

# The GW Psychiatrist

## The Chair's Column: What Kind of Psychiatrist do we need for 2025?

Dr. James Griffith

Leading a psychiatry department, whether as Chair, Residency Director, or Director of Medical Student Education, requires skills akin to those of sailors and farmers in past generations who scrutinized flights of birds and colors of sunsets to know whether coming days would bring sunshine or storms. One's worth to a great extent depends upon skills for prognosticating the future. We train psychiatry residents for 2025 and beyond, not for 2015. What knowledge and skill sets will be relevant a decade from now?

There are certain fundamentals. People will be mostly the same then as now. Genetic risks and effects of early life deprivation and trauma still will generate the same psychiatric illnesses. The great unknown is the state of our healthcare system. Nationally and worldwide, social suffering from poverty, disease, joblessness, substance abuse, and violence continues to rise. Governments, whether other countries' or our own, show few signs of commensurate investment as

would be needed to ameliorate effects of this social stress. What can we then expect?

Other opinions are welcomed, but I place my bets that we will continue to have a fragmented healthcare system and a worsening mismatch between funding versus demands of those who need care. Even as the Affordable Care Act seeks to embed mental health within primary care, this initiative is at risk for stalling at the level of demonstration projects and a few centers of excellence due to lack of a political consensus to further it. Were this dark picture to become our reality, how would that change our training priorities for the next generation?

The future may well place higher demands for performance but with fewer allocated resources. For such times, Dr. Carl Bell, a Chicago colleague whose wisdom I respect, has said that we need to be "evidence-based"—but "evidence-based" means that "we have research that demonstrates

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efficacy now, and the ancients were already doing it 2,000 years ago.” He has made the point that poor African American neighborhoods in US cities have such high rates of traumatic events that experiencing trauma is essentially normative. Yet recovery from these traumatic events is faster and more complete than in wealthier, safer neighborhoods. He attributes this resilience to protective factors embedded within the culture of many poor African American neighborhoods that represent what the ancients already knew—they have a thicker social fabric of neighbors they know, personal friends, and extended families; they catastrophize traumatic events less; they have a stronger sense of self-efficacy for making something positive out of a bad situation; they rely more upon personal spirituality; they are more emotionally expressive in music and play (see attached “The Impact of Living in Survival Mode,” by Carl Bell, MD). What Dr. Bell points to is doing more with protective and healing potentials that have been evolutionarily programmed into human beings and relying less upon the technologies of the mental health professions. This is also more efficient.

How do we translate Carl Bell’s wisdom into teachable competencies for psychiatry residents? We need to learn how to strengthen the healing capabilities of patients, i.e. to help them to mobilize their strengths, competencies, and resources, instead

of professionalizing the activity of healing. The following would take center stage as primary themes for training, each of which can be translated into clinical competencies, learning objectives, and training experiences:

(1) *Skills for implementing the common factors for change with different clinical problems, in different treatment settings, with different patient populations:* Our



best laboratory for studying change processes has been the hundreds of psychotherapy outcome research studies. These studies have been remarkably consistent in showing that the “common factors” of accurately appraising and building upon a patient’s strengths and competencies, building a robust therapeutic alliance, and mobilizing hope and expectation of change account for at least 85% of effectiveness for psychotherapy and 50% or more for psychopharmacology.

(2) *Skills for bridging gaps in culture:* In an increasingly

multicultural America, it becomes impossible to know how always to be perceived as respectful. There are too many different ethnic, racial, gender, religious, age, and sexual identities. It is more important to learn how to be easily forgiven if you are wrong, which has more to do with listening, attending to feedback, and emotional attunement to distress if one offends.

(3) *Skills for assessing complex systems, formulating problems systemically, and creating systemic interventions:* These are the skills that underpin effectiveness in our inpatient and outpatient systems of care. The primary site within psychiatry residencies where such skills are taught is in seminars on systemic family therapy and in family therapy supervisions.

(4) *Psychopharmacological knowledge and skills for treating treatment-refractory patients, patients with medical co-morbidities, and patients at significant risk for self-harm or harming others:* By the end of the PGY-2 year, our psychiatry residents need to have assimilated a knowledge base sufficient to pass the American Board of Psychiatry and Neurology written certification examination. The PGY-3 and PGY-4 years need to be spent learning how to treat patients who failed to respond to initial treatment by primary care clinicians.

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We need to train psychiatrists who are comfortable providing care for sick patients.

(5) *Skills for psychoeducation and clinical consultations:* To a greater extent, future psychiatrists will become educators and consultants as health care systems attempt to meet burgeoning needs by task-shifting from the too-few and too-expensive psychiatrists to less expensive, and less highly training, mental health professionals. Psychosomatic medicine rotations are the optimal site for such learning.

(6) *Skills for managing stigma, prejudice, and discrimination:* Too many of our patients face empty lives and moral deaths from social exclusion.

(7) *Skills for advocacy and political action:* Social determinants of ill health, such as joblessness, lack of education, inadequate health insurance, unsafe neighborhoods, and unjust work places, have massive effects on morbidity and disability from psychiatric illnesses. Advocacy and political activism must go hand in hand with clinical expertise in order to make measurable impacts upon the health of our patient populations.

With these skill sets, psychiatrists of the future will be able to drop into whatever system of care that awaits them and act effectively to relieve suffering and



to optimize patients' capacities to live rich and meaningful lives. Our PGY-2, retired Marine attack jet pilot, Dr. Bruce Shaver, has described this as an "expeditionary model"—parachute in, orient, do something useful. If the future proves rosier than this, then nothing is lost.

#### Reference

Bell, C. (2009). The impact of living in "survival mode": one-on-one interview with Carl Bell, MD. *MEE's Research on Black Mental Wellness*. Chicago, IL.

# From the Program Director

Dr. Lisa Catapano



A few months ago I was invited to lead a workshop for Early Career Residency Directors at our national meeting for Psychiatry Training Directors. The topic of the workshop was leadership, and, specifically, how to exert influence in the workplace. As my co-presenters and I laid out strategies for Program Directors to negotiate with colleagues, it was obvious to me that everything we were teaching was also relevant to residents. The take-away points were that when you enter into any negotiation, you should be aware of four components: agent, target, tactics, and context. "Agent" refers to yourself and your reputation. The most successful negotiators are those whose reputation precedes them into the discussion as a person of integrity who is able to compromise and who can recognize others' viewpoints. "Target" is the other party in the negotiation. Being aware of the other party's

agenda and needs is critical if you are to come to any compromise together. "Tactics," or strategies, is generally broken into two categories: hard and soft. Hard tactics involve coercing your opponent into doing what you want them to do through the use of force or threats, and soft tactics involve supporting the autonomy of the other and making the goal or compromise appealing to them so that they can be persuaded to accept it. Needless to say, in a workplace where relationships are important to the work, hard tactics are rarely the preferred strategies. "Context" refers to the group relationships, workplace politics, and systems issues that are relevant to the decision at hand.

In our program, we often talk about how best to provide feedback and propose change. I think the above ideas are helpful in this regard. Establishing a reputation as a person who

thoroughly considers all sides of an issue and offers potential solutions vastly increases the likelihood of success. Residents often do not know all of the context behind an issue, such as budgetary considerations, systems issues, institutional politics, and past efforts to address the current question. One reason the Chief Resident(s) serve as the first point of contact for a problem or proposal is that they can often provide some context, helping the resident to improve their understanding of the problem and to create more realistic potential solutions.

Although we were asked to present this to early career faculty, these are skills that are relevant to every stage of our careers. They are also skills that do not come intuitively to most of us, and I think all of us benefit from a little extra teaching and feedback in this area.

# The Art of Mentorship: The Most Salient Lesson I Have Learned

Dr. Eindra Khin Khin



I was sweating bullets. I could barely hear him talk. He was so soft spoken and a bit monotonic too. I couldn't catch most of what he was saying. How am I supposed to impress him if I couldn't even hold a coherent conversation with him?

These were thoughts running through my head five minutes into the interview that I was having with Dr. James Griffith, who was the Psychiatry Residency Program Director at GWU during my residency application process. Then, something unexpected happened. He asked me how I envisioned my career trajectory. Although this initially made my anxieties skyrocket, it quickly turned into the best and most efficient career counseling session I had ever had in my life up to that point. He helped me reflect on my

experiences and value systems, identify my strengths and weaknesses, explore my aspirations, and sharpen my focus. Most of all, I saw myself through his eyes: a diamond in the rough, someone worth investing in.

This was the very first lesson that Griff taught

me in the art of mentorship: be present and be interested in your mentee. It sounds so basic, almost "a given." However, in order for us to be able to effectively serve our mentees, we really need to know who they are, what they stand for, what their dreams are, how we can help them make the best out of their formative years in preparation for their future careers, so on and so forth. I have been fortunate enough to get to continue working with Griff over the past nine years, and these invaluable lessons still keep on coming. However, our very first lesson remains one of the most defining and inspiring experiences of my professional life.

In my role as the Associate Residency Program Director over the past two and a half years, I have

had the privilege and pleasure of working with our residents on a very regular basis. As someone who is responsible for running the daily operations of the residency program, and as a self-professed constant multi-tasker, I am always juggling dozens of issues in my mind. In this context, my first lesson with Griff has unvaryingly served as a guiding light for me to make a conscious effort to quiet down all the background noise whenever I am sitting down with a resident(s). In those intimate moments, nothing else matters. Everything else can and must wait. While this was incredibly hard for me to do in the beginning, with time and consistent effort, not only have I integrated this into my practice but I have also found this to be the most meaningful and rewarding part of my job.

As I transition out of my role in the residency program to the role of Psychiatry Clerkship Director and Director of Medical Student Education, I will always look back on those precious moments fondly. I will always be eternally grateful for the opportunity to have served in our residents' personal and professional development process. And I pledge to always remain available for mentorship for our current residents and many future generations of residents to come.

# New Leadership from an Alumna

Dr. Lori Kels



I am honored to join our residency program administration as Associate Program Director. I believe that our residents are the most important asset to the program and that our central mission is to provide them with the knowledge, experience, and clinical skills to pursue their career goals and provide outstanding patient care. As a recent graduate, I am humbled and excited to play a role in honoring the program's illustrious past and shaping its exciting future.

Our residents boast impressive achievements before and during their training, from publishing in peer-reviewed journals to winning prestigious awards to juggling family life with the demands of residency training. Moreover, they graduate and go on to do great things that make us extraordinarily proud, both as leaders in the

profession and as dedicated clinicians. Of course, innovation requires a solid groundwork of fundamental competencies, and it is the job of our educators and administrators to impart that knowledge to their residents and mentor them so that they leave the program with the confidence and skillset to make positive and lasting contributions. As I know from firsthand experience, this is something in which our faculty takes great pride and shows tremendous commitment.

In my opinion, our program's training is incredibly strong in many important areas. To borrow from Dr. Griffith's apt terminology, our program has several signature strengths. These areas, which have been coined "domains of excellence" on our departmental website, include the following:

- Consultation-Liaison Psychiatry and Psychosomatic Medicine
- Cultural Psychiatry and Global Mental Health
- Child, Adolescent, and Family Psychiatry
- Mental Health Advocacy and Public Policy
- Forensic Psychiatry
- Community and Primary Care Psychiatry
- Broad Training in the Psychotherapies
- Integration of Pharmacological and Psychosocial Therapies

Under Dr. Catapano's leadership, and with the input and hard work of our faculty and residents, our program continues to grow and develop its domains of excellence. I am so excited to take on my new role in our program, to be a part of its continued growth, and, most importantly, to work with all of our residents as they begin their careers in psychiatry. I greatly appreciate the opportunity to work alongside such caring and dedicated professionals, and I look forward to cheering all the wonderful accomplishments that our past, present, and future residents will attain in our field and beyond.

# A Challenging Year in Medical Student Education

Dr. Julia Frank



After many years of stability and gradual growth, rapid changes are occurring in the medical student education program. To accommodate the structure of the revised curriculum, the duration of the clerkship will drop to six weeks beginning in July of 2015-16. Members of the class of 2017 (currently second year students) will finish their third year in April to allow the class of 2018 to begin their clinical year in May/June. The number of students on the clerkship will rise to 39. The core objectives of the clerkship will remain the same. These include providing students with meaningful experience caring for people with serious, chronic mental illness and teaching them to recognize and respond to the kinds of psychiatric problems that turn up in general medical settings. This change is being ably guided by Dr. Eindra Khin Khin, who will be taking on the role of Clerkship Director and Director of Medical Student Education in psychiatry in July.

Across Pennsylvania Avenue, the medical school has been rolling out a substantially revised pre-clinical curriculum, organized according to organ systems. Dr. Charles Samenow, in collaboration with Assistant Dean Terry Kind from pediatrics, has developed new ways to introduce foundational concepts in human development, psychosomatics and basic interviewing. Next fall, he will be piloting a seven week psychopathology course integrated with neurology and neuroscience.

Many other faculty have participated as group mentors in the parallel professional development curriculum. The highlight of our department's effort was a premiere performance of *Tangles*, the play written and directed by Jeffrey Steiger of the Center for Aging, Health and Humanities, presented to the entire first year class. This work stimulated extensive discussion of the impact of age and dementia on families and patients. Such systematic incorporation of humanities into medical education marks GW as a unique learning community of which we can all be proud.

In the midst of this change and creative ferment, we have been preparing for a site visit from the Liaison Council on Medical Education (LCME). Much work has

gone into ensuring we meet all accreditation standards by providing clear objectives for every educational activity, implementing techniques to enhance student engagement, ensuring that all grades are turned in on time, and responding to student evaluations. I want to thank everyone—residents, full time faculty, and voluntary faculty—for their responsiveness and support during this arduous self-study process.

As I leave GW to join the clinical faculty of the University of Maryland, I wish I had the space to acknowledge and thank all of our far-flung faculty and the residents who teach, supervise, encourage, and advise our students. Dr. Samenow, Dr. Khin Khin, and our matchless coordinator, Anthony Crisafio, deserve special thanks and recognition for their tireless work in this challenging year. We will also very much miss Dr. Wendell Wu, who is leaving the post of Clerkship Director at CNHS in July. Six GWU students have chosen to enter psychiatry residencies, and many others leave GW with an appreciation of what we have to offer patients in every setting. I hope all the readers of this newsletter realize how much their work means to the students and to the department and, above all, how much their friendship and support have meant to me.

# Chief's Corner

Dr. Elizabeth Greene

Starting in May, I will be returning to the inpatient unit at GW, and I have to admit that I'm a bit nervous. I was recently discussing my anxiety with some junior residents, and they seemed surprised that I, a senior resident nearing graduation, would feel this way. It's not so much the patient care or workload that gets me antsy, but more so the logistics. How will I get out of the house and to the hospital on time without the car, which my husband will need to take our 2 small children to daycare? How will I rearrange my outpatient therapy appointments so as to minimize disruption to my patients? How will I break away from a busy inpatient unit to meet with my therapy supervisors? This return to the inpatient unit reminds me how spoiled I've become as a senior resident, who does all outpatient work now and schedules patients according to my own preferences.

Although this year as the Chief Resident has been busy, it's definitely been a different kind of busy compared to what the junior residents are going through. Dr. Catapano once described the workload of the Chief Resident as 20% less clinical time, but 40% more administrative time. Yes, that's true. But it's also true that

sending emails, screening patients for Residents' Clinic, making schedules, meeting with the administration and residents, interviewing applicants, and participating in more committees than one could ever imagine is *not* the same as the clinical work that my fellow residents are doing every day while also juggling their own personal and family responsibilities. How quickly we forget as we move up the ranks!

So, I'd like to dedicate this column to my co-residents. While it may seem at times that I am one of your bosses, I hope you all know that is you for whom I work. You are all doing a hard and, often, thankless job, but one that is very important and impactful. If you haven't yet experienced the wonderful feeling of getting a thank-you from a patient or patient's family, then I hope you know that you are valued and appreciated for all that you do. As I near the end of my year as Chief Resident and pass the baton onto Jason Emejuru and Darlinda Minor, I want to take the time to thank you for all the great work that you do and for being the great people that you are. It's been really fun being your Chief, and I look forward to hearing about all the amazing things you go on to do.



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## Dr. Darlinda Minor

I am writing this on my seventh-to-last post-call day of residency. As I sit in my apartment on this gorgeous 76-degree day, I am compelled to reflect on my short career as a psychiatrist at George Washington University. My experience as a PGY-III resident has been the best yet. I have learned that I truly enjoy working with patients in the community clinics. I have also gained great forensic experience and mentorship in this program, which was one of my criteria when ranking programs during the match process. My co-residents, the staff at GW Hospital, and the faculty in the department have been outstanding. The didactics and hands-on experience are much better than what I imagined before starting residency. I cannot say I get excited about taking call, but the experience has taught me countless lessons about time management, managing a busy and complicated psychiatric unit, and teamwork.

Though excited about my final year at GW, I am faced with the reality of termination. We often think about and discuss termination in the context of our psychotherapy patients. As I sit here, I think of what it will be like to terminate, at least in distance, with the department that has molded my career. I often wonder if I will be able to maintain some of the close

relationships I have gained here. After recently accepting a position as a forensic fellow at Case Western Reserve University in Cleveland, Ohio, I also wonder how it will feel to enter a new department and nurture new relationships.

With such an amazing experience at GW, I am honored to serve as a co-chief resident for the 2015-2016 academic year. I look forward to working with the residents and administrative team to make the year pleasantly and excitingly memorable. I have heard about the challenges of being chief, and look forward to growing professionally and personally through those challenges.

## Dr. Jason Emejuru

Having the ability to successfully change career paths and opportunity to be back home is just another reason why I am so grateful to be a physician. It is the sense of mobility, security, and potential everyone strives for throughout all stages of their lives and careers. However, life circumstances prevent some people from obtaining this sort of comfort. During medical school and early career as a resident physician, I have also seen firsthand how socioeconomic circumstance prevents some people from obtaining optimal health. Since arriving at George Washington for training, I have recognized that during a typical week, I work in two

separate cities within Washington DC: one city east of the Anacostia River, and the other west. Within each side of the city, the individual patients will bring their own, equally unique personal stories of adversity with them into the therapy room. Unfortunately, this is where most of the equality ends. Even though I believe progress is slowly being made in some respects, you still find that mental health services and providers continue to be few and far between east of the Anacostia River.

I would like to thank this program for giving me the opportunity to become a resident at GW and chief resident for this 2015-2016 academic year. The tools I will gain from this experience will only enhance the support I will provide for the communities I serve in the future. I look forward to working with you all this year.



# The Diane K. Shrier MD Fund for Research in Women's Mental Health and Health

Dr. James Griffith

Dr. Diane Shrier has contributed a new fund to our department, the Diane K. Shrier, MD Fund for Research in Women's Mental Health and Health. The Fund will help advance and encourage research by psychiatry faculty and residents in women's health and mental health. It provides support for both research and travel to professional conferences.

Dr. Shrier graduated from Yale Medical School in 1964 as one of only 5 women in a class of 80. This was an era when gender discrimination in both the application and admission process to medical school was universal. While women now constitute approximately half of all medical students and junior faculty, they continue to represent a small minority of senior faculty, chairs, deans, and those having major academic research careers.

Dr. Shrier is a board certified psychiatrist and child psychiatrist who completed a pediatric internship at NYU-Bellevue Hospital, two years of general psychiatry training, and two years of child and adolescent psychiatry training at Albert Einstein-Bronx Municipal Hospital Center, as well as psychoanalytic training at the New York Medical/Flower and Fifth Avenue program in New York City. From 1978 to 1992, she and her

colleagues built an ethnically and racially diverse Division of Child and Adolescent psychiatry at UMDNJ-New Jersey Medical School, where she served as Division Director. After relocating to Washington, DC, in 1992, Dr. Shrier served as Vice Chair and Director of Clinical Services at Children's National Medical Center and Professor of Psychiatry and Pediatrics at George Washington University Medical Center. In 1994, she established a part-time private practice in Washington, DC, and has

continued since then as an independent scholar, while writing, teaching, and doing research as a clinical faculty member in the GWU Department of Psychiatry. Since her last year of medical school, she has collaborated on a series of cutting edge research projects on such subjects as a long-term follow up of school phobic children; boy victims of child sexual abuse; divorce and sole versus joint custody; gender discrimination and sexual harassment; and mother-daughter physicians.



# Mental Health Advocacy and Humanism as a Domain of Excellence: Tangles at the Woolly Mammoth Theater

Dr. James Griffith



*Tangles*, an exciting innovation in interactive theater, opened to the public on April 3 at Woolly Mammoth Theater in Washington. *Tangles* is a dynamic play about the story of Alzheimer's Disease in an American family, written and produced by Jeffrey Steiger, Founding Artistic Director of CRLT Theater, in collaboration with Dr. Charles Samenow, Assistant Professor of Psychiatry, and Dr. Beverly Lunsford, Director of the Center for Aging, Health, and Humanities.

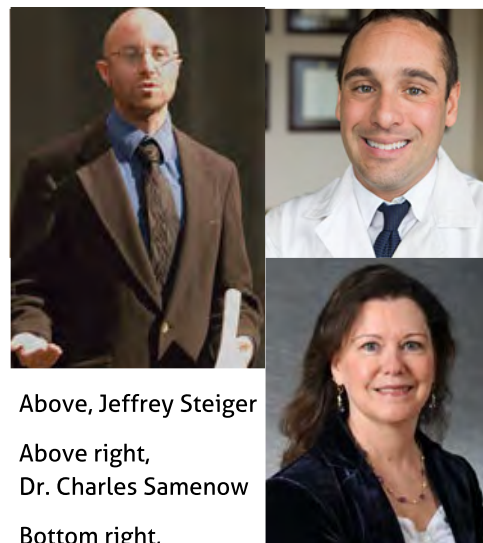
*Tangles* tells the story of 16 year old Tyler who moves in with her family to care for her ailing grandmother who slowly succumbs to Alzheimer's Disease. Over the course of one pivotal night, the family relationships are displayed as son, daughter, stepmother, and granddaughter each struggle in

their family roles to come to grips with an aging family member in decline. Through music, media, and a dynamic design, the drama shows how memories and the past are interconnected in ways that both fragment and bring together families through their toughest moments. While a powerful experience for any audience, the play helps healthcare professionals to identify the challenges associated with caring for families in the context of our often problematic healthcare system.

*Tangles* performed in the rehearsal hall at Woolly Mammoth for 11 performances. Audience members included the School of Social Work at Howard University, members of the GW SMHS and School of Nursing Community, University of Maryland School of Nursing, and individuals from the general community. Each performance was followed with a post-show discussion and educational session on patient-centered care. Themes included non-pharmacological ways to address dementia as well

as integration of the arts into geriatric care and an exploration of ways to help families navigate the healthcare system. *Tangles* has since received a grant from Muriel Bowser's Innovate DC initiative through the DC Arts Commission. There will be additional performances in the community and for healthcare providers this summer.

*Tangles* is at the apex of multiple projects over the past three years through which Dr. Samenow and Mr. Steiger have collaborated to teach professionalism to healthcare professionals through the dramatization of Medicine's human predicaments. Our department's support for their efforts is a part of our mission for humanism in Psychiatry.



Above, Jeffrey Steiger

Above right,  
Dr. Charles Samenow

Bottom right,  
Dr. Beverly Lunsford

# Clinical Faculty Academic Leader: Dr. Catherine May

Dr. James Griffith



Catherine May, MD, Clinical Associate Professor of Psychiatry, brings a seldom seen scope of medical and psychiatric skills to her role as senior faculty member in our Global Mental Health Program. After three years of general surgery residency, Dr. May completed the University of Maryland emergency medicine residency, followed by psychiatry residency at St. Elizabeths Hospital. Dr. May then melded her psychiatry, surgery, and emergency medicine training into a humanistic commitment that has included service as a Washington leader for mental health responses to disasters. At home, she has

provided regular political asylee psychiatric evaluations through Physicians for Human Rights while also serving such leadership positions as President of the Washington Psychiatric Association and Chair of the WPS Ethics Committee. When Hurricane Katrina struck the Mississippi Gulf Coast, she served on the initial SAMHSA Katrina response team, then returned with additional Gulf Coast recovery teams for the next two years.

Internationally, she has served on medical and psychiatric teams to Malawi, Haiti, and South Africa. In 2012, our department sought an overseas experience for a resident that would offer close supervision and the opportunity to provide psychiatric services to an underserved and culturally diverse population. Dr. May invited the resident to accompany her to Mseleni Hospital in Kwazulu-Natal,

South Africa, a hospital with adequate medical and surgical care but no psychiatrist or psychiatric services within a day's journey. As she explains, "When we send residents overseas, we make a significant contribution to improving global mental health. On an enduring level, training culturally sensitive psychiatrists to work with diverse populations in a primary care setting benefits our domestic mental health services. It has always been my philosophy that rotating the crops is good for the soil."

In recognition of her contributions, she has been awarded the Bruno Lima Award for Disaster Psychiatry from the American Psychiatric Association and the Margaret B. & Cyril A. Schulman Distinguished Service Award Distinguished Service Award from the George Washington University School of Medicine and Health Sciences.

## Q & A with the Resident Teaching Committee

Dr. Jenny Yi

### What is the Teaching Committee?

The Teaching Committee provides educational experience for the residents and interns. It started in the Fall of 2014 and mainly includes senior residents coming together to create and provide didactic sessions. PGY 4 resident Jenny Yi leads the committee,

which consists of: PGY 3 residents Nicole Nguyen, Pooja Lakshmin, and Darlinda Minor; and PGY 2 resident Stephanie Cho. Dr. Catapano, Dr. Khin Khin, and the Chief Resident, Elizabeth Greene, have also been involved. These didactic sessions are required for PGY 1 residents on the 6 South and Neurology rotations and strongly

encouraged for those on Emergency Medicine and Internal Medicine rotations. Currently, didactic sessions occur about every other Monday during lunch and are 30 minutes of case-based discussion with learning points prepared by Committee members. Medical students have often joined

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# Global Mental Health as a Domain of Excellence

Dr. Michael Morse



In March 2015, as the Director of GW's Program in Global Community Mental Health, I led a GW Global Mental Health mission to Jordan and to West Bank and East Jerusalem, Palestine. I had the

privilege of being accompanied by James Griffith, MD, the Chairman of the GW Department of Psychiatry and Behavioral Sciences. This was my fifth trip to Palestine and second trip to Jordan since the beginning of my psychiatry residency at GW and roughly my fifteenth trip to the region over the past 10 years.

My work in the region began during the 2004-2005 academic year, when I lived in Jerusalem and became involved with civil rights and human rights organizations working to support Palestinians. Seven years ago, in partnership with Palestinian colleagues, I

founded a nonprofit organization, The Palestinian Medical Education Initiative (PMEDI), which aims to improve Palestinian healthcare and to support Palestinian society through international partnerships between health sector institutions and clinicians in Palestine and their global counterparts. Our organization, of which I am Executive Director, has involved GW faculty as its Palestine Medical Director (Samah Jabr, MD) and US Medical Director (Elizabeth Berger, MD), both long-distance Clinical Associate Professors.

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*(Teaching Committee, continued from page 12)*

in the sessions as well. The Committee members are also involved in giving feedback to the PGY 1 residents on their sign-out skills while on 6 South.

## **What is the time commitment to be a member of Teaching Committee?**

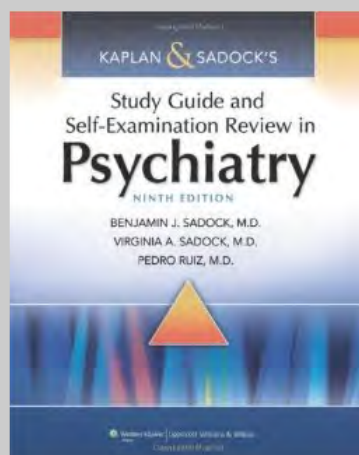
Any senior resident (PGY 2 and above) who wants to teach is encouraged to be involved in the Teaching Committee. The time commitment is minimal, as all the residents take turns teaching didactic sessions and providing sign-out feedback. Members can expect to lead a 30 minute session once every 3 months and likewise

for providing feedback on sign-out. Teaching Committee meetings are held about every 3-4 months as well, which has been during lunchtime on Thursdays to minimize any schedule conflicts.

## **What is the future of the Teaching Committee?**

This is the first year of the Teaching Committee and we are still learning how we can be most effective in our mission to teach the PGY 1 residents. In that effort, we were fortunate to have Dr. Larrie Greenberg give us some

didactic sessions on Teaching to Teach, to help us become more effective teachers. We hope to eventually branch out to get involved in the intern orientation week and medical student education, as well. However, this Committee can only exist if there is enough interest by PGY1 residents to learn and by the senior residents to teach. Our hope is that this interest will continue to grow, so that current PGY1 residents will consider being part of the Teaching Committee as they will soon become senior residents.



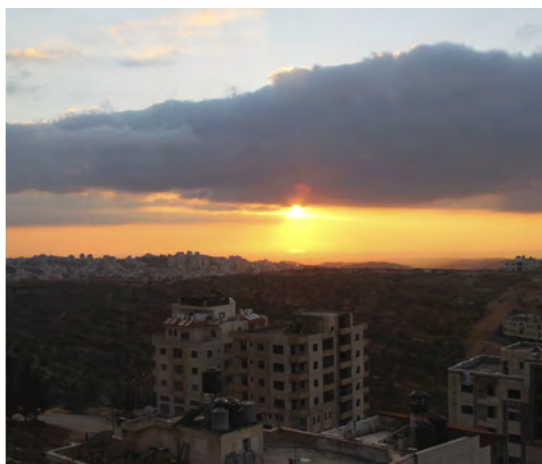
*(Global Mental Health, continued from page 13)*

More information about PMED can be found on our website [www.pmedonline.org](http://www.pmedonline.org)

Our most recent trip served many purposes, including holding the final negotiations with a potential international funding organization regarding our grant application for mental health system development, laying the groundwork for a research agenda with our Palestinian colleagues, and developing connections with psychiatric and primary care colleagues at the Jordan University of Science and Technology.

The initial part of our trip was spent in Jordan. We met with psychiatrists at the Jordan University of Science and Technology, physicians in primary care, and educators at the University, learning about the impressive educational work that they are performing with limited resources. We coordinated with Jordanian family medicine colleagues to collect baseline data on family medicine resident physician mental health practices and to develop a preliminary agenda for the integration of mental health into primary care in their health system. We also met with colleagues in the Jordanian ministry of health and learned about their interest in integrating mental health into primary care and as well as some operational obstacles which they face.

In Palestine, we had an opportunity to connect face to face with our GW colleague Samah Jabr, MD, who lives in East Jerusalem. We also met with our colleague, the psychologist Sherein Abdeen, MA, who has been a longtime member of the PMED team and who will be



joining the GW psychiatry department as a Clinical Instructor. Through the bulk of our trip in Jordan and Palestine, we were also accompanied by PMED's Senior Director, Wasseem El Sarraj, MA, a mental health professional and writer living in the UK.

We were dismayed to witness firsthand during this trip the challenges faced by each of our Palestinian colleagues due to Israel's control over their movement and wellbeing. For example, Mr. El Sarraj was not allowed by Israel to enter Jerusalem, which required multiple shifts in our plans; in addition, he was required by Israel to leave the country a day earlier than planned, which interrupted a planning session with a donor. And Dr. Jabr

and Ms. Sherein were searched at gunpoint by the Israeli military—a traumatizing experience which both of them have repeatedly previously encountered. In addition, Dr. Jabr spent the better part of another afternoon stuck at a checkpoint, which interrupted our work and planning sessions. Despite these incursions into their daily work and lives, our Palestinian partners continue their inspiring work to serve patients in need. For example, Dr. Jabr was seeing roughly 50 patients in her government clinic during the regular workday and then seeing 20 patients at her private clinic into the late evening; Ms. Abdeen was working 15 hour days providing psychotherapy to patients. In addition to this heroic clinical service, Dr. Jabr and Ms. Abdeen spent some long evenings with us, educating us about their work countering demoralization, treating patients with mental disorders, and looking toward the community as a source of strength and resilience.

In addition to drawing strength and inspiration from Dr. Jabr and Ms. Abdeen, I was also most appreciative to have Department Chairman Dr. Griffith along for the trip. Meeting the challenges involved in medical education and clinical service delivery in this region can be trying, and Dr. Griffith's ongoing supervision and mentorship represent an invaluable source of support.

# New Clinical Faculty Member: Dr. Suzan Song

Dr. James Griffith



Suzan Song, MPH, MD is a new Clinical Associate Professor of Psychiatry who joins a small group of only 5

clinical faculty members who live geographically distant from our Department of Psychiatry yet serve important teaching, research, or service roles. Dr. Song lives in San Francisco where she has a private practice and serves as medical director for Asian Americans for Community Involvement, an

organization that provides mental health services for Asian communities in the Bay Area. She has made notable contributions to child mental health and protection internationally. She will serve an important role as a child psychiatrist and human rights advocate in program development, scholarship, and mentorship of our residents' projects in our residency's Global Mental Health Track.

Dr. Song received her MD from the University of Chicago and an MPH in Policy and Management from the

Harvard University School of Public Health. She then went on to pursue psychiatry residency at Harvard/Longwood, family therapy training at the Bay Area Family Institute, and child and adolescent psychiatry fellowship at Stanford University. She then completed two post-doctoral research fellowships, the first at the University of California-San Francisco Child Trauma Institute focusing on parent-child intergenerational transmission of trauma, and the second at the Stanford/Veteran's Administration Mental Illness and

*(continued on page 16)*

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## Updates from Children's National Health System

Dr. Martine Solages



We are celebrating the wonderful accomplishments of our four graduating fellows this spring.

Dr. David Call, who served as Chief Fellow and also completed a longitudinal elective in the Gender Development Program, presented a grand rounds on health disparities facing gender nonconforming youth. He has been invited by the CNHS LGBTQ Advisory Committee to speak about LGBTQ healthcare disparities at an upcoming symposium for medical and mental

health providers in the region. We are delighted that Dr. Call will be staying on at CNHS as a faculty member and will continue his clinical and advocacy work in the Gender Development Program.

Following her international rotation in Japan last spring, Dr. Tracy Das participated in a Global Health Elective at the National Institutes of Mental Health, under the guidance of Dr. Pamela Collins, Director of the Office for Research on Disparities and Global Mental Health. Dr. Das gave her grand rounds presentation on Global Mental Health, with a focus on child mental health treatment and

research developments in the wake of the devastating 2011 Tohoku Earthquake and Nuclear Disaster in Japan. After graduation, Dr. Das will be joining a private group practice in the Atlanta area.

Dr. Adam Richmond has accepted a position as an inpatient child psychiatry attending in Denver, CO. In keeping with his interest in child and family-centered inpatient psychiatric treatment, Dr. Richmond completed a quality improvement project that aimed to assess the impact of individualized patient comfort plans on the use of seclusion and restraints.

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# Family Psychiatry as a Domain of Excellence: 5 Trimesters Clinic

Dr. Pooja Lakshmin

This past year, as a PGY-3 resident, I've been rotating in the Five Trimesters women's mental health clinic. My experience treating women who are suffering from a breadth of psychiatric ailments, ranging from post-partum depression to severe anxiety and even trauma and loss, has been profound not only for my own clinical education, but also for my growth process as a young psychiatrist.

There have been two important themes I've found in working with women (and often their partners) in this clinical population. These themes are applicable across the spectrum for all of our patients and are common to the human experience. However, as I have learned from working with this patient population, the life experience of pregnancy and childbirth is quite special—and

invokes inherent meanings and symbolism for adults. My work in the Five Trimesters clinic, with Dr.



Catapano, Dr. Frank, and Dr. Kels as my mentors and supervisors, has taught me that this time in our patients' lives deserves special attention.

Across the board, my patients struggle with the uncertainty that comes with this transition. Women are confronted with several

important changes during this time—changes to their identity, to their body, and to their relationships with their partner and loved ones. For many, there is a destabilizing lack of control, and I see my patients grasping at trying to find some element of control—whether through developing strict rules about what types of foods they will let themselves eat during pregnancy or frantically reading every baby book on the best seller list. Despite writing down their ideal “birth plan,” choosing natural childbirth or epidural medications, and finding the perfect doula—things go awry. Our patients are often referred to our clinic after life throws them a curve ball, and they begin to have trouble figuring out how to deal with the unexpected.

*(continued on page 17)*

*(New Clinical Faculty, continued from page 15)*

Education Center focusing on the impact of war trauma on women and children. She currently is completing her Ph.D. at the University of Amsterdam Institute for Social Science Research.

Dr. Song's research and publications have focused upon intergenerational trauma and resilience among children exposed to violence. She has served as an international child mental health and protection consultant in multiple countries of Africa and the Middle East, including treatment programs for child soldiers in Sierra Leone and Burundi. She currently is principal investigator and senior technical adviser for a

\$250,000 Grand Challenges Canada grant to study effects of violence on infant cognition in the Democratic Republic of Congo. She also is a consultant to UNICEF and International Medical Corps programs to mitigate violence and to assess psychosocial needs of youth in the Za'atari Syrian refugee camp in northern Jordan. At home in San Francisco, Dr. Song's research seeks empirical validation for widely employed treatment methods for aiding recovery of survivors of political torture. She is also collaborating with our GW full-time faculty on a research study to train physicians in methods for mobilizing hope and countering despair when patients face harsh adversities.

(5 Trimesters Clinic, continued from page 16)

Childbirth and pregnancy is perhaps the first time that many of my patients—who are often upper middle class, educated, professional women—are faced with the difficult fact that the rules that they learned to succeed in the workplace and classroom no longer apply for dealing with infertility or taking care of a fussy infant.

The second theme I repeatedly come across is that often my patients think they should be able to “do it all.” We are living in a culture of Sheryl Sandberg’s *Lean In*, where the media perpetuates this notion of perfect mother, perfect career woman, and perfect wife. Many of our patients are referred to our clinic after finding that this ideal is impossible, and are then quick to beat themselves up for not meeting our society’s inflated standards. The phrase I find myself saying over and over again is, “Gee, it seems to me like you can be pretty hard on yourself...,” at which point my

patients often start to tear up and admit their self-perceived failure to me. During sessions like these, and in my supervisions with Dr. Catapano, Dr. Frank, and Dr. Kels, I realize more and more that wellbeing for our patients involves support and community. Often in the prenatal and post-partum period, women who are predisposed to anxiety and depression feel they need to handle it all by themselves and be the “supermom,” but in fact, as the saying goes, it takes a village to raise a child. A big part of my work as a psychiatry resident in this clinic has been to help my patients see that it is not shameful to ask for help.

As I look back over the course of this year, I can see my own parallel growth process, in which I have learned that I don’t have 100% control of my patient’s outcomes. It is my responsibility to make good, evidence based decisions. However, I can follow all the guidelines and still not be able to control or predict a positive

response to antidepressant medications or to success in therapy. When I began my PGY-3 year, I had grand dreams of the progress my patients (and I!) would make in a short period of time. As the year went on, I learned that psychotherapy is a long journey, and I cannot be beholden to the short-term outcomes. Moreover, to be a good psychiatrist means to have a network of colleagues that you can lean on. Our profession is incredibly rewarding, but it also requires much energy and emotional strength. When we have a particularly difficult patient or confusing clinical situation, there is no shame in picking up the phone and asking one of my co-residents or supervisors for support. I’m looking forward to my PGY-4 year, where I hope to continue to grow and refine my skills as an outpatient psychiatrist.



(Updates from CNHS, continued from page 15)

He co-presented his departmental grand rounds with renowned psychologist Dr. Ross Greene, developer of the Collaborative and Proactive Solutions Model for treating behaviorally challenging youth.

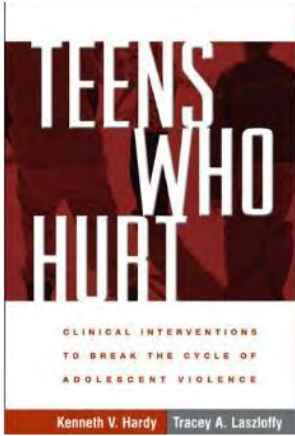
Chief Fellow Dr. Jessica Yeatermeyer undertook a brand new elective with the Children’s Law Center, during which she had the opportunity to participate in legal advocacy for children and to provide education to CLC attorneys about mental health concepts and treatments. Her elective experience inspired her to author The Child Advocate’s Guide to Psychiatric Diagnosis and Psychotropic Medication, an impressive

guidebook for attorneys which will continue to be used as a reference by CLC staff. Dr. Yeatermeyer will join the child psychiatry faculty at Lurie Children’s Hospital/Northwestern University this summer.

Although these two years of fellowship appeared to pass so quickly, it is remarkable that each of our graduating fellows has left a lasting imprint on our department with their scholarly activities, innovative projects, and their commitment to maintaining the spirit of collegiality and service at CNHS. We are grateful to them for their contributions and are proudly wishing them well in their new endeavors.

# Book Review

Dr. Jason Emejuru



Drs. Kenneth V. Hardy and Tracey A. Laszloffy are family and relationship therapist, who co- authored the 2006 book titled: 'Teens Who Hurt: Clinical Interventions to Break the Cycle of Adolescent Violence'. A review of this book, almost a decade old, cannot come at a more timely time. When assessing youth (whether youth of

color, white, female, or LGBTQ) vulnerability to violence at the individual level, family therapist Dr. Kenneth Hardy of Drexel University points to four factors that can exacerbate this susceptibility: Devaluation, Erosion of Community, Dehumanization of loss, and Rage. A youth feels devalued when his sense of worth and dignity are under attack, whether from an interper-

sonal conflict or by societal forces as a whole. If this feeling goes unacknowledged and unhealed, the child feels abandoned; this can have negative consequences on his self-esteem. This loss of self-esteem, especially if coupled with isolation, makes it much more difficult for him to maintain a sense of community that coincides with feeling safe, secure, and connected. When these losses (whether self or community) remain unacknowledged and unhealed through a vicious, chronic, and traumatic cycle, the losses become dehumanized and this is what puts young people at risk for rage. The authors discuss ways mental health professionals and other members of our society who are in close contact with young people can counteract devaluation, restore youth's sense of community, dehumanize their losses, and re- channel their rage into avenues of self-advocacy, which simultaneously give them back their voice.



## KUDOS & CONGRATS!

**Dr. Lori Kels**, who will be the new Associate Program Director for our psychiatry residency program.

**Dr. Veronica Slootsky**, who will be joining the MFA faculty as a new attending on the inpatient psychiatric unit at GWUH.

**Dr. Vanessa Torres-Llenza**, who accepted a position as GW MFA clinical faculty and will be supervising the GWUH Consultation-Liaison Service and Palliative Care clinic.

**Dr. Michael Morse**, graduating PGY 4, on being awarded a \$150,000 grant to help initiate mental health programs in the Middle East.

**Dr. Darlinda Minor**, who was awarded the American Academy of Psychiatry and the Law's prestigious 2015 Rappeport Fellowship.

## FOND FAREWELL!

**Dr. Robert Jenkins**, our senior neuropsychologist, will be retiring at the end of the year. He has dedicated 34 years of service to our department, residency, and community.

**Dr. Julia Frank**, one of our most senior faculty, will be leaving GW after dedicating 22 years of her career to our department as well as resident and medical student education.

**Dr. Peter Polatin**, a faculty member and global mental health mentor to many residents, will be leaving GW at the end of the year.

**Dr. Sam Lolak**, a faculty member, mindfulness teacher, and residency department alumnus, will be leaving GW at the end of the year.



***Thank you, writers and readers!***

Layout: Dr. Jason Emejuru | Editorial Content: Dr. Elizabeth Greene

Contributor: Ms. Victoria Anderson | Advisors: Dr. Eindra Khin Khin, Dr. Lori Kels