fly. She is such a boss.”
- ◆ PGY-2 Resident **Danya Anouti** “was a supportive semi-senior during her consult rotation while an intern was on 6 South. She answered a lot of questions, and she was very available when patients got agitated.”
- ◆ PGY-4 Resident **Gary Stablein** “celebrated signing with a private practice in Newport Beach, California. He will start in July, 2021.”
- ◆ PGY-2 Resident **Emily Schutzenhofer** “gathered ideas and plans for a socially distanced welcome for the new intern class of 2024, from the current PGY-2’s and shared a picture and a wonderful piece on her experience.”
- ◆ PGY-30 Program Director **Ben Borja** “conducted training sessions on aggression management that were both informative and fun.”
- ◆ Kudos to the **Newsletter Committee (Liza Ebbets, Rida Malick, Alex Yoon)** for coming together to create this year’s newsletter entirely virtually!

